

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

April 14-15, 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
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 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: April 6, 2021

SECOND AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 14, 2021 at 9:00 am. The meeting will continue, if necessary, on Thursday, April 15, 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 March 3-4, 2021 Meeting Minutes (**FOR POSSIBLE ACTION**)
4. 4.1 Applications for Out-of-State Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)
 - A. Atlo Pharmacy – Bellaire, TX
 - B. Coram CVS/Specialty Infusion Services – Saint Louis, MO
 - C. Minimed Distribution Corp – San Antonio, TX
 - D. Script Partner Pharmacy LLC – Chesterfield, MO
 - E. Vivo Health Pharmacy at CFAM – Lake Success, NY
- 4.2 Application for Out-of-State Compounding Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)
 - F. Chemistry Rx – Folcroft, PA
 - G. National Treatment Delivery and Care LLC – Deerfield Beach, FL
 - H. Rx Plus Solutions LLC – Warrenton, MO
- 4.3 Applications for Out-of-State Medical, Devices, Equipment and Gases License – Non-appearance (**FOR POSSIBLE ACTION**)
 - I. Agiliti Health, Inc. – Phoenix, AZ
 - J. Home Care Delivered, Inc. – Glen Allen, VA

- K. Mobility Prosthetic and Orthotic Services – Kingman, AZ
- L. NMN Spinco Inc. – Rocky Hill, CT
- M. Prism Medical Products, LLC – Fresno, CA

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

- N. Prism Medical Products, LLC – Las Vegas, NV

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))

- O. Essential Pharmaceuticals, LLC – Durham, NC
- P. Fresenius Medical Care North America – Ogden, UT
- Q. Hi-Tech Pharmacal Co., Inc. – Amityville, NY
- R. PCI of Illinois – Rockford, IL

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

- S. Dexcom, Inc. – Mesa, AZ
- T. Nabriva Therapeutics US, Inc. – King of Prussia, PA

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

- U. Axia Medical Solutions, LLC – Carlsbad, CA
- V. Fisher Scientific Company LLC – Tracy, CA

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

- W. Smiths Medical ASD, Inc – Dublin, OH

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

- X. Akebia Therapeutics, Inc. – Cambridge, MA
- Y. Humanigen, Inc. – Burlingame, CA
- Z. Provention Bio, Inc. – Red Bank, NJ
- AA. Upjohn US 1 LLC – Peapack, NJ
- BB. US Compounding, Inc. – Conway, AR
- CC. Vericel Corporation – Cambridge, MA

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.**

DD. Wasatch Rx LLC – Sandy, UT

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

EE. Corner Drug LLC – Winnemucca, NV

FF. Safeway Pharmacy #0188 – Reno, NV

◆ REGULAR AGENDA ◆

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

- | | |
|---|---------------|
| A. Praveen Korivi, MD | (20-246-CS-S) |
| B. Frank Silver, MD | (21-001-CS-S) |
| C. Rose Parizo, APRN | (18-062-CS-N) |
| D. Jasmine Wells and Aesthetics Medspa and Training | (18-062-N) |
| E. Abraham Fakhouri, MD | (20-223-CS-S) |
| F. Gary Manley, PA-C | (20-224-CS-S) |
| G. Eric Math, MD | (19-083-CS-S) |

6. Appearance pursuant to NRS 639.2445: **(FOR POSSIBLE ACTION)**

Rebekah Keechler, R.Ph (07-013-RPH-N)

7. Petition for Reinstatement of Pharmacy Technician Registration and Request to Appear Before the Board – Appearance. **(FOR POSSIBLE ACTION)**

Breana Clark

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

- A. Alita Carter
- B. Alexander Peralta
- C. Jennifer Shelley

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

- A. Derek Appelblatt, DDS
- B. Mich Gehrig Jr., DO
- C. Jessica Noar, DMD
- D. Nicole Prodany, DVM

E. Anjmun Sharma, MD

10. Applications for Advance Practice Registered Nurse – Prescribe Registration– Appearance. **(FOR POSSIBLE ACTION)**

- A. Carrie Bowman
- B. Bayink-Raine Falter
- C. Jordan Hays
- D. Pippa Stewart

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

- A. Atlas Pharmacy and Medical Supply – Las Vegas, NV
- B. Grover C. Dils Medical Center – Caliente, NV
- C. Right Dose Pharmacy – Las Vegas, NV
- D. Silver State Drug – Caliente, NV
- E. Value Pharmacy – North Las Vegas, NV

12. Applications for Nevada Compounding Pharmacy License – Appearance **(FOR POSSIBLE ACTION)**

Vegas Pharmacy – Las Vegas, NV

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

- A. Intermountain Homecare Pharmacy – St. George – St. George, UT
- B. Meds in Motion – Draper, UT
- C. ZooPharm, LLC – Laramie, WY

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

- A. Accredo Health Group, Inc. – Lenexa, KS
- B. Nextcare Pharmacy – Houston, TX
- C. ScriptCo Pharmacy – Woodway, TX

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

Kinex Medical Company – Las Vegas, NV

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

- A. Danox Environmental Services Inc. – Cumming, GA – Background check completed. Disqualifying events – Disclosure

B. Elanco US, Inc. – Shawnee Mission, KS – Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) -Disclosure

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

Lincare, Inc. – Sparks, NV – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – Disclosure

18. Application for Pharmacist Registration by Reciprocity – Appearance (**FOR POSSIBLE ACTION**)

Alan Kruger

19. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance (**FOR POSSIBLE ACTION**)

- A. Corey Colombino
- B. Quynh Nhu Doan
- C. Amy Hale
- D. Raquel Vertrees

20. Request for Approval of Change of Managing Pharmacist pursuant to NRS 639.220 (**FOR POSSIBLE ACTION**)

Modern Rx – Las Vegas, NV

21. Approval of Revised Personal History Application and Designated Representative Application. (**FOR POSSIBLE ACTION**)

22. Request for Exemption from the requirement of a lavatory with toilet and washbasin within or adjoining the pharmacy. NAC 639.530(4). (**FOR POSSIBLE ACTION**)

Desert Wind Hospital, LLC – Las Vegas, NV

23. 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).

24. 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

25. Date and Location of Next Scheduled Board Meeting:

June 2-3, 2021 – Las Vegas, NV

26. 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)

27. 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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MINUTES

March 3-4, 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	Darlene Nases	

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 March 3 2021, 9:00 AM

There was no Public Comment.

3. Approval of the January 13, 2021 Meeting Minutes

Board Action:

Motion: Wayne Mitchell moved to approve the January 13, 2021 minutes.

Second: Jade Jacobo

Action: Passed unanimously.

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

- 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. Pembroke 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

- 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

- 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

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

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

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

MM. Bioverativ U.S. LLC – Reno, NV

4.7 Application for Nevada Pharmacy License – Non-appearance

NN. ER at S. Las Vegas Blvd. – Las Vegas, NV

OO. Grover C. Dils Medical Center – Caliente, NV

Krystal Freitas disclosed that she used to work with the managing pharmacist for Item 4 NN, but she stated that she could participate fairly and without bias.

Dave Wuest, Executive Secretary, stated that Item 4 NN will provide an updated managing pharmacist on their application. The managing pharmacist listed on the application manages another location which by law is not allowed.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda Item with the exception of Item 4 OO pending further clarification by Board Staff.

Second: Wayne Mitchell

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247.

A. Charles Fleisher, MD

(20-227-CS-S)

Dr. Fleisher was not present.

Jill Chase appeared as counsel representing Dr. Fleisher.

Brett Kandt appeared as prosecutor and presented a proposed Stipulation and Order for the Board's consideration.

Under the Stipulation Dr. Fleisher's registration is to remain in an "inactive" status. If Dr. Fleisher would like to change his status, he must petition to appear before the Board.

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

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order as presented regarding case# 20-227-CS-S.

Second: Jade Jacobo

Action: Passed unanimously.

B. Michael L. Gerber, H.M.D

(17-015-CS-N)

Gener Tejero recused from participation in this matter as he knows Dr. Gerber.

Michael Gerber and his wife, Inge Geber, appeared and were sworn in. Lyn Beggs appeared as counsel representing Dr. Gerber.

Brett Kandt prosecuted the case and made reference to the documents on pages 716-735 to be entered into the record by stipulation of the parties. Kandt argued that Dr. Gerber voluntarily surrendered his controlled substance and dispensing practitioner registrations while this case was pending. NRS 233B.121(6) states "The voluntary surrender of a license in a contested case shall be deemed to constitute disciplinary action against the licensee."

Kandt argued that Dr. Gerber challenged this statute in district court and the court upheld the constitutionality and application of the statute to Dr. Gerber, and that the court order establishes the applicable facts and law of Dr. Gerber's case. Dr. Gerber appealed the district court decision to the Nevada Supreme Court and the Supreme Court upheld the district court decision. During this time, Dr. Gerber sought judicial review of the Order of the Nevada Board of Homeopathic Medical Examiners that resulted in the corresponding administrative action before the Board of Pharmacy, and ultimately negotiated a settlement with the Homeopathic allowing him to keep his unrestricted license to practice homeopathic medicine.

Mr. Kandt argued that the purpose of the hearing is to make a formal record of Dr. Gerber's voluntary surrender. Ms. Beggs argued that Dr. Gerber did not "surrender" his registrations, but he merely did not renew as the registrations were not needed. Dr. Gerber testified that he did not write the letters on pages 716 and 719, and he only intended to not renew due to the advice of former counsel. Mrs. Gerber testified that she wrote the letters, and the intent behind the letters was to not renew Dr. Gerber's registrations.

Board discussion ensued.

Kandt requested that the Board make the following findings of fact:

1. At the time of the events set forth herein, Respondent held a Nevada controlled substance registration, Certificate of Registration No. CS03675, and a Nevada dispensing practitioner registration, Certificate of Registration No. PD03675, both issued by the Board.

2. On January 23, 2018, the Board commenced this administrative disciplinary proceeding against Respondent with the filing and service of a Notice of Intended Action and Accusation (Accusation) together with the Statement to Respondent and Notice of Hearing, Case No. 17-015-N.
3. By correspondence dated August 29, 2018, and while Case No. 17-015-N was pending, Respondent unilaterally and voluntarily surrendered to the Board his Certificate of Registration Nos. CS03675 and PD03675.
4. In response to Respondent's voluntary surrender, Board staff cancelled Certificate of Registration No. CS03675 effective September 8, 2018, and Certificate of Registration No. PD03675 effective September 6, 2018.
5. By correspondence dated September 11, 2018, Respondent reiterated his unilateral, voluntary surrender of his controlled substance and dispensing practitioner registrations.
6. On November 16, 2018, the parties stipulated to continue Case No. 17-015-N while the Respondent sought declaratory and injunctive relief in district court.
7. On February 20, 2019, the district court entered an Order Granting the Board's Cross-Motion for Summary Judgment and Denying Respondent's Motion for Summary Judgment in *Michael L. Gerber, H.M.D. vs. State of Nevada ex rel. its Board of Pharmacy*, Case No. CV18-02184.
8. Respondent appealed to the Nevada Supreme Court and, on March 18, 2020, the Nevada Supreme Court entered an Order of Affirmance in *Michael L. Gerber, H.M.D. vs. State of Nevada ex rel. its Board of Pharmacy*, Case No. 78809.
9. Board staff incurred at least \$3217.50 in attorney's fees and recoverable costs from investigating and prosecuting this administrative action. The attorney's fees and costs are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

Board Action:

Motion: Richard Tomasso moved to make findings of fact as proposed by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously (Tejero recused).

Mr. Kandt requested that the Board make the following conclusions of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent was registered with the Board.
2. Respondent's voluntary surrender of Certificate of Registration Nos. CS03675 and PD03675 constitutes disciplinary action in this matter pursuant to NRS 233B.121(6).

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make conclusions of law as proposed by Mr. Kandt.

Second: Krystal Freitas

Action: Passed unanimously (Tejero recused).

Mr. Kandt presented documentation of \$3217.50 in attorney fees and costs recoverable pursuant to NRS 622.400. Ms. Beggs wanted confirmation that attorney fees and costs from the litigation in district court and on appeal were not included. Mr. Kandt confirmed this.

Mr. Kandt requested that Respondent's voluntary surrender of Registration Nos. CS03675 and PD03675 be entered into the record and reported as disciplinary action pursuant to NRS 233B.121(6), and that \$3217.50 in attorney fees and costs be awarded pursuant to NRS 622.400. Mr. Wuest requested a \$5000 fine for the violation. Ms. Beggs objected to a fine since the original charges were not adjudicated on the merits.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved that Dr. Gerber's voluntary surrender of Registration Nos. CS03675 and PD03675 be entered into the record and reported as disciplinary action, that he be unable to prescribe and dispense controlled substances, that he shall appear before the Board if he reapplies for registration, and that he pays \$3217.50 in recoverable attorney fees and costs.

Second: Krystal Freitas

Action: Passed unanimously (Tejero recused).

C. Eric Martin Math, MD (19-083-CS-N)

This matter was continued to a future meeting.

D. Daniel Niel, RPH (20-090-RPH-S)

Krystal Freitas disclosed that her job worked closely with Mr. Niel's company, but she did not interact with him. She stated that she could participate fairly and without bias.

Mr. Niel appeared and was sworn in by President Park. Lyn Beggs appeared as counsel representing Mr. Niel

Brett Kandt prosecuted the case and made reference to Stipulated Findings of Fact on pages 777-779 to be entered into the record by stipulation of the parties.

Motion: Wayne Mitchell moved to make findings of fact as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt requested that the Board make conclusions of law consistent with the five causes of action set forth in the accusation.

Ms. Beggs argued that the stipulated facts do not support a charge of deceitful practice.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make conclusions of law consistent with the five causes of action set forth in the accusation.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Kandt requested that the Board revoke Mr. Neil's Certificate of Registration No. 19767, that Mr. Neil not be allowed to work in any facility licensed by the Board until he petitions for reinstatement, that he be allowed to petition for reinstatement after one year with revocation effective immediately. Mr. Wuest requested a \$5000 fine for the violations and that \$1300 in attorney fees and costs be awarded pursuant to NRS 622.400. Ms. Beggs stipulated to \$1300 in recoverable attorney fees and costs.

Ms. Beggs argued that this case is different from other diversion cases due to Mr. Niel's mental state during the time of the violations and how he continues to improve his mental health through the PRN-PRN program and meeting with a therapist regularly, and how he has agreed not to work in Nevada due to the current charges.

Ms. Beggs argued that the Board should not revoke Mr. Niel's registration but be placed on probation. Mr. Niel read a statement to the Board advising of his remorse, guilt, embarrassment, and regret for his actions in this case. He provided the Board the steps that he has taken to improve his mental health and how he would not repeat his actions again.

Board discussion ensued.

Ms. Beggs requested a recess to talk to Mr. Niel and Mr. Chase from PRN-PRN. The hearing was recessed.

The hearing resumed and Mark Lee Chase, Program Director of PRN-PRN, was sworn in by President Park and testified regarding Mr. Niel's evaluation and treatment.

Board discussion ensued.

Board Action

Motion: Jade Jacobo moved to revoke Mr. Neil's Certificate of Registration No. 19767, that Mr. Neil not be allowed to work in any facility licensed by the Board until he petitions for reinstatement, that he be allowed to petition for reinstatement after one year with revocation effective immediately, that he pays a \$5000 fine for the violations and that he pay \$1300 in recoverable attorney fees and costs.

Second: Richard Tomasso

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

Nay: Tejero

Action: Motion carries.

E. Vidur Mahadeva, MD

(20-111-CS-N)

Brett Kandt prosecuted the case and requested a continuance to April.

Carl Hebert appeared as counsel representing Dr. Mahadeva and agreed to continue the hearing.

Dave Wuest stated that Dr. Mahadeva does not have a current DEA Registration and is not a risk to the public.

President Park agreed to continue the matter.

6. Applications for Pharmaceutical Technician in Training Registration– Appearance.

A. Jazmine Hewitt

Jazmine Hewitt appeared and was sworn in by President Park prior to answering questions or offering testimony.

Courtney Lee, General Counsel for the Board, provided background on Ms. Hewitt's disclosure regarding domestic violence and questioned Ms. Hewitt if she completed her domestic violence classes, paid her fines, and completed her community service.

Board discussion ensued regarding Ms. Hewitt's disclosure, her interactions with law enforcement, and why she wants to be a Pharmacy Technician.

Ms. Hewitt answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo motioned to approve Jazmine Hewitt's Pharmaceutical Technician in Training application.

Second: Krystal Freitas

Action: Passed unanimously.

B. Joseph Repetti

Joseph Repetti appeared and was sworn in by President Park prior to answering questions or offering testimony.

Courtney Lee provided background on Mr. Repetti's disclosure. She stated that Mr. Repetti appeared before the Board in October 2019 and disclosed that he stole and pawned an item from his ex-girlfriend to buy opiates.

Mr. Repetti stated that he attended narcotic anonymous classes and meets with his sponsor regularly.

Ms. Lee explained that Mr. Repetti provided documentation of his conviction and his evaluation by PRN-PRN.

Board discussion ensued regarding Mr. Repetti's disclosure, any issues with law enforcement or drugs, and why he wants to be a Pharmacy Technician.

Mr. Repetti answered the Board's questions to their satisfaction. Mr. Repetti explained to the Board that he has learned from his mistakes and will not repeat them again.

Joe Dodge, Inspector for Board of Pharmacy, read Mr. Repetti's positive PRN-PRN evaluation to the Board.

After discussion, the Board advised Mr. Repetti to provide an updated application with the current managing pharmacist's information.

Board Action:

Motion: Richard Tomasso moved to approve Joseph Repetti's Application for Pharmaceutical Technician in Training registration pending receipt of updated application with the new Managing Pharmacist.

Second: Gener Tejero

Action: Passed unanimously.

7. Applications for Pharmaceutical Technician Registration– Appearance.

A. Leslie Costanza

Leslie Costanza appeared and was sworn in by President Park prior to answering questions or offering testimony.

Courtney Lee provided background on Ms. Costanza's disclosure which was a prior DUI.

Board discussion ensued regarding Ms. Costanza's disclosure.

Ms. Costanza answered questions to the Board's satisfaction.

Board Action:

Motion: Krystal Freitas moved to approve Leslie Costanza's Pharmaceutical Technician application.

Second: Jade Jacobo

Action: Passed unanimously.

B. Kishan Desai

Kishan Desai appeared and was sworn in by President Park prior to answering questions or offering testimony.

Courtney Lee provided background on Mr. Desai's disclosure which was a prior DUI.

Mr. Desai explained that his court documents were lost in a fire at his apartment complex.

The Board provided information to Mr. Desai on how to retrieve his court documents.

President Park offered Mr. Desai the opportunity to table his application in order to retrieve and submit his court documents to the Board for review.

President Park tabled Mr. Desai's application at his request.

C. Athiena Stafford

Athiena Stafford appeared and was sworn in by President Park prior to answering questions or offering testimony.

Courtney Lee provided background on Ms. Stafford's disclosure which was a prior DUI.

Board discussion ensued regarding Ms. Stafford's disclosure, her probation period, any issues with the law, and why she would like to be a Pharmaceutical Technician.

Ms. Stafford answered questions to the Board's satisfaction.

Board Action:

Motion: Richard Tomasso moved to approve Athiena Stafford's Pharmaceutical Technician in Training application with the condition that she informs the Board Staff of changes to her probation status. If she does not comply with the conditions of her probation, then the Board can cancel her registration.

Second: Gener Tejero

Action: Passed unanimously.

8. Applications for Controlled Substance Registration– Appearance.

Ryan Doucette

Ryan Doucette appeared and was sworn in by President Park prior to answering questions or offering testimony.

Brett Kandt provided background on Mr. Doucette's disclosure which was prior DUIs and a malpractice lawsuit that did not involve the prescribing or dispensing of medication.

Mr. Doucette answered questions to the Board's satisfaction regarding his DUIs and malpractice lawsuit.

Mr. Doucette acknowledged that he made mistakes and is working to rectify those issues. He appreciates the Board giving him an opportunity to speak on this issue.

Board Action:

Motion: Jade Jacobo moved to approve Ryan Doucette's Application for Controlled Substance Registration.

Second: Krystal Freitas

Action: Passed unanimously.

9. Application for Nevada Pharmacy License – Appearance

A. Atlas Pharmacy and Medical Supply – Las Vegas, NV

Obidike Ihenacho, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Joe Dodge questioned Mr. Ihenacho regarding his work history and his business model.

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

Rolf Zakariassen expressed concern regarding Mr. Ihenacho's work history and requested Mr. Ihenacho submit an updated accurate work history form.

President Park offered Mr. Ihenacho the opportunity to table his application in order to update his work history form.

President Park tabled Atlas Pharmacy and Medical Supply's application at Mr. Ihenacho's request.

Public Comment March 3 2021, 5:00 PM

There was no Public Comment.

B. One Point Patient Care – Las Vegas, NV

Kimberely Johnson, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Dave Wuest requested a Letter of Authorization for Ms. Johnson to speak on behalf of the company.

Mr. Wuest questioned Ms. Johnson regarding the business model of One Point Patient Care and the new ownership.

Ms. Johnson answered all questions to the Board's satisfaction.

Joe Dodge reviewed the application and the past virtual inspection of the pharmacy to the Board. He stated that the pharmacy has met the requirements.

Board Action:

Motion: Krystal Freitas moved to approve the pharmacy license for One Point Patient Care pending Letter of Authorization allowing Ms. Johnson to speak on behalf of the company.

Second: Gener Tejero

Action: Passed unanimously.

C. Optum Frontier Therapies II, LLC – Las Vegas, NV

This matter was heard in conjunction with Agenda Item 13B

Brett Kandt provided background to the Board regarding the disclosures for this company.

Dominic Ortega, Managing Pharmacist, and Jonathan Keel, facility manager, appeared and were sworn in by President Park prior to answering questions or offering testimony.

President Park requested a Letter of Authorization to allow Mr. Keel and Mr. Ortega to speak on behalf of the company.

Mr. Wuest questioned Mr. Ortega and Mr. Keel regarding the products and services provided, Optum Frontier Therapies II, LLC's past disciplinary history and the company's business model.

Mr. Ortega and Mr. Keel answered questions to the Board's satisfaction.

Board Action:

Motion: Krystal Freitas moved to approve pharmacy and wholesaler license for Optum Frontier Therapies II Applications for Nevada Pharmacy license and Nevada Wholesaler License pending receipt of Letters of Authorization allowing Dominic Ortega and Jonathan Keel to speak on behalf of the company.

Second: Gener Tejero

Action: Passed unanimously.

D. Silver State Drug – Caliente, NV

Brett Kandt provided background to the Board regarding the disclosures for Silver State Drug.

Andrew Bleak, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Joe Dodge provided background on Mr. Bleak regarding his work history and his application.

Mr. Bleak clarified to the Board that he would like to withdraw this application and commented that he is in the process of purchasing Jolly's Pharmacy. He planning to rename the pharmacy to "Silver State Drug" instead.

Board discussion ensued regarding the application changes and the pharmacy's current status.

Mr. Kandt requested that this matter be tabled to a future meeting to allow Mr. Bleak to provide an updated accurate application to the Board.

President Park offered Mr. Bleak the opportunity to table his application in order to update the pharmacy application.

President Park tabled Silver State Drug's application at Mr. Bleak's request.

E. Value Pharmacy – North Las Vegas, NV

No representative on behalf of Value Pharmacy was present.

10. Applications for Out-of-State Compounding Pharmacy License – Appearance

A. AlleReach Pharmacy – Dallas, TX

Erica Leger, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Ms. Leger stated that she will provide a Letter of Authorization allowing her to speak on behalf of the company.

Board staff questioned Ms. Leger regarding the pharmacy's business model and her work history.

After discussion, the Board expressed concern regarding AlleReach Pharmacy's business model.

Ms. Leger and Jared Moss, General Counsel for AlleReach Pharmacy, stated that they would discuss their business model to confirm that their business will abide by Nevada's state laws.

President Park offered Ms. Leger the opportunity to table the application in order for Mr. Moss to review that AlleReach Pharmacy's business model is in compliance with Nevada Law.

President Park tabled AlleReach Pharmacy's application at Ms. Leger's request.

B. Carolina Infusion – Ridgeland, SC

No representative on behalf of Carolina Infusion was present.

C. Dragonfly Infusion Services – Wintersville, OH

Mary Mihalyo, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Joe Dodge questioned Ms. Mihalyo about Dragonfly Infusion Services' products and services provided, policies and procedure, shipping practices, business model and Ms. Mihalyo's work history.

The Board removed the affidavit not to ship sterile compounded products into Nevada from Dragonfly Infusion Services' application at Ms. Mihalyo's request.

Ms. Mihalyo answered all questions to the Board's satisfaction.

Board Action:

Motion: Krystal Freitas moved to approve pharmacy license for Dragonfly Infusion Services pending policies and procedures for Board Staff to review.

Second: Richard Tomasso

Action: Passed unanimously.

D. Meds In Motion – Draper, UT

Tufan Nasir, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions or offering testimony.

President Park requested a Letter of Authorization allowing Mr. Nasir to speak on behalf of Meds in Motion.

The Board questioned Mr. Nasir regarding Meds in Motion's past discipline.

Mr. Nasir was unable to answer questions to the Board's satisfaction.

After discussion, President Park offered Mr. Nasir the option to table Meds in Motion's application to allow him time to provide an updated application and reappear with a representative who could answer the Board's questions regarding Meds in Motion's disciplinary history.

President Park tabled Meds in Motion's application at Mr. Nasir's request.

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

A. Nextcare Pharmacy – Houston, TX

No representative on behalf of Value Pharmacy was present.

B. TheraCom – Brooks, KY

Jack McGuire, Managing Pharmacist, and Joseph Eiler, Registered Pharmacist, appeared and were sworn in by President Park prior to answering questions or offering testimony.

Courtney Lee provided background on Mr. McGuire's and Mr. Eiler's disclosures to the Board.

Mr. Eiler provided a summary regarding past discipline for Amerisource Bergan, TheraCom's parent company. He testified that all conditions of Amerisource Bergan's past discipline have been met.

Mr. McGuire provided clarification on his disclosure regarding a prior DUI and not fulfilling his continuing education. He stated that all fines were paid, and his license is in good standing.

Mr. Eiler and Mr. McGuire answered questions to the Board's satisfaction.

President Park requested a Letter of Authorization allowing Mr. McGuire and Mr. Eiler to speak on behalf of Theracom.

Board Action:

Motion: Jade Jacobo moved to approve the out-of-state pharmacy license for Theracom pending receipt of a Letter of Authorization allowing Mr. McGuire and Mr. Eiler to speak on behalf of the company.

Second: Krystal Freitas

Action: Passed unanimously.

12. Application for Nevada Medical, Devices, Equipment and Gases License – Appearance

A. Aircare Medical Inc. – Henderson, NV

Neil McKay, MDEG Administrator, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Joe Dodge questioned Mr. McKay about the business and his work history.

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

After discussion, President Park questioned Mr. McKay if Aircare Medical Inc. has performed any unlicensed practice before the temporary license was issued. Mr. McKay confirmed.

Mr. McKay requested to update the name of the application to Aircare SMRT LLC.

Board Action:

Motion: Jade Jacobo moved to approve Aircare SMRT LLC's Application for Nevada Medical, Devices, Equipment and Gases License pending a positive opening inspection. In addition, a second inspection is conducted within 90 days at the company's expense.

Second: Wayne Mitchell

Action: Passed unanimously.

Public Comment March 4 2021, 9:00 AM

There was no Public Comment.

Gener Tejero was not on March 4, 2021 until 10:00 AM and a quorum was established.

B. Barber DME Supply Group – Nellis AFB, NV

Tim Barber, CEO, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Joe Dodge questioned Mr. Barber regarding Barber DME Supply Group's business model, staff training, and products and services provided.

Mr. Barber answered questions to the Board's satisfaction regarding his work history, Barber DME Supply Group's products and services provided.

The Board expressed concern that Barber DME Supply Group may have performed unlicensed activities.

Board discussion ensued regarding having Board Staff conduct an additional inspection at the company's expense.

Board Action:

Motion: Jade Jacobo moved to approve MDEG license for Barber DME Supply Group pending a positive inspection. In addition, a second inspection is conducted within 90 days of the initial inspection at the expense of the company.

Second: Wayne Mitchell

Action: Passed unanimously.

C. Kinex Medical Company – Las Vegas, NV

LeeAnn Wilhem, Compliance Officer, and Sandra Sorenson, MDEG Administrator, appeared and were sworn in by President Park prior to answering questions or offering testimony.

President Park requested a Letter of Authorization that Ms. Wilhelm and Ms. Sorenson are authorized to speak on behalf of Kinex.

Joe Dodge wanted to confirm if the owner Michael Buckholdt, part owner, is actively working as a Physical Therapist. Ms. Wilhelm confirmed that he is not. Mr. Dodge clarified that Nevada Law does not allow health care professionals to obtain a license per NAC 639.6943.

The Board questioned Ms. Sorenson regarding her work history and experience as an MDEG administrator.

The Board expressed concern that Ms. Sorenson's work history form did not match up with her testimony.

President Park offered Ms. Wilhelm and Ms. Sorenson the opportunity to table the application to provide the Board with an updated application and work history form for Ms. Sorenson.

President Park tabled Kinex Medical Company's application at Mr. Wilhelm's request.

D. Patients Choice LLC – North Las Vegas, NV

Deejay Graves (NV Area Manager), Todd Davis (Compliance Manager), and Delbert Rinquest (Owner) appeared and were sworn in by President Park prior to answering questions or offering testimony.

President Park requested a Letter of Authorization allowing Mr. Graves to speak on behalf of Patients Choice LLC.

Joe Dodge questioned Mr. Davis about the MDEG application. He stated that the application needs to be updated to reflect an MDEG Administrator who is located in Nevada.

Mr. Graves stated that Ms. Ali who was listed on the application as the MDEG administrator is no longer with the company. Mr. Graves stated that currently there is no new administrator at the Las Vegas location.

President Park offered Patients Choice LLC the opportunity to table the application to submit an updated application with an MDEG administrator located in Nevada.

President Park tabled Patients Choice LLC's application at Mr. Graves', Mr. Davis' and Mr. Rinquest's request.

E. VieMed – Reno, NV

Brett Stoute, Chief Compliance Officer, and Nicole Grant, MDEG Administrator, appeared and were sworn in by President Park prior to answering questions or offering testimony.

Dave Wuest provided background to the Board on VieMed's history and stated that the Nevada Board of Pharmacy issued a cite and fine for unlicensed practice in Nevada. Mr. Wuest stated that VieMed has paid their fine.

Mr. Stoute stated that Nicole Grant would be the MDEG Administrator at the Reno, NV location.

Mr. Wuest questioned Ms. Grant regarding her experience as an MDEG Administrator and her knowledge regarding the products and services provided by VieMed.

Ms. Grant and Mr. Stoute answered all questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved to approve MDEG license for VieMed pending positive inspection. In addition, a second inspection within 90 days at the company's expense.

Second: Rolf Zakariassen

Action: Passed unanimously.

13. Application for Nevada Wholesaler License – Appearance

A. Lincare, Inc. – Sparks, NV – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – Disclosure

Austin Carne, Facility Manager, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Brett Kandt stated that Lincare disclosed that the corporation, any owner, shareholder, or partner had been the subject of an administrative action or proceeding relating to the pharmaceutical information. Mr. Kandt stated that no additional information was provided.

President Park requested Mr. Carne to provide background on the disclosure and requested a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Carne was unable to provide background to the Board regarding the disclosure.

President Park offered Lincare, Inc. the opportunity to table the application and reappear with a representative who could provide information on the company's disclosure.

President Park tabled Lincare, Inc's application at Mr. Carne's request.

- B. Optum Frontier Therapies II, LLC – Background Check Not Required – Publicly Traded (NAC 639.593(7)(a)) – Disclosure

This matter was heard in conjunction with Item 9C.

14. Applications for Out-of-State Wholesaler License – Appearance

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

Alex Cooper, attorney representing Animal Health International Inc., appeared and was sworn in by President Park prior to answering questions or offering testimony.

Courtney Lee, General Counsel for the Board, provided background regarding Animal Health International's past disciplinary history. Ms. Lee questioned Mr. Cooper regarding the company's past discipline, and the status of the company's licenses in other states.

Mr. Cooper provided explanations regarding each of the disciplinary cases disclosed on their application and the status of the cases in each state. Mr. Cooper testified that all fines have been paid and that the company has resolved all open litigation. Mr. Cooper explained that the discipline all stemmed from an occurrence of unlicensed practice.

Mr. Cooper explained the changes that the company has adopted to prevent future errors from occurring in the future.

Board Action:

Motion: Krystal Freitas moved to approve out-of-state license for Animal Health International.

Second: Jade Jacobo

Action: Passed unanimously.

- B. Celgene Corporation – Allentown, PA - Background Check Not Required - Manufacturer and VAWD-Accredited (NAC 639.593 (7)(c) and (d)) – Disclosure

- C. Celgene Corporation – Summit, NJ - Background Check Not Required - Manufacturer (NAC 639.593 (7)(d)) – Disclosure

Jade Jacobo disclosed that her employer works with Celgene; however, she stated that she could participate fairly and without bias.

Tom Scalone, Designated Representative, and Jennifer Schneider, Licensing Department, appeared and were sworn in by President Park prior to answering questions or offering testimony.

Courtney Lee provided background of the company's disclosure regarding failure to disclose disciplinary action to the Oregon and Alabama Board of Pharmacy.

Mr. Scalone provided background and confirmed that fines were paid.

Mr. Scalone and Ms. Schneider answered questions to the Board's satisfaction.

Board Action:

Motion: Krystal Freitas moved to approve Celgene Corporations' Applications for Out-of-State Wholesaler License for both the Allentown, PA and Summit, NJ locations.

Second: Jade Jacobo

Action: Passed unanimously.

D. Huvepharma, Inc. – St. Louis, MO – Background Check Not Required - Manufacturer (NAC 639.593 (7)(d)) – Disclosure

Todd Knoll, Facility Manager, appeared and was sworn in by President Park prior to answering questions or offering testimony.

President Park requested a Letter of Authorization allowing Mr. Knoll to speak on behalf of the company.

Brett Kandt provided background to the Board regarding disclosures provided by Huvepharma.

Board questioned Mr. Knoll regarding Huvepharma's business model and the disclosures on the application.

Mr. Knoll was unable to answer questions regarding Huvepharma's disclosures.

President Park offered Huvepharma, Inc. the opportunity to table the application to reappear with a representative who could answer the Board's questions regarding their disclosures.

President Park tabled Huvepharma, Inc's application at Mr. Knoll's request.

E. ICU Medical Sales, Inc. – Lancaster, TX – Background check completed. Disqualifying Events – Disclosure

Wesley Davis, Global Distribution Operations Manager, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Dave Wuest provided background information regarding ICU Medical Sales, Inc.'s disclosure and stated that the information provided by Mr. Davis was consistent with the results of his background check.

Mr. Davis answered questions to the Board's satisfaction regarding the products and services provided by ICU Medical Sales.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state wholesaler application for ICU Medical Sales.

Second: Krystal Freitas

Action: Passed unanimously.

F. Pharmacia & Upjohn Company LLC – Kalamazoo, MI – Publicly Traded and Manufacturer (NAC 639.593 (7)(a) and (d)) – Disclosure

Jonathan Dobbins, Facility Manager, appeared and was sworn in by President Park prior to answering questions or offering testimony.

President Park requested a Letter of Authorization to confirm that Mr. Dobbins is allowed to speak on behalf of Pharmacia & Upjohn Company LLC.

Courtney Lee provided background on the disclosure and stated that company was fined due to operating without proper permits and inaccurate recordkeeping.

Mr. Dobbins confirmed that the fines were paid and answered questions to the Board's satisfaction regarding Pharmacia & Upjohn Company LLC's products and services provided.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state wholesaler license for Pharmacia & Upjohn Company LLC.

Second: Rolf Zakariassen

Action: Passed unanimously.

G. Upjohn US 1 LLC – Peapack, NJ - Publicly Traded and Manufacturer (NAC 639.593 (7)(a) and (d))

No representative on behalf of Upjohn US 1 LLC was present.

15. Application for Out-of-State Outsourcing Facility – Appearance

A. Eagle, Inc. – Hoover, AL

Zahir Hamid, General Manager for Eagle Inc, appeared and was sworn in by President Park prior to answering questions or offering testimony.

President Park requested a Letter of Authorization to confirm that Mr. Hamid is allowed to speak on behalf of the company.

Joe Dodge, Inspector for the Board of Pharmacy, questioned Mr. Hamid regarding Eagle Inc.'s business model and past FDA inspections.

Mr. Hamid answered questions regarding Mr. Hamid's work history, and past FDA Inspections. Mr. Hamid described to the Board the steps the company has taken to address each of the observations noted in the FDA Inspections.

After discussion the Board expressed concern regarding observations still pending with the FDA.

President Park offered Eagle, Inc. the opportunity to table the application pending FDA regulatory meeting results for Board staff to review.

President Park tabled Eagle, Inc's application at Mr. Hamid's request.

B. Fagron Sterile Services LLC – Wichita, KS

Joy Umholtz, Supervising Pharmacist, and Jason McGuire, Global Quality Director, appeared and were sworn in by President Park prior to answering questions or offering testimony.

Joe Dodge questioned Ms. Umholtz regarding the observations listed on their FDA Inspection.

Ms. Umholtz and Mr. McGuire answered questions to the Board's satisfaction.

Mr. McGuire disagreed with FDA's findings of being essential copies and clarified to the Board of what their drug offers.

Board discussion ensued regarding Fagron's drug being an essential copy per the FDA and debating if the drug should only be allowed when there is a shortage.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state outsourcing facility license for Fagron with the exception that they do not provide essential copy products unless there is a shortage, or the FDA rules that the products in question are not essential copies. In addition, Board will allow Fagron to provide existing patients products one month from today's date: March 4, 2021.

Second: Krystal Freitas

Action: Passed unanimously.

C. Nephron Sterile Compounding Center, LLC – West Columbia, SC

Lou Kennedy, CEO, and Jane Killian, Supervising Pharmacist, appeared and were sworn in by President Park prior to answering questions or offering testimony.

Joe Dodge questioned Mr. Kennedy and Ms. Killian regarding the observations noted on Nephron's past FDA inspections, Mr. Kennedy and Ms. Killian's work history.

Mr. Kennedy and Ms. Killian reviewed each FDA observation and discussed the changes the company made to address the FDA's concerns.

Mr. Kennedy and Ms. Killian answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve the out-of-state outsourcing facility license for Nephron Sterile Compounding Center, LLC.

Second: Krystal Freitas

Action: Passed unanimously.

D. Wells Pharma of Houston, LLC – Houston, TX

Jonathan Rekieta, Lead Pharmacist, appeared and was sworn in by President Park prior to answering questions or offering testimony.

President Park requested a Letter of Authorization to confirm that Mr. Rekeita is allowed to speak on behalf of the company.

Joe Dodge provided background on the company and informed the Board that Wells Pharma of Houston LLC has not yet been inspected by the FDA. Mr. Dodge questioned Mr. Rekieta on company's policies and procedures, products and services provided, clean room specifications, product testing and staff training.

Mr. Rekeita answered Mr. Dodge's question to the Board's satisfaction.

Mr. Dodge requested Mr. Rekeita send the results of the future FDA inspection as well as the past inspections completed by the Texas and Florida Boards of Pharmacy.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state outsourcing facility license pending receipt and review of Texas and Florida Board inspections. In addition, she would like the results of the FDA inspection submitted to the Board when it happens.

Second: Krystal Freitas

Action: Passed unanimously.

16. Application for Pharmacist Registration by Reciprocity – Appearance

Audrey Cho

Audrey Cho appeared and was sworn in by President Park prior to answering questions or offering testimony.

Courtney Lee background on Ms. Cho's disclosure that she had dispensed medications without a valid prescription.

Ms. Cho explained to the Board the events that occurred in Idaho and the reasons that she provided drugs without a valid prescription. Ms. Cho stated that she has learned from her past mistakes and assured the Board that she will not repeat these errors in the future.

Board Action:

Motion: Jade Jacobo moved to approve Ms. Cho's application for Pharmacist Registration by Reciprocity.

Second: Krystal Freitas

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

Nay: Zakariassen

Action: Passed unanimously.

17. Request for approval of Continuing Education provided by the Nevada Geriatric Education Center:

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

Patty Swager appeared on behalf of the University of Nevada – Reno.

Ms. Swager summarized the course information for the Board and stressed the importance of practitioners' and pharmacists' role in the care of geriatric patients.

Ms. Swager answered questions to the Board's satisfaction.

Motion: Jade Jacobo moved to approve the Continuing Education class by University of Nevada – Reno.

Second: Krystal Freitas

Action: Passed unanimously.

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

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

- 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

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

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)

Brett Kandt provided background information on the proposed amendment to the Board.

Ms. Long explained that the proposed amendment came from recommendations during a meeting with the crime lab.

President Park opened the public comment.

There was no public comment.

Board Action:

Motion: Richard Tomasso moved to approved proposed amendment as presented by Mr. Kandt.

Second: Gener Tejero

Action: Passed unanimously.

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

- 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.

Dave Wuest provided background on the proposed amendment.

Board discussion ensued regarding the proposed amendment.

President Park opened the public comment.

Ed Rickert, Pharmacist and Attorney, appeared and expressed support of the proposed amendment.

President Park closed public comment.

Board discussion ensued regarding the locations and the role of the medical devices. The Board directed Board Staff bring the proposed amendment back to workshop with clarifications regarding mechanical devices and automated drug dispensing systems.

- 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.

Brett Kandt provided background on the proposed amendment.

President Park opened the public comment.

There was no public comment.

Board discussion ensued regarding who qualifies to be an authorized delegate. Mr. Kandt stressed the importance of ensuring that PMP data does not get distributed to unauthorized users.

Board Action:

Motion: Jade Jacobo moved to approved proposed amendment with corrections as discussed and move forward to Public Hearing.

Second: Richard Tomasso

Action: Passed unanimously.

22. Date and Location of Next Scheduled Board Meeting:

April 14 & 15, 2021 – Las Vegas, NV

23. Public Comment March 4, 2021, 5:00 PM

There was no Public Comment.

24. Adjournment

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 03729)
 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

✓ name & address

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Conception Pharmacy, LLC dba Alto Pharmacy

Physical Address: 4950 Terminal Street, Suite 200, Bellaire, TX 77401-6013

Mailing Address: 1400 Tennessee Street, Suite 2

City: San Francisco, State: CA Zip Code: 94107-3983

Telephone: (800) 874-5881 Fax: (415) 484-7780

✓ Toll Free Number: (800) 874-5881 (Required per NAC 639.708)

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

Managing Pharmacist: Angela Tompkins License Number: Texas - 44604

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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

Shannon M. Hansen, Secretary
Print Name of Authorized Person

Jan, 14 2021
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 NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Alto Pharmacy Investments, LLCMailing Address: 645 Harrison Street, Suite 200City: San Francisco State: CA Zip: 94107-3983Telephone: (800) 874-5881 Fax: (415) 484-7780Contact Person: Erik J. Heikkinen, Principal Consultant

For any corporation non publicly traded, disclose the following:

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

a) Alto Pharmacy Investments, LLC (100% ownership)	645 Harrison Street, Suite 200 San Francisco, CA 94107
Name	Address

b) _____	_____
Name	Address

c) _____	_____
Name	Address

d) _____	_____
Name	Address

2) Provide the number of shares issued by the corporation. NA-Not Applicable, shares not issued3) What was the price paid per share? NA-Not Applicable, shares not issued4) What date did the corporation actually receive the cash assets? 12/30/2020

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

List any physician shareholders and percentage of ownership.

Name: NA-Not Applicable %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>900</u> am	<u>700</u> pm	Saturday	<u>1000</u> am	<u>530</u> pm
Sunday	<u>1000</u> am	<u>530</u> 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.

List of officers and directors

Alto Pharmacy Investments, LLC
100% Direct Owner / Sole Member

Francis A. Nzeuton
President, CFO and Manager

Shannon M. Hansen
Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Shannon M. Hansen, Secretary

Responsible Person of Conception Pharmacy, LLC dba Alto 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

Shannon M. Hansen, Secretary
Print Name of Authorized Person

Jan 14, 2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss.
Alameda COUNTY)

I, Shannon M. Hansen, 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 for Conception Pharmacy, LLC dba Alto 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, Shannon M. Hansen, 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
____ day of _____, 20____.

See Attached Certificate
NOTARY PUBLIC

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

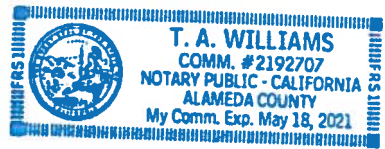
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 Alameda

Subscribed and sworn to (or affirmed) before me
on this 14 day of January, 2021,
by Shannon M. Hansen
(1) _____
(and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature T.A. Williams
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavit for Out-of-State Pharmacy License - NV Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONCEPTION 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 JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONCEPTION PHARMACY, LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5561266 8300

SR# 20210100064

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202278351

Date: 01-13-21

Copy of Texas Pharmacy Permit

Attached please find license verification from the Texas Board of Pharmacy's website.* The Texas Board of Pharmacy has experienced delays printing pharmacy permits. At this time, we respectfully request the attached license verification approved to continue processing the attached application.

*** The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.**

Copy of Inspection Report

Conception Pharmacy, LLC dba *Alto Pharmacy* ("Alto Pharmacy") has not yet been inspected by the Texas Board of Pharmacy at their current / new location. An inspection to relocation and change of ownership are not requirements by the Texas Board of Pharmacy. Alto Pharmacy has requested an inspection is conducted to facilitate the further processing of non-resident pharmacy applications. Upon completion of the inspection, Alto Pharmacy will submit a copy of the inspection report.

Copy of DEA Certificate

Conception Pharmacy, LLC dba *Alto Pharmacy* ("Alto Pharmacy") has submitted the required DEA application to relocate and update the DEA Certificate. Local DEA personnel have indicated processing and approval of the requested changes may take 4-6 weeks. Upon approval of the DEA, Alto Pharmacy will submit a copy of the DEA Certificate. At this time, we respectfully request processing of our application continues.



TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 31079

ALTO PHARMACY

License Information

License Status Active
License # 31079
Expiration Date 10/31/2022
Date License Issued 10/28/2016

Address

4950 TERMINAL STREET STE 200
BELLAIRE, TX 77401-6013
County HARRIS
Phone (800) 874-5881

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Multi
of Hospital beds

Employment Information

Pharmacist in Charge
TOMPKINS, ANGELA HOFFART

Pharmacy Profile *

Accessible to disabled persons? Yes

Participates in the Texas Medicaid program? No

Translating services (Listed Below if Available)

Spanish
Telecomm. for the deaf (TDD)
AT&T translating services

* Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 880237 31079 ConceptionPharmacy 2020-06 06-2025.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

No Nuclear
No Out-Patient Prescriptions
Yes Ship Prescription Out of State
No Class D (Expanded Formulary)
No Class D (Alternative Visit Schedule)
No Compounding Sterile-Risk Level Low
No Compounding Sterile-Risk Level Med
No Compounding Sterile-Risk Level High
No Compounding Non-Sterile
No 24 Hour Service
No Closed Door
No Compounding, Office Use
Yes Home Delivery
No Infusion
No Pharmacist Administered Immunizations
No Veterinary Prescriptions

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BRYAN, ROBIN O'NEIL	28167	11/01/1984	05/31/2021	Staff	Active
KESNER, ANDEE MICHELLE	45816	11/06/2007	08/31/2021	Staff	Active
LEE, CYNETHA LEE	37873	07/17/1998	08/31/2021	Staff	Active
TOMPKINS, ANGELA HOFFART	44604	08/18/2006	10/31/2022	PIC	Active

Page 1 of 1 20 ▼

View 1 - 4 of 4

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
AVALOS, RANDY PAUL	164393	05/10/2010	10/31/2022	Staff	Active
CHOW, CHRISTINA KIT	182495	08/25/2010	03/31/2022	Staff	Active
CUELLAR, MALINDA LEE	118450	06/02/2004	12/31/2021	Staff	Active
GUZMAN, MARISA ANNE	108413	04/16/2004	01/31/2023	Staff	Active

Page 1 of 1 20 ▼

View 1 - 4 of 4

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode
Page 0 of 0 20 ▼					No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
CONCEPTION PHARMACY, LLC	OWNER	.			
GILL, INDERBIR S.	OFFICER	.			
BRACUTI, KIM ANN	OFFICER	.			
HADDAD, GHASSAN	OFFICER	.			

Page 1 of 1 20 ▼

View 1 - 4 of 4

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

CONFIRMATION OF CLOSING OF
EQUITY PURCHASE TRANSACTION

(Bill of Sale)

Conception Pharmacy, LLC

Reference is made to the following documents: (1) that certain Equity Purchase Agreement, dated as of December 19, 2020 (the "Purchase Agreement"), by and among Hungry Hungry Hippa, LLC, a Delaware limited liability company ("HHH"), Conception Pharmacy, LLC, a Delaware limited liability company ("Company"), and other entities and individuals; (2) that certain Assignment and Assumption Agreement, dated as of January 15, 2021 (the "Assignment Agreement"), by and between HHH and Alto Pharmacy Investments, LLC ("Alto").

As a result of the foregoing, the undersigned, hereby confirm as follows:

1. With the transactions contemplated by the Purchase Agreement and Assignment Agreement, Alto became the sole member of the Company;
2. The transaction contemplated by the Purchase Agreement was consummated effective as of 12:01 a.m., Pacific Time, on January 19, 2021 (the "Closing Date"); and
4. The Company continues to hold ownership of the drug inventory and patient records prior to, and as of the Closing Date.

This Confirmation of Closing of Equity Purchase Transaction (the "Confirmation") is subject in all respects to the terms and conditions of the Purchase Agreement and the Assignment Agreement. Nothing contained in this Confirmation shall be deemed to amend, limit, supersede, extinguish, operate as a waiver of, or otherwise modify any of the obligations, agreements, covenants, representations or warranties of each party contained in the Purchase Agreement, the Assignment Agreement and/or any other agreements, certificates or documents referenced therein or delivered pursuant thereto (collectively, the "Transaction Agreements"). In the event of any conflict, contradiction or inconsistency between this Confirmation and the Transaction Agreements, the terms of the Transaction Agreements shall govern and control in all respects.

[Signature page follows]

ALTO PHARMACY INVESTMENTS,
LLC

DocuSigned by:

By: Mattieu Gamache-Asselin

2B9C306576874D5

Name: Mattieu Gamache-Asselin

Title: Chief Executive Officer

HUNGRY HUNGRY HIPPA, LLC

DocuSigned by:

By: Mattieu Gamache-Asselin

2B9C306576874D5

Name: Mattieu Gamache-Asselin

Title: Chief Executive Officer

CONCEPTION PHARMACY, LLC

DocuSigned by:

By: Shannon Hansen

F57ABE2B4E57ADE

Name: Shannon Hansen

Title: Secretary

**LIMITED POWER OF ATTORNEY
FOR USE OF OPERATING LICENSES**

Conception Pharmacy ("Licensee") currently holds various pharmacy licenses (the "Operating Licenses"). Licensee has made, constituted and appointed, and by these representations does make, constitute, and appoint Conception Pharmacy, LLC d/b/a Alto Pharmacy, a Delaware limited liability company (the "Company"), as Licensee's agent and attorney-in-fact for the limited purpose of utilizing Licensee's Operating Licenses to continue its operations of the business identified by Texas pharmacy license number 31079 (the "Facility") at 4950 Terminal Street, Suite 200, Bellaire, TX 77401, including, but not limited to, those Operating Licenses listed on Exhibit A hereto. With respect to each Operating License, the Company may act in this capacity until the date on which the Company obtains its own Operating Licenses (the "Company Licenses") by and among certain affiliates of the Company and Licensee (such date being referred to herein as the "Applicable Power of Attorney Termination Date").

It is recognized that so long as this Limited Power of Attorney shall be in effect, to the extent permissible by law, the Company is hereby vested with the powers granted herein.

Licensee recognizes that until the Applicable Power of Attorney Termination Date it is legally responsible for the Operating Licenses. Therefore, Licensee grants this limited power of attorney based upon the following covenants and warranties of the Company: (a) the Company shall follow and abide by all federal and state laws governing the regulation of controlled substances and operating practices at all times while utilizing this limited power of attorney if applicable; (b) the Company shall make timely application for, diligently pursue and use its best efforts to obtain its own Company Licenses and any other registrations required to continue operations at the facility as soon as practicable after the Closing Date as defined in that certain Equity Purchase Agreement by and among the Licensee and the Company dated as of December 19, 2020; and (c) the Company shall defend, indemnify and hold Licensee harmless from and against any liability, loss, damage or expense (including, without limitation, reasonable counsel fees and expenses), fines and penalties arising out of or in connection with the Company's and/or the Company's agents and representatives use or misuse the Operating Licenses or this limited power of attorney and/or errors and/or omissions associated with the same.

This Limited Power of Attorney may be executed in any number of counterparts and delivered via electronic mail, each of which when executed and delivered shall be deemed to be an original and all of which counterparts taken together shall constitute but one and the same instrument.

[Signatures on Next Page]

IN WITNESS WHEREOF, Licensee, on the one hand, and the Company, on the other hand, have executed this Limited Power of Attorney For Use of Operating Licenses, effective as of the Closing Date.

Conception Pharmacy

DocuSigned by:
Matt Maruca
By: 85E48B05F783428...
Name: Matthew K. Maruca
Title: General Counsel

Conception Pharmacy, LLC d/b/a
Alto Pharmacy

DocuSigned by:
Shannon Hansen
By: F57A8E2B4F574DE...
Name: Shannon Hansen
Title: Secretary

Exhibit A

Operating Licenses

- Alabama Non-Resident Pharmacy Permit No. 114816
- Illinois Non-Resident Pharmacy License No. 054.020342
- Illinois Controlled Substances Registration No. 320.012377
- Kansas Non-Resident Pharmacy Registration No. 22-102353
- Louisiana Non-Resident Pharmacy Permit No. PHY.007867-NR
- Nevada Out-of-State Pharmacy License No. PH03729
- New York Non-Resident Pharmacy Registration No. 35331

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: Coram Alternate Site Services, Inc. dba Coram CVS/specialty infusion services

Physical Address: 8248 Lackland Road, Suite 101, Saint Louis, MO 63114

Mailing Address: One CVS Dr., Licensing Dept/MC 11160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 314-656-5110 Fax: 314-656-5005

✓ Toll Free Number: 877-423-1411 (Required per NAC 639.708)

E-mail: permitinfo@cvshealth.com Website: _____

Managing Pharmacist: Sarah Minor License Number: 2012028012

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

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

Kimberley DeSousa

Print Name of Authorized Person

2/15/21
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500

check # 30165588

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Coram Specialty Infusion Services, L.L.C.Mailing Address: One CVS Drive, MC 1160City: Woonsocket State: RI Zip: 02895Telephone: 401-765-1500 Fax: 401-216-0665Contact Person: Kim DeSousa Kimberley.DeSousa@CVSHealth.com

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 Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. N/A3) 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: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8:00 am 5:00 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kimberley DeSousa

Responsible Person of Coram Alternate Site Services, 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

Kimberley DeSousa

Print Name of Authorized Person

2-15-21

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Missouri)
) ss.
Saint Louis COUNTY)

I, Sarah Minor, 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 Coram CVS/specialty infusion 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.

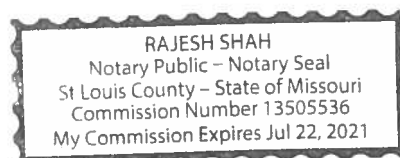
I, Sarah Minor, do hereby swear under penalty of perjury that the assertions of this affidavit are true.


 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
19th day of February, 2021.



NOTARY PUBLIC



State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy
Pharmacy

Class H

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 005866
John E Bauman - 043105
CORAM ALTERNATE SITE SERVICES, INC
CORAM CVS/SPECIALTY INFUSION SERVICES
JOHN E BAUMAN, PIC
8248 LACKLAND RD., SUITE 101
SAINT LOUIS MO 63114
USA

James H. Lester
EXECUTIVE DIRECTOR

Charles E. Edgerwood
DIVISION DIRECTOR

Beginning February 1, 2021, the Division and its boards will begin to accept members of the public in its building. Rather than entering the building individuals may continue to conduct business by contacting the boards via phone and/or email as listed on the left below under General Inquiries or drop items in our drop box (we ask that all items be placed in a sealed envelope labeled with the board name).

For those that choose to enter the building please note additional procedures will be in place due to the COVID-19 pandemic. [CLICK HERE TO READ THE ADDITIONAL PROCEDURES \(/additional-procedures.asp\)](#).

Board of Pharmacy

PR Home (<https://pr.mo.gov/>) » Pharmacy Home (<https://pr.mo.gov/pharmacists.asp>) » Pharmacy Licensee Search (<https://pr.mo.gov/pharmacy-licensee-search.asp>)

Pharmacy Detail

Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Minor, Sarah Ann
Profession Name:	Pharmacist
Licensee Number:	2012028012
Expiration Date:	10/31/2022
Original Issue Date:	8/9/2012
Address:	
Address Con't:	
City, State Zip:	O Fallon, MO 63366
County:	St. Charles
Practitioner DBA Name:	
Classification:	

Current Discipline Status:	None
-----------------------------------	------

Board of Pharmacy (<https://pr.mo.gov/pharmacists>)

3605 Missouri Boulevard

P.O. Box 625

Jefferson City, MO 65102-0625

2/12/2021

Board of Pharmacy

573.751.0091 Telephone

573.526.3464 Fax

800.735.2966 TTY

800.735.2466 Voice Relay

MissouriBOP@pr.mo.gov (mailto:MissouriBOP@pr.mo.gov)

<https://pr.mo.gov/pharmacists> (<https://pr.mo.gov/pharmacists>)

Entity Name	Domestic Jurisdiction	Management Name	Title	Title Role
Coram Alternate Site Services, Inc.	Delaware	Bolgar, William J.	President/Treasurer	Officer
Coram Alternate Site Services, Inc.	Delaware	Moffatt, Thomas S.	Vice President/Secretary	Officer
Coram Alternate Site Services, Inc.	Delaware	Beaulieu, Sheelagh M.	Assistant Treasurer	Officer
Coram Alternate Site Services, Inc.	Delaware	Clark, Jeffrey E.	Assistant Treasurer	Officer
Coram Alternate Site Services, Inc.	Delaware	Cimbron, Linda M.	Assistant Secretary	Officer
Coram Alternate Site Services, Inc.	Delaware	DeSousa, Kimberley M.	Assistant Secretary	Officer
Coram Alternate Site Services, Inc.	Delaware	Luker, Melanie K.	Assistant Secretary	Officer

SECRETARY OF STATE



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, **CORAM ALTERNATE SITE SERVICES, INC.**, as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/12/2008, 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 02/15/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202102151430266

You may verify this certificate
online at <http://www.nvsos.gov>



State of Missouri

John R. Ashcroft, Secretary of State
Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

X01390850
Date Filed: 3/12/2019
Expiration Date: 4/1/2024
John R. Ashcroft
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 X01390850 ☐ Amendment ☐ Correction
Charter number Charter number Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Coram CVS Specialty Infusion Services

Business Address: 555 17Th Street Suite 1500

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Denver, CO 80202

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%
CORAM ALTERNATE SITE SERVICES, INC.	F00409388	555 17TH STREET SUITE 1500	DENVER, CO	80202	

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)

CORAM ALTERNATE SITE SERVICES, INC. -

Melanie K. Luker

Owner's Signature or Authorized Signature of Business Entity

CORAM ALTERNATE SITE SERVICES, INC.

- MELANIE K. LUKER

Printed Name

03/12/2019

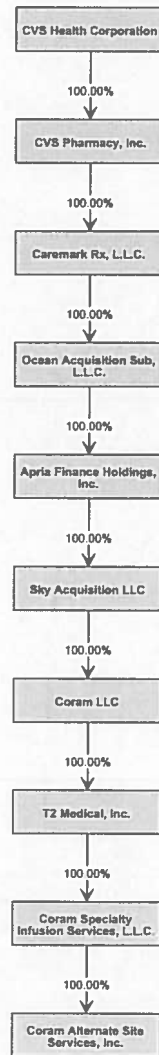
Date

Name and address to return filed document:

Name: Jennifer Dufresne

Address: Email: jennifer.dufresne@cvshealth.com

City, State, and Zip Code:



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: MINIMED DISTRIBUTION CORP

Physical Address: 18302 TALAVERA RIDGE SAN ANTONIO TX 78257-2605

Mailing Address: 18302 TALAVERA RIDGE

City: SAN ANTONIO State: TEXAS Zip Code: 78257-2605

Telephone: 877-891-6750 Fax: 210-395-5291

✓ Toll Free Number: 877-891-6750 (Required per NAC 639.708)

E-mail: rs.nrpharmacy@medtronic.com Website: N/A

Managing Pharmacist: Letrecia Moran License Number: 38058

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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

JEFF BROWN

Print Name of Authorized Person

Date

6/17/2020

Page 2

Board Use Only

Date Processed: _____

Amount:

500

~~0000~~

907292

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE
 Parent Company if any: MEDTRONIC
 Corporation Name: MEDTRONIC MINIMED, INC
 Mailing Address: 710 MEDTRONIC PKWY
 City: MINNEAPOLIS State: MN Zip: 55432-5603
 Telephone: 877-891-6750 Fax: 210-395-5291
 Contact Person: JEFF BROWN

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: JULY 14 2014
 Registration number issued: CIK#0000064670
 Stock Exchange: MDT

Hours of Operation for the pharmacy:

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

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

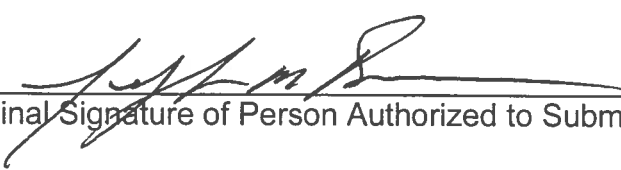
I, JEFF BROWN

Responsible Person of MINIMED DISTRIBUTION CORP

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

JEFF BROWN
Print Name of Authorized Person

6/17/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
BEXAR) ss.
 COUNTY)

I, JEFF 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 SR. DIR. PHARMACY SOLUTION for MINIMED DISTRIBUTION CORP. (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.

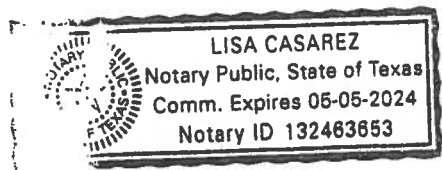
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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, JEFF BROWN, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
17 day of June, 2020.
Lisa Casarez
NOTARY PUBLIC

[Signature]
Name


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MINIMED DISTRIBUTION CORP." 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 FOURTH DAY OF FEBRUARY, A.D. 2021.



2701071 8300

SR# 20210113619

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202442289

Date: 02-04-21



TEXAS STATE BOARD OF PHARMACY

Re: Minimed Distribution Corporation

Address: 18302 Talavera Ridge
San Antonio, Texas 78257

License No.: 26897

Date Issued: April 20, 2010

Licensure Status: Active

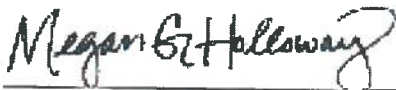
Expiration Date: April 30, 2022

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. Minimed Distribution Corporation (Texas Pharmacy License #26897) 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

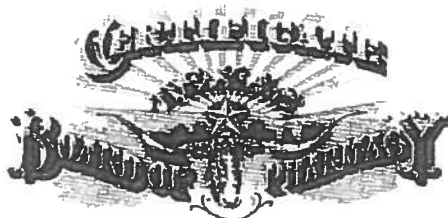
August 13, 2020
Date



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.

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

MINIMED DISTRIBUTION CORPORATION
18302 TALAVERA RIDGE
SAN ANTONIO TX 78257



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

License No. **26897**

Expiration Date: **4/30/2022**

Balances: 0

MINIMED DISTRIBUTION CORPORATION
18302 TALAVERA RIDGE
SAN ANTONIO TX 78257



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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Officer & Director List

MEDTRONIC MINIMED, INC.

Federal Tax ID 95-4408171

*** A wholly owned subsidiary of Medtronic*

MINIMED DISTRIBUTION CORP.

Federal Tax ID 95-4662001

***A wholly owned subsidiary of Medtronic MiniMed, Inc.*

NAME	TITLE	Date of Birth	Social Security	Date of Hire	Business Address	Residence Address
Sean Salmon	President/ Director	Los Angeles County, CA		11/01/2019	18000 Devonshire St Northridge, CA 91325-1219	Nighthawk drive Santa Rosa, CA 95409
Philip Albert	Vice President	Benton County, MN		11/08/1993	710 Medtronic Parkway NE Minneapolis, MN 55432-5603	Forest Drive Circle Pines, MN 55014
Austin Domenici	Vice President/ Treasurer	Long Beach, CA		03/01/2020	18000 Devonshire St Northridge, CA 91325-1219	Crailet Dr. Huntington Beach, CA 92646
Courtney Nelson Wills	Vice President/ Secretary	Minneapolis, MN		03/01/2020	710 Medtronic Parkway NE Minneapolis, MN 55432-5603	Red Fox Lane Lino Lakes, MN 55014

*None of the above listed Officers are considered "owners" or own 5% or more interest in the aforementioned corporations.

**None of the above listed Officers are related as spouse, parent, child, or sibling.

***None of the above Officers have been convicted of a criminal offense or assessed a civil monetary penalty related to that person's involvement in any program under Medicaid, Medicare, other federal program or other state Medicaid program (42 CFR 455.106).

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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 April 24, 2020.
- ☐ Transition report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934.
For the transition period from _____ to _____

Commission File No. 1-36820

Medtronic®

MEDTRONIC PUBLIC LIMITED COMPANY
(Exact name of registrant as specified in its charter)

Ireland

(State or other jurisdiction of incorporation or organization)

98-1183488

(I.R.S. Employer Identification No.)

20 On Hatch, Lower Hatch Street

Dublin 2, Ireland

(Address of principal executive offices)

+353 1 438-1700

(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
Ordinary shares, par value \$0.0001 per share		MDT	New York Stock Exchange
Floating Rate Notes due 2021		MDT/21	New York Stock Exchange
0.000% Senior Notes due 2021		MDT/21A	New York Stock Exchange
0.000% Senior Notes due 2022		MDT/22B	New York Stock Exchange
0.375% Senior Notes due 2023		MDT/23B	New York Stock Exchange
0.25% Senior Notes due 2025		MDT/25	New York Stock Exchange
1.125% Senior Notes due 2027		MDT/27	New York Stock Exchange
1.625% Senior Notes due 2031		MDT/31	New York Stock Exchange
1.00% Senior Notes due 2031		MDT/31A	New York Stock Exchange
2.250% Senior Notes due 2039		MDT/39A	New York Stock Exchange
1.50% Senior Notes due 2039		MDT/39B	New York Stock Exchange
1.75% Senior Notes due 2049		MDT/49	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 15(d) of the Exchange 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 (§229.405 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 definition 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 ☐

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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 has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. Yes ☒ No ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

Aggregate market value of voting and non-voting common equity of Medtronic plc held by non-affiliates of the registrant as of October 25, 2019, based on the closing price of \$105.44 as reported on the New York Stock Exchange: approximately \$141.3 billion. Number of Ordinary Shares outstanding on June 17, 2020: 1,341,298,882

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2020 Annual General Meeting are incorporated by reference into Part III hereof.

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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K, and other written reports of Medtronic public limited company, organized under the laws of Ireland (together with its consolidated subsidiaries, Medtronic, the Company, or we, us, or our), and oral statements made by or with the approval of one of the Company's executive officers from time to time, may include "forward-looking" statements. All statements other than statements of historical fact contained in this Annual Report on Form 10-K, including statements regarding our future results of operations and financial position, business strategy and plans, objectives of management for future operations and current expectations or forecasts of future results, are forward-looking statements. These statements involve known and unknown risks, uncertainties, and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statements. Our forward-looking statements may include statements related to our growth and growth strategy, regulatory approvals, competitive strengths, the potential or anticipated direct or indirect impact of COVID-19 on our business, results of operations and/or financial condition, restructuring and cost-saving initiatives, intellectual property rights, litigation and tax matters, governmental proceedings and investigations, mergers and acquisitions, divestitures, market acceptance of our products, therapies and services, financial results, product development contractual obligations, working capital adequacy, value of our investments, our effective tax rate, our expected returns to shareholders, and sales efforts. In some cases, such statements may be identified by the use of terminology such as "anticipate," "believe," "could," "estimate," "expect," "forecast," "intend," "looking ahead," "may," "plan," "possible," "potential," "project," "should," "will," and similar words or expressions. Forward-looking statements in this Annual Report include, but are not limited to, statements regarding our ability to drive long-term shareholder value, development and future launches of products and continued or future acceptance of products, therapies and services in our segments; expected timing for completion of research studies relating to our products; market positioning and performance of our products, including stabilization of certain product markets; divestitures and the potential benefits thereof; the costs and benefits of integrating previous acquisitions; anticipated timing for United States (U.S.) Food and Drug Administration (U.S. FDA) and non-U.S. regulatory approval of new products; increased presence in new markets, including markets outside the U.S.; changes in the market and our market share; acquisitions and investment initiatives, as well as integration of acquired companies into our operations; the resolution of tax matters; the effectiveness of our development activities in reducing patient care costs and hospital stay lengths; our approach towards cost containment; our expectations regarding healthcare costs, including potential changes to reimbursement policies and pricing pressures; our expectations regarding changes to patient standards of care; our ability to identify and maintain successful business partnerships; the elimination of certain positions or costs related to restructuring initiatives; outcomes in our litigation matters and governmental proceedings and investigations; general economic conditions; the adequacy of available working capital and our working capital needs; our payment of dividends and redemption of shares; the continued strength of our balance sheet and liquidity; our accounts receivable exposure; and the potential impact of our compliance with governmental regulations and accounting guidance.

We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, results of operations and cash flows. These forward-looking statements speak only as of the date of this Annual Report on Form 10-K and are subject to a number of risks, uncertainties and assumptions described in the "Risk Factors" section and elsewhere in this Annual Report on Form 10-K. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified, you should not rely on these forward-looking statements as predictions of future events. One must carefully consider forward-looking statements and understand that such forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified, and involve a variety of risks and uncertainties, known and unknown, including, among others, those discussed in the sections entitled "Government Regulation and Other Considerations" within "Item 1. Business" and "Item 1A. Risk Factors" in this Annual Report on Form 10-K, as well as those related to:

- the COVID-19 pandemic and the actions of businesses, communities and governments in response;
- competition in the medical device industry;
- reduction or interruption in our supply;
- laws and governmental regulations;
- quality problems;

11/19/2020

- liquidity shortfalls;
- decreasing prices and pricing pressure;
- fluctuations in currency exchange rates;
- changes in applicable tax rates;

mdt-20200424

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- positions taken by taxing authorities;
- adverse regulatory action;
- delays in regulatory approvals;
- litigation results;
- self-insurance;
- commercial insurance;
- healthcare policy changes;
- international operations;
- cybersecurity incidents;
- failure to complete or achieve the intended benefits of acquisitions or divestitures; or
- disruption of our current plans and operations.

Consequently, no forward-looking statement may be guaranteed and actual results may vary materially from those projected in the forward-looking statements. We intend to take advantage of the Safe Harbor provisions of the Private Securities Litigation Reform Act of 1995 regarding our forward-looking statements, and are including this sentence for the express purpose of enabling us to use the protections of the safe harbor with respect to all forward-looking statements. While we may elect to update these forward-looking statements at some point in the future, whether as a result of any new information, future events, or otherwise, we have no current intention of doing so except to the extent required by applicable law.

PART I

Item 1. Business



Medtronic plc, headquartered in Dublin, Ireland, is among the world's largest medical technology, services, and solutions companies - alleviating pain, restoring health, and extending life for millions of people around the world. Medtronic was founded in 1949 and today serves hospitals, physicians, clinicians, and patients in more than 150 countries worldwide. We remain committed to a mission written by our founder in 1960 that directs us "to contribute to human welfare by the application of biomedical engineering in the research, design, manufacture, and sale of products to alleviate pain, restore health, and extend life."

With innovation and market leadership, we have pioneered advances in medical technology. Our commitment to enhance our offerings by developing and acquiring new products, wrap-around programs, and solutions to meet the needs of a broader set of stakeholders is driven by the following primary strategies:

- **Therapy Innovation:** Delivering a strong launch cadence of meaningful therapies and procedures.
- **Globalization:** Addressing the inequity in healthcare access globally, primarily in emerging markets.
- **Economic Value:** Becoming a leader in value-based healthcare by offering new services and solutions to improve outcomes and efficiencies, lower costs by reducing hospitalizations, improve remote clinical management, and increase patient engagement.

Our primary customers include hospitals, clinics, third-party healthcare providers, distributors, and other institutions, including governmental healthcare programs and group purchasing organizations (GPOs).

Medtronic plc is the successor to Medtronic, Inc., a Minnesota corporation. Medtronic, Inc. and Covidien plc (Covidien) were combined under and became subsidiaries of Medtronic plc on January 26, 2015.

On July 29, 2017, we completed the divestiture of our Patient Care, Deep Vein Thrombosis, and Nutritional Insufficiency businesses (the Divestiture). Among the product lines included in the divestiture were the dental and animal health, chart paper, wound care, incontinence, electrodes, SharpSafety, thermometry, perinatal protection, blood collection, compression, and enteral feeding offerings. Prior to the divestiture, these businesses were included within the Minimally Invasive Therapies Group segment.

We have four operating and reportable segments that primarily develop, manufacture, distribute, and sell device-based medical therapies and services: the Cardiac and Vascular Group, the Minimally Invasive Therapies Group, the Restorative Therapies Group, and the Diabetes Group. For more information regarding our segments, please see Note 21 to the consolidated financial statements in "Item 8. Financial Statements and Supplementary Data" in this Annual Report on Form 10-K.

[Table of Contents](#)

CARDIAC AND VASCULAR GROUP

The Cardiac and Vascular Group is made up of the Cardiac Rhythm & Heart Failure, Coronary & Structural Heart, and Aortic, Peripheral & Venous divisions. The primary medical specialists who use our Cardiac and Vascular products include electrophysiologists, implanting cardiologists, heart failure specialists, cardiovascular, cardiothoracic, and vascular surgeons, and interventional cardiologists and radiologists.



Cardiac Rhythm & Heart Failure

Our Cardiac Rhythm & Heart Failure division develops, manufactures, and markets products for the diagnosis, treatment, and management of heart rhythm disorders and heart failure. Our products include implantable devices, leads and delivery systems, products for the treatment of atrial fibrillation (AF), products designed to reduce surgical site infections, information systems for the management of patients with Cardiac Rhythm & Heart Failure devices, ventricular assist systems, and an integrated health solutions business. Principal products and services offered include:

- Implantable cardiac pacemakers including the Azure MRI SureScan, Adapta, Advisa MRI SureScan, Micra Transcatheter Pacing System, which is leadless and does not have a subcutaneous device pocket like a conventional pacemaker, and Micra AV, which can treat patients with atrioventricular block.
- Implantable cardioverter defibrillators (ICDs), including the Visia AF, Evera MRI SureScan, and the Cobalt and Chrome portfolio of BlueSync-enabled ICDs, as well as defibrillator leads, including the Sprint Quattro Secure lead.
- Implantable cardiac resynchronization therapy devices (CRT-Ds and CRT-Ps) including the Claria/Amplia/Compia family of MRI Quad CRT-D SureScan systems and the Cobalt and Chrome portfolio of BlueSync-enabled CRT-Ds, as well as the Percepta/Serena/Solara family of MRI Quad CRT-P SureScan systems.
- AF ablation products including the Arctic Front Cardiac CryoAblation Catheter System, designed for pulmonary vein isolation in the treatment of patients with drug refractory paroxysmal AF.
- Insertable cardiac monitoring systems including the Reveal LINQ, which is used to record the heart's electrical activity before, during, and after transient symptoms such as syncope (i.e. fainting) and palpitations to assist in diagnosis.
- Mechanical circulatory support products including miniaturized implantable heart pumps, or ventricular assist devices, patient accessories and surgical tools to treat patients suffering from advanced heart failure.
- TYRX products including the Cardiac and Neuro Absorbable Antibacterial Envelopes, which are designed to stabilize electronic implantable devices and help prevent infection associated with implantable pacemakers, and defibrillators.

- Remote monitoring services and patient-centered software to enable efficient care coordination and specialized telehealth nurse support as well as services related to hospital operational efficiency.

Coronary & Structural Heart

Our Coronary & Structural Heart division includes therapies to treat coronary artery disease and heart valve disorders. Our products include coronary stents and related delivery systems, including a broad line of balloon angioplasty catheters, guide catheters, guide wires, diagnostic catheters, and accessories, as well as products for the repair and replacement of heart valves, perfusion systems, positioning and stabilization systems for beating heart revascularization surgery, and surgical ablation products. Principal products offered include:

- CoreValve family of aortic valves, including the Evolut R, Evolut PRO, and Evolut PRO+ systems for transcatheter aortic valve replacement.
- Percutaneous Coronary Intervention stent products including our Resolute Onyx drug-eluting stent.

4D

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: Script Partner Pharmacy LLC

Physical Address: 100 Chesterfield Business Parkway, Suite 279, Chesterfield, Missouri 63005

Mailing Address: 100 Chesterfield Business Parkway, Suite 279, Chesterfield, Missouri 63005

City: _____ State: _____ Zip Code: _____

Telephone: (314) 208-2821 Fax: (314) 827-0088

✓ Toll Free Number: (855) 622-4625 (Required per NAC 639.708)

E-mail: licensing@scriptpartner.com Website: None

Managing Pharmacist: Jessica Murphy License Number: 2011026570 (MO)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

****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.

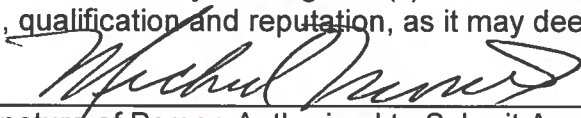
Within the last five (5) years:

- 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

Michael Nameth - EVP, Pharmacy
Print Name of Authorized Person

01/26/2021
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Script Partner Pharmacy LLC

Mailing Address: 1407 Broadway, Suite 2100

City: New York State: New York Zip: 10018

Telephone: (314) 956-9369 Fax: (646) 304-6779

Contact Person: Kathleen Reardon

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. 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 N/A

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday Closed am Closed pm

Sunday Closed am Closed 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, Michael Nameth

Responsible Person of Script Partner 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

Michael Nameth - EVP, Pharmacy

Print Name of Authorized Person

2/10/21

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Pennsylvania)
) ss.
Allegheny COUNTY)

I, Michael Nameth, 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 EVP, Pharmacy for Script Partner 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.

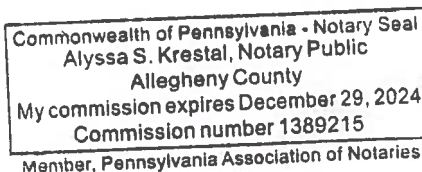
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

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

Alyssa Krestal
 NOTARY PUBLIC



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "SCRIPTCO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

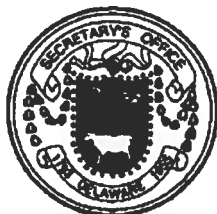
CERTIFICATE OF INCORPORATION, FILED THE EIGHTH DAY OF MAY, A.D. 2019, AT 4:35 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCRIPTCO, INC." WAS INCORPORATED ON THE EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



7410166 8315

SR# 20210911134

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202737889

Date: 03-15-21

Script Partner Pharmacy LLC
 1407 Broadway, Suite 2100
 New York, NY 10018
 FEIN #85-1917338

<u>Geoffrey Chaiken</u> Chief Executive Officer	<u>Michael Nameth</u> Executive Vice President, Pharmacy Ohio Pharmacist #03311863 Issued 8/4/1976 West Virginia Pharmacist #RP0003476 Issued 6/5/1978
<u>Kathleen Reardon</u> Chief Healthcare Counsel & Corporate Secretary Missouri Bar #42977 Issued 9/29/1995	<u>Frederick Duff</u> Vice President, Finance

No Officer has an ownership interest in the entity.

Beginning February 1, 2021, the Division and its boards will begin to accept members of the public in its building. Rather than entering the building individuals may continue to conduct business by contacting the boards via phone and/or email as listed on the left below under General Inquiries or drop items in our drop box (we ask that all items be placed in a sealed envelope labeled with the board name).

For those that choose to enter the building please note additional procedures will be in place due to the COVID-19 pandemic. [CLICK HERE TO READ THE ADDITIONAL PROCEDURES \(/additional-procedures.asp\)](#).

Board of Pharmacy

[PR Home \(https://pr.mo.gov/\)](https://pr.mo.gov/) » [Pharmacy Home \(https://pr.mo.gov/pharmacists.asp\)](https://pr.mo.gov/pharmacists.asp) » [Pharmacy Licensee Search \(https://pr.mo.gov/pharmacy-licensee-search.asp\)](https://pr.mo.gov/pharmacy-licensee-search.asp)

Pharmacy Detail

Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Script Partner Pharmacy LLC
Profession Name:	Pharmacy
Licensee Number:	2020027842
Expiration Date:	10/31/2021
Original Issue Date:	8/26/2020
Address:	Jessica E Murphy, PIC
Address Con't:	100 Chesterfield Bus Pky Ste 279
City, State Zip:	Chesterfield, MO 63005
County:	St. Louis County
Practitioner DBA Name:	Script Partner Pharmacy LLC
Classification:	Class A, J

Current Discipline Status:	None
-----------------------------------	------

Board of Pharmacy (<https://pr.mo.gov/pharmacists>)

3605 Missouri Boulevard

P.O. Box 625

Jefferson City, MO 65102-0625

573.751.0091 Telephone

573.526.3464 Fax

800.735.2966 TTY

800.735.2466 Voice Relay

MissouriBOP@pr.mo.gov (mailto:MissouriBOP@pr.mo.gov)

<https://pr.mo.gov/pharmacists> (<https://pr.mo.gov/pharmacists>)

State of Missouri

Division of Professional Registration

Pharmacy
Class A, J

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020027842
SCRIPT PARTNER PHARMACY LLC
SCRIPT PARTNER PHARMACY LLC
JESSICA E MURPHY, PIC
100 CHESTERFIELD BUS PKY STE 279
CHESTERFIELD MO 63005
USA

SCRIPT PARTNER PHARMACY LLC
SCRIPT PARTNER PHARMACY LLC
JESSICA E MURPHY, PIC
100 CHESTERFIELD BUS PKY STE 279
CHESTERFIELD MO 63005
USA

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration

Missouri Board of Pharmacy
Pharmacy

Class A, J



VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020027842
Jessica E Murphy - 2011026570

SCRIPT PARTNER PHARMACY LLC
SCRIPT PARTNER PHARMACY LLC
JESSICA E MURPHY, PIC
100 CHESTERFIELD BUS PKY STE 279
CHESTERFIELD MO 63005
USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

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 _____)

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: True North Health Pharmacy, Inc. DBA Vivo Health Pharmacy at CFAM

Physical Address: 450 Lakeville Road

Mailing Address: 450 Lakeville Road ATTN: Vivo Pharmacy

City: Lake Success

State: New York

Zip Code: 11042

Telephone: 833-920-8486

Fax: 516-734-7782

✓ Toll Free Number: 833-920-8486 (Required per NAC 639.708)

E-mail: vivo.cfam@northwell.edu

Website: https://www.vivohealthpharmacy.com/

Managing Pharmacist: Sherry Rizkalla

License Number: 058446

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

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

Donna Drummond

Print Name of Authorized Person

3/5/2021
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500
Check # 3274961

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: North Shore Health System Enterprises, Inc.

Mailing Address: 2000 Marcus Avenue

City: New Hyde Park State: New York Zip: 11042

Telephone: 833-920-8486 Fax: 516-734-7782

Contact Person: Sherry Rizkalla

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-Sole held by North Shore Health Enterprises, Inc.
- 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: N/A %: _____

Hours of Operation for the pharmacy:

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

Sunday Closed am Closed 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, Donna Drummond

Responsible Person of True North Health 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.

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

Donna Drummond
Print Name of Authorized Person

3/5/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
NASSAU COUNTY)

I, Sherry Rizkalla, 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 Vivo Health Pharmacy at CFAM (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, Sherry Rizkalla, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
5 day of March, 2021.


NOTARY PUBLIC

Sherry Rizkalla
Name

HELEN DANN
Notary Public, State of New York
Registration No. 01DA6285306
Qualified in Nassau County
Commission Expires July 1, 2021

TRUE NORTH HEALTH PHARMACY, INC.

Names and Addresses of Officers and Directors

I. List of Directors

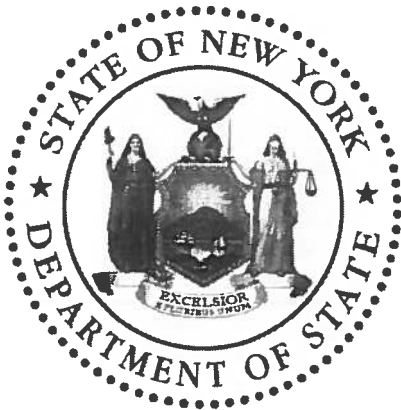
Name	Address
Donna K. Drummond	2000 Marcus Ave., New Hyde Park, NY 11042
Laurence A. Kraemer	2000 Marcus Ave., New Hyde Park, NY 11042
Eugene S. Tangney	2000 Marcus Ave., New Hyde Park, NY 11042

II. List of Officers

Title	Name	Address
Senior Vice President and Chief Financial Officer	Michele L. Cusack	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President and Chief Expense Officer	Donna K. Drummond	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President, Chief General Counsel, and Secretary	Laurence A. Kraemer	2000 Marcus Ave. New Hyde Park, NY 11042

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of TRUE NORTH HEALTH PHARMACY, INC. was filed on 05/22/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 10th day of February
two thousand and twenty-one.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State



Google Translate Disclaimer



Pharmacy Establishments

Information Regarding NYS Registered Pharmacy Establishments

[Pharmacy Establishments](#) | [Renewals](#) | [Discontinuance of Registration](#) | [Verifications](#) | [Notice Regarding Fees](#)

Pharmacy Establishments

Federal and State laws regulate all pharmacies, wholesalers, repackers and manufacturers that manufacture, distribute and dispense prescriptions drugs and prescription devices. New York State registers establishments as resident, in state establishments and nonresident, out of state establishments.

Resident, In State Establishments

- [Application Requirements & Forms for Pharmacies](#)
 - [Supervising Pharmacists](#)
 - [Retail Drug Pricelist](#)
 - ["Do NOT Flush Medications" Poster](#)
- [Application Requirements & Forms for Manufacturers, Wholesalers & Repackers](#)
 - [Supervisor's Responsibilities](#)
 - [Certification of Manufacturers and Wholesalers for Export](#)
- [Application Requirements & Forms for Outsourcing Facility](#)

Nonresident, Out of State Establishments

- [Registration Requirements for Out of State Establishments](#)
 - [Nonresident Pharmacy Application Requirements and Forms](#)
 - [Nonresident Manufacturer/Wholesaler/Repacker Application Requirements and Forms](#)
 - [Outsourcing Facility Application Requirements and Forms](#)

Registration Renewals for In State or Nonresident Pharmacy, Manufacturer/Repacker/Wholesaler or Outsourcing Facility

Registered establishments will automatically receive renewal applications by mail approximately 60 days prior to expiration of their registration. Therefore, it is critical that we be notified whenever there is a change of location. The applications available on these pages are for INITIAL registration or transfer of ownership of a pharmacy or pharmacy establishment, and/or CHANGES to existing registrations ONLY. Registration RENEWAL FORMS are not available online. Your customized registration renewal forms will automatically be mailed approximately 60 days prior to the expiration of your current registration.

Discontinuance of an In State or Nonresident Pharmacy, Manufacturer/Repacker/Wholesaler or Outsourcing Facility

To discontinue a registered establishment, the owner or corporate officer must complete and file a [Discontinuance Form](#) with the [NYS Board of Pharmacy](#). A Discontinuance Form should not be submitted until the pharmacy establishment has closed its doors.

Verification of an In State or Nonresident Pharmacy, Manufacturer/Repacker/Wholesaler or Outsourcing Facility

Online verification of the registration status of pharmacy establishments as well as the license and registration of licensed professionals can be performed free of charge at [Online Verification Searches](#). An [additional search](#) can be performed to determine if an establishment or licensee has been disciplined by the Department.

Note: No other form of verification is available for pharmacy establishments. Please do not use the form "Request for Written Confirmation of New York State Licensure" for verification requests of establishments; that form is used only for certification or verification of licensed individuals, not registered establishments.

Notice Regarding Fees



Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

02/25/2021

Type : PHARMACY

Legal Name : TRUE NORTH HEALTH PHARMACY INC.

Trade Name : VIVO HEALTH PHARMACY AT CFAM

Street Address :

450 LAKEVILLE RD.

LAKE SUCCESS, NY 11042-0000

Registration No : 033572

Date First Registered : 05/21/15

Registration Begins : 05/01/18

Registered through : 04/30/21

Supervisor : 058446 RIZKALLA SHERRY

Establishment Status : ACTIVE

Successor : NONE

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

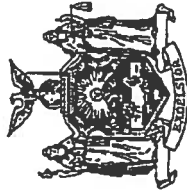
- Use your browser's back key to return to establishment list.
- You may [search](#) to see if there has been recent disciplinary action against this registered establishment.



THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

SUPERVISING PHARMACIST
SHERRY RIZKALLA



2018-21

THIS IS TO CERTIFY

TRUE NORTH HEALTH PHARMACY INC.
450 LAKEVILLE RD.
LAKE SUCCESS, NY 11042

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 FIRST DAY OF MAY, 2018.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF APRIL, 2021.

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

033572



Kimberly A. Leonard

VIVOHealth Pharmacy

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

March 2, 2021

**RE: DEA Registration for the True North Health Pharmacy, Inc. (New York State
Pharmacy License No. 033572)**

To the Esteemed Board of Pharmacy in the State of Nevada:

Please note that the True North Health Pharmacy, Inc. doing business as Vivo Health Pharmacy at CFAM, located at 450 Lakeville Road, Lake Success, New York 11042, will be submitting an application for a non-resident pharmacy license to dispense prescriptions to Nevada residents.

While our NY-based pharmacy does have DEA certification that is attached to this application, we will not dispense any controlled substances II, III, IV, or drugs of concern in the state of Nevada.

Sincerely,

True North Health Pharmacy, Inc. d/b/a Vivo Health Pharmacy at CFAM

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 03649**)
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

*The pharmacy is organized as a Limited Liability Company – please refer to the note below on Page 4

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Madame Rx, LLC dba Chemistry Rx

Physical Address: 950 Henderson Blvd., Folcroft, PA 19032

Mailing Address: 950 Henderson Blvd.

City: Folcroft State: PA Zip Code: 19032

Telephone: 855-790-0100 Fax: 267-861-0862

Toll Free Number: 855-790-0100 (Required per NAC 639.708)

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

Managing Pharmacist: Vicki Jung License Number: RP449787

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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.

Austin Murphy

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

Austin Murphy

Print Name of Authorized Person

Date

02/01/2021

Page 2

Board Use Only

Date Processed: _____

Amount: 500

***Please note, the pharmacy applicant is organized as a limited liability company. We've filled out the application out for non-publicly traded corporation as applicable, but if you have any further requests, please contact us.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION ***

State of Incorporation: Madame Rx, LLC is organized as a limited liability company in Pennsylvania

Parent Company if any: Chemistry Rx Holdings, LLC

Mailing Address: (of Madame Rx, LLC): 950 Henderson Blvd.

City: Folcroft State: PA Zip: 19032

Telephone: 855-790-0100 Fax: 267-861-0862

Contact Person: Austin Murphy, Manager / Vice President / Secretary (amurphy@pinetreteequity.com / 305-808-9838

For any corporation non publicly traded, disclose the following:

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

a) Chemistry Rx Holdings, LLC* 1515 Sunset Drive, Suite 32, Miami, FL 33143

Name

Address

***Chemistry Rx Holdings, LLC is the sole member of Madame Rx, LLC**

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: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Austin Murphy

Responsible Person of Madame Rx, LLC dba Chemistry 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

Austin Murphy

Print Name of Authorized Person

02/10/2021

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Miami-Dade) ss. COUNTY)

I, Austin Murphy, 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 Manager / Vice President / Secretary for Madame Rx, LLC dba Chemistry 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.

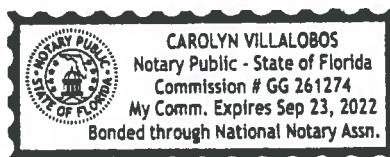
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

Austin Murphy
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
1st day of February, 2021.
[Signature]
NOTARY PUBLIC



The following is a list of managers and officers for Madame Rx, LLC:

NAME	TITLE
Jeff Settembrino	Manager / Chairman
Roberto Canto	Manager / Vice President
Austin Murphy	Manager / Vice President / Secretary
Amany Mansour-Awad	Manager / Chief Executive Officer

1

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 19, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Madame Rx, LLC

I, Carol Aichele, Secretary of the Commonwealth of Pennsylvania

**do hereby certify that the foregoing and annexed is a true and correct
copy of**

Certificate of Organization filed on March 9, 2012

which appear of record in this department.



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Carol Aichele

Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Date Filed: 03/09/2012
Carol Aichele
Secretary of the Commonwealth

Entity Number

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name

Business Filings Incorporated

Address

County

City

State

Zip Code

Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)



T1207356180

Fee: \$125

Filed in the Department of State on

Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):

Madame Rx, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street

City

State

Zip

County

(b) Name of Commercial Registered Office Provider

County

c/o: Business Filings Incorporated

Dauphin

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name

Address

Business Filings Incorporated

8040 Excelsior Dr., Ste 200, Madison, WI 53717

2012 MAR -9 PM 12: 32

4. ~~Strike out if inapplicable term~~

A member's interest in the company is to be evidenced by a certificate of membership interest.

5. ~~Strike out if inapplicable:~~

Management of the company is vested in a manager or managers

6. The specified effective date, if any is: _____

month date year hour, if any

7. ~~Strike out if inapplicable:~~ The company is a restricted professional company organized to render the following restricted professional service(s):

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

8 day of March, 2012.



Mark Williams, AVP,
Business Filings Incorporated

Signature

Signature

Signature

Letter of Good Standing

Please note that we have requested, from the Pennsylvania Board of Pharmacy, an official Letter of Good Standing, which will be sent directly by the PA Board to the Nevada State Board of Pharmacy. In the interim, attached is a screenshot from the Pennsylvania online verification showing that the pharmacy is in good standing.



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

01/28/2021

License Information

CHEMISTRY RX

950 HENDERSON BLVD
FOLCROFT, Pennsylvania 19032

Board/Commission: State Board of Pharmacy

Status Effective Date: 08/05/2020

LicenseType: Pharmacy

Issue Date: 03/14/2013

Specialty Type: Inspected by Board

Expiration Date: 08/31/2021

License Number: PP482353

Last Renewal: 07/31/2019

Status: Active

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
AMANY FARID MANSOUR-AWAD	Pharmacist Manager	Pharmacist	RP038763L	Active	01/02/2020	09/30/2022

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Pharmacy

License Number
PP482353

Expiration Date
08/31/2021

CHEMISTRY RX

AMANY FARID MANSOUR-AWAD

950 HENDERSON BLVD

FOLCROFT, PA 19032



OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to
renew your license, change your personal or
license address, or order duplicate licenses.

CHEMISTRY RX
AMANY FARID MANSOUR-AWAD
950 HENDERSON BLVD
FOLCROFT, PA 19032

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

License Type
Pharmacy

CHEMISTRY RX

AMANY FARID MANSOUR-AWAD

950 HENDERSON BLVD

FOLCROFT, PA 19032



License Status
Active

Initial License Date
03/14/2013

Expiration Date
08/31/2021

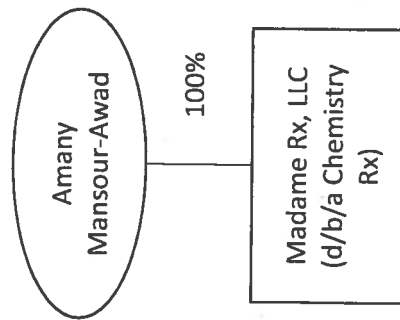
License Number
PP482353

Acting Commissioner of Professional and Occupational Affairs

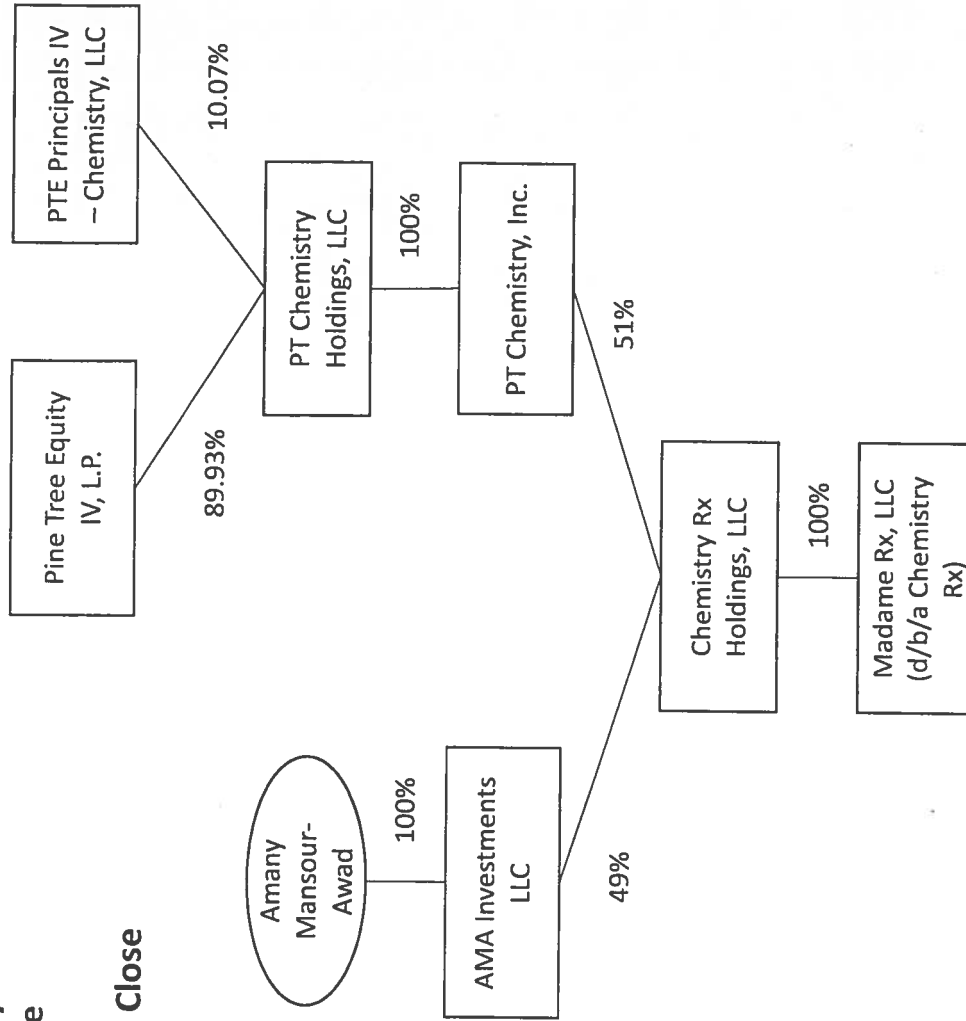
Signature

Madame Rx, LLC d/b/a Chemistry Rx Pre and Post Close Structure

Pre-Close



Post-Close



PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

CHEMISTRY RX
950 HENDERSON BLVD
FOLCROFT, Pennsylvania, 19032

Phone: 855-790-0100
Owner: MADAME RX, LLC DBA CHEMISTRY RX

LICENSE

License No: PP482353
Profession: Pharmacy
License Type: Pharmacy
Inspection Type: New Business
Inspection Date: 08/04/2020
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

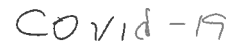


BARRY BOVA

Signature of Inspector

8/4/2020 11:48:01 AM

Date/Time



Vicki Jung - RP449787

Signature of Owner/Representative

PA State Board of Pharmacy
 PO Box 2649
 Harrisburg, PA, 17105-2649
 Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

CHEMISTRY RX
 950 HENDERSON BLVD
 FOLCROFT, Pennsylvania, 19032

Phone: 855-790-0100
 Owner: MADAME RX, LLC DBA CHEMISTRY RX

LICENSE

License No: PP482353
 Profession: Pharmacy
 License Type: Pharmacy
 Inspection Type: New Business
 Inspection Date: 08/04/2020
 Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statutes and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/16/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Madame Rx, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Kathly Bookman

Secretary of the Commonwealth

Certification Number: TSC201116212596-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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 _____)
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: National Treatment Delivery and Care LLC

Physical Address: 710 South Military Trail Suite 710 Deerfield Beach, Florida 33442

Mailing Address: 345 N. Canal Street Suite 201

City: Chicago State: IL Zip Code: 60606

Telephone: 954-758-5350 Fax: N/A

✓ Toll Free Number: 1-877-791-2806 (Required per NAC 639.708)

E-mail: admin@ntdc.com Website: NONE

Managing Pharmacist: Julia Tam License Number: PS58606

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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

Jeremy Stepanovich

Print Name of Authorized Person

Date

2/8/21

Page 2

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Glenbrook Parent Holdings LLC

Mailing Address: 345 N. Canal St. Ste 201

City: Chicago State: IL Zip: 60606

Telephone: 224-857-4933 Fax: N/A

Contact Person: Beatriz Galindo

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 Address

N/A This is an LLC

b) N/A This is an LLC

Name	Address
------	---------

c) _____
Name Address

N/A This is an LLC

[illegible]

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

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

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

- 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 This is an LLC %:

Name: N/A This is an LLC %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5:30 pm Saturday 9 am 2 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.

List of officers and directors

Jeremy Stepanovich-Chief Operations Officer

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jeremy Stepanovich

Responsible Person of National Treatment Delivery and Care 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

Jeremy Stepanovich

Print Name of Authorized Person

2/8/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, Jeremy Stepanovich, 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 Operations Officer for National Treatment Delivery and Care 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, Jeremy Stepanovich, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

[Signature]
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
04 day of Feb, 2021
[Signature]
 NOTARY PUBLIC



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "NATIONAL TREATMENT DELIVERY AND CARE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE ELEVENTH DAY OF AUGUST, A.D. 2020, AT 4:38 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL TREATMENT DELIVERY AND CARE LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



3422779 8315

SR# 20210084923

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202272628

Date: 01-12-21

AC# 10028314

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
01/28/2021	PH 33078	123353

THE PHARMACY

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

Expiration Date: **FEBRUARY 28, 2023**
NATIONAL TREATMENT DELIVERY AND CARE LLC
700-710 SOUTH MILITARY TRAIL
SUITE 710
DEERFIELD BEACH, FL - 33442

QUALIFICATION(S):

Community Pharmacy

10028314

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

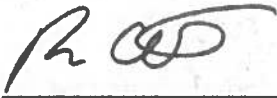
DATE	LICENSE NO.	CONTROL NO.
01/28/2021	PH 33078	123353

THE PHARMACY

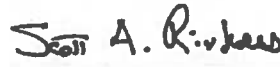
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : **FEBRUARY 28, 2023**
NATIONAL TREATMENT DELIVERY AND CARE LLC

REGISTRANT SIGNATURE



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **FEBRUARY 28, 2023**

Your license number is PH 33078. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at <http://flhealthsource.gov/>. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS**ARE YOU RENEWAL READY?**

The Department of Health will now review
your continuing education records at the
time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

GROUND'S FOR DISCIPLINE

You should be familiar with the Grounds for
Discipline found in Section 456.072(1),
Florida Statutes, and in the practice act for
the profession in which you are licensed.
Florida Statutes can be accessed at
www.leg.state.fl.us/Statutes



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8466319
BEATRIZ GALINDO
2017 N. MENDELL ST
STE 100
CHICAGO, IL 60614

01-12-2021

DESCRIPTION	AMOUNT
3422779 - NATIONAL TREATMENT DELIVERY AND CARE LLC Entity Status - Long Form	
Certification Fee	\$175.00
Expedite Fee, 24 Hour	\$60.00
TOTAL CHARGES	\$235.00
TOTAL PAYMENTS	\$235.00
BALANCE	\$0.00



License Verification

Printer Friendly Version

NATIONAL TREATMENT DELIVERY AND CARE LLC
License Number: PH33078
Data As Of 2/10/2021

License Information	Secondary Locations	Discipline/Admin Action	Supervising Practitioners
Profession	Pharmacy		
License	PH33078		
License Status	CLEAR/		
Qualifications	Community Pharmacy		
License Expiration Date	2/28/2023		
License Original Issue Date	12/15/2020		
Address of Record	700-71 SOUTH MILITARY TRAIL SUITE 710 DEERFIELD BEACH, FL 33442		
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.



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 _____)
 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: Rx Plus Solutions LLC
 Physical Address: 609 N. State Hwy 47 Ste. C
 Mailing Address: 609 N. State Hwy 47 Ste. C
 City: Wannerton State: MD Zip Code: 63383
 Telephone: 636 377 4102 Fax: 636 377 4103
 Toll Free Number: 855 322 8875 (Required per NAC 639.708)
 E-mail: mgraumen2@legacydrug.com Website: legacydrug.com
 Managing Pharmacist: John Davault License Number: _____

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
- ☒ ☐ Retail
 - ☐ ☒ Hospital (# beds _____)
 - ☐ ☒ Internet
 - ☐ ☒ Nuclear
 - ☐ ☒ Ambulatory Surgery Center
 - ☐ ☒ Community
 - ☐ ☒ Other: _____

**All boxes must be checked
 For the application to be complete**

- Yes/No
- ☐ ☒ Off-site Cognitive Services
 - ☐ ☒ Parenteral **
 - ☐ ☒ Parenteral (outpatient)
 - ☐ ☒ Outpatient/Discharge
 - ☐ ☒ Mail Service
 - ☐ ☒ Long Term Care
 - ☐ ☒ Sterile Compounding **
 - ☒ ☐ Non Sterile Compounding
 - ☐ ☒ Mail Service Sterile Compounding **
 - ☐ ☒ Other Services: _____

****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

John DeVault
John DeVault

12/17/20
Date

Print Name of Authorized Person

Page 2

Board Use Only	Date Processed: _____	Amount: <u>500</u>
----------------	-----------------------	--------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited ✓

Partnership Name: Rx Plus Solutions LLC

Mailing Address: 1009 N. State Hwy 47

City: Warrington State: MD Zip Code: 113383

Telephone Number: 636 377 4102 Fax Number: 636 377 4103

Contact Person: Mitch Graumen2

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>Legacy Circle Holdings</u>	<u>L</u>	<u>100</u>
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: See attached for %: _____
Name: names and percentages %: _____
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

Sunday _____ am _____ pm

Saturday 9 am 1 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, John DeVault

Responsible Person of Rx Plus Solutions

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 DeVault

Print Name of Authorized Person

12/18/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Missouri
Warren) ss.
COUNTY)

I, John DeVault, 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 Rx Plus Solutions (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 into 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 DeVault, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
18 day of Dec, 2020.
Kara E. Buehrig
NOTARY PUBLIC

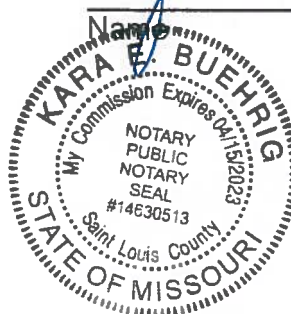


EXHIBIT A
MEMBER INFORMATION

Name of Member	Address of Member	Initial Capital Contribution	# of Membership Units	% Interest in Net Profits and Net Losses
Legacy Circle, LLC	c/o John DaVault, Manager 1439 Legacy Circle Fenton, Missouri 63026	\$985,000	98,500	74.6212%
KLD Holdings LLC	c/o Joe Daugherty 22621 Gravel Rd. Lebanon, Missouri 65536	\$120,000	12,000	9.0909%
CSTL Holdings, LLC	c/o Cynthia Finnegan 890 Victory Drive St. Louis, Missouri 63125	\$40,000	4,000	3.0303%
Grayman Labs LLC	c/o Mitchell Graumenz, Manager 754 Spring Hill Farm Drive Ballwin, Missouri 63021	\$100,000	10,000	7.5758%
Whitley Enterprises, LLC	c/o Roy Whitley 4164 Shaw Blvd. St. Louis, Missouri 63110	\$75,000	7,500	5.6818%
TOTAL		\$1,320,000	132,000	100%

Rx Plus Solutions LLC is a Missouri licensed pharmacy applying for non-resident pharmacy licensure.

Rx Plus Solutions LLC (FEIN 84-4742057) is wholly owned by Legacy Circle Holdings LLC (FEIN 81-3566467)

Legacy Circle Holdings LLC is owned indirectly by the following individuals

- John Davault Rph
 - DOB
 - SSN
 - State of Birth Missouri
 - Legacy Circle, Fenton, 63026
 -
- Mitchell Graumenz Pharm D
 - DOB
 - SSN
 - State of Birth Missouri
 - Pembroke, Marthasville, MO 63357
 -
- Cynthia Finnegan CphT
 - DOB
 - SSN
 - State of Birth Missouri
 - Travelers Way, St Peters, MO 63376
 -
- Roy Whitley CphT
 - DOB
 - SSN
 - State of Birth Missouri
 - Shaw Blvd, Saint Louis, MO 63110
 -
- Joseph Daugherty Rph
 - DOB
 - SSN
 - State of Birth Missouri
 - gravel rd, Lebanon, mo 65536
 -

John DaVault is the manager of both Rx Plus Solutions LLC and Legacy Circle Holdings LLC. John DaVault is also the TN PIC of Rx Plus Solutions LLC Pharmacy.

Mitchell Graumenz is the President/officer of both Rx Plus Solutions LLC and Legacy Circle Holdings LLC

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy
Pharmacy

Class A, D, J

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020032962
Mitchell L Graumenz - 2011021856
RX PLUS SOLUTIONS LLC
RX PLUS SOLUTIONS LLC
MITCHELL L GRAUMENZ, PIC
609 N STATE HWY 47 SUITE C
WARRENTON MO 63383
USA




EXECUTIVE DIRECTOR


DIVISION DIRECTOR

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

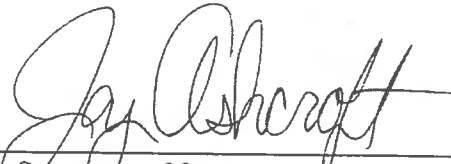
CERTIFICATE OF GOOD STANDING

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

Rx Plus Solutions LLC
LC001690771

A Missouri entity was created under the laws of this State on 2/17/2020, 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 6th day of January, 2021.


Secretary of State

Certification Number: CERT-IN47996



41

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: Agiliti Health, Inc.

Physical Address: 100 N. 61st Avenue, Suite 200, Phoenix, AZ 85043

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

Mailing Address: 100 N. 61st Avenue, Suite 200

City: Phoenix State: AZ Zip Code: 85043

Telephone: 480-966-8107

Fax: _____

E-mail: shelagh.baroldy@agilitihealth.com

Website: www.agilitihealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00am to 4:30pm Tue: 8:00am to 4:30pm Wed: 8:00am to 4:30pm Thu: 8:00am to 4:30pm Fri: _____

8:00am to 4:30pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Shelagh Baroldy

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

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

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

Other: Devices - Ventilators and Supply Kits

**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:

N/A		

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.

Lee Neumann

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

Lee Neumann

Print Name of Authorized Person

2/2/21

Date

Board Use Only

Received: _____

Amount: 500

check # 853916

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
 Parent Company if any: Agiliti HoldCo., Inc
 Corporation Name: Agiliti Health, Inc.
 Mailing Address: 6625 West 78th Street, Ste 300
 City: Minneapolis State: MN Zip: 55449
 Telephone: 952.893.3200 Fax: _____
 Contact Person: Shelagh Baroldy

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. 1,000
- 3) What was the price paid per share? 0.01
- 4) What date did the corporation actually receive the cash assets? Date not known
- 5) Provide a copy of the corporation's stock register evidencing the above information

Online register

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.



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: 08/19/2020
Receipt
Number: 202085375
Receipt Amount \$: 1000.00

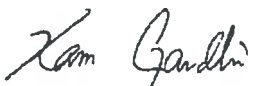
Third Party Logistics - 3PL

PERMIT NO
L000266

EXPIRES
10/31/2022

Issued to : Agiliti Health, Inc.
Agiliti Holdco, Inc.
100 N. 61ST AVENUE SUITE 200 PHOENIX, AZ 85043

Agiliti Health, Inc.
100 N. 61ST AVENUE SUITE 200
PHOENIX, AZ 85043


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 : Agiliti Holdco, Inc.
LICENSE NUMBER : L000266
EXPIRES : 10/31/2022

<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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/29/2020

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 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
Marsh USA Inc.
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT
NAME:
PHONE
(A/C, No, Ext): **FAX**
(A/C, No):
E-MAIL
ADDRESS:

CN102274027-GLP-20-21

GL

INSURED
Agiliti Health, Inc.
6625 W 78th Street, Suite 300
Minneapolis, MN 55439

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Phoenix Insurance Company

25623

INSURER B: Travelers Property Casualty Insurance of America

25674

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

CHI-009283514-09

REVISION NUMBER: 3

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	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:			660-0R206923	06/01/2020	06/01/2021	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 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ \$
	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) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ N	☐ A ☒ N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Products Liability			ZPP-41N27410	06/01/2020	06/01/2021	Occurrence: 10,000,000 Aggregate: 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Agiliti Health, Inc.
6625 West 78th Street
Suite 300
Minneapolis, MN 55439

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
of Marsh USA Inc.

Manashi Mukherjee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILITI HEALTH, 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 FOURTH DAY OF FEBRUARY, 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 "AGILITI HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3445269 8300

SR# 20210332120

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202441308

Date: 02-04-21

Nevada - Agiliti Health, Inc.

Officers -

Name	Title
Tom Leonard	CEO
James B Pekarek	CFO
Tom Boehning	President
Lee M Neumann	Secretary
Matthew McCabe	VP of Finance and Treasurer

Directors -

John Workman
Michael Bell
Darren Friedman
Gary Gottlieb
Tom Leonard
Josh Nelson
Megan Preiner
Scott Sperling

4J

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 <u>14P00881</u>)
☐ 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: Home Care Delivered, Inc.

Physical Address: 11013 West Broad Street, 4th Floor, Glen Allen, VA 23060

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

Mailing Address: 11013 West Broad Street, 4th Floor

City: Glen Allen State: VA Zip Code: 23060

Telephone: 800-565-6167 Fax: 888-565-4411

E-mail: hcdcompliance@hcd.com Website: www.hcd.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 5pm Tue: 8 am to 5pm Wed: 8 am to 5pm Thu: 8 am to 5pm Fri: 8 am to 5pm
Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Lisa Wong

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

- | | |
|---|---|
| ☐ Medical Gases** | ☐ Assistive Equipment |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☐ Orthotics and Prosthesis |
| ☒ Diabetic Supplies | Other: <u>*see attached*</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A

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:

See 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 ☒

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. N/A

- Practitioner
- Advanced Practitioner of Nursing
- Physician's Assistant
- Physical Therapist
- Occupational Therapist
- Registered Nurse
- Respiratory Therapist

Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____

Page 2

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.

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

LISA WONG
General Counsel & Corporate Compliance Officer
Print Name of Authorized Person

2/22/2021
Date

Board Use Only	Received: _____	Amount: <u>500</u> <u>check # 56663</u>
----------------	-----------------	--

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: 08/15/1996
Parent Company if any: N/A
Corporation Name: Home Care Delivered, Inc.
Mailing Address: 11013 West Broad Street, 4th Floor
City: Glen Allen State: VA Zip: 23060
Telephone: 800-565-6167 Fax: 888-565-4411
Contact Person: Alison Auditore

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- | | | |
|----|--|--|
| a) | <u>HCD Intermediate Holding Company, LLC</u> | <u>131 South Dearborn, Suite 2800, Chicago, IL 60603</u> |
| | Name | Address |
| b) | <u></u> | <u></u> |
| | Name | Address |
| c) | <u></u> | <u></u> |
| | Name | Address |
| d) | <u></u> | <u></u> |
| | Name | Address |
- 2) Provide the number of shares issued by the corporation. 1,056,014.99
- 3) What was the price paid per share? \$43.00 equity price per share
- 4) What date did the corporation actually receive the cash assets? The closing date of the transaction is 4.5.21. Note, HCD is not receiving anything in this transaction given that it is structured as a stock purchase
- 5) Provide a copy of the corporation's stock register evidencing the above information

Please see 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.

STOCKHOLDER NAME	DATE ISSUED	CERT NO.	NO. SHARE	FROM WHOM TRANSFERRED	\$ PAID	CERT. NO.	DATE TRNS	TO WHOM TRANSFERRED	CERT. NO.
CRAIGH WEBBER	9/31/2018	80	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
ANNE B. FAITH	5/25/2018	81	10,000	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBBER	6/30/2018	82	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBBER	9/30/2018	83	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBBER	12/31/2018	84	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
REBECCA L. OSTROWSKI	9/16/2019	85	5,000	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
HARRIS SCHACH ER	5/12/2020	86	1,000	Original Issue (option exercise)			9/16/2020	Redeemed by Company, cancelled	
DAVID C. BROWN	12/18/2020	87	7,537.14	Reissue		66	4/5/2021	HCD Intermediate Holdings, LLC	88
HCD INTERMEDIATE HOLDINGS, LLC	4	88	1,056,014.99	Transfer					

STOCKHOLDER NAME	DATE ISSUED	CERT NO	NO. SHARE	FROM WHOM TRANSFERRED	\$ PAID	CERT NO	DATE TRNS	TO WHOM TRANSFERRED	CERT NO
GORDON L. FOX, JR.	8/14/06	57	84,200	Partial Reissue		52	8/14/06	Sold to A/B Partners IV L.P. & exchanged by A/B for 84,200 shares of Series A Preferred (Certif. A-6)	88
GORDON L. FOX, JR.	8/14/06	58	778,410.59	Partial Reissue		52	4/5/2021	HCD Intermediate Holdings, LLC	88
MARA STEWART	8/3/07	59	600	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
RAYMOND G. ZELLER AND BRITT E. ZELLER	4/28/11	60	1,000	Reissue		38	4/5/2021	HCD Intermediate Holdings, LLC	88
JANET F. DOBBINS	6/1/11	61	10,000	Transfer from J. Blair and Janet Dobbins		47	4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	12/28/13	62	90,000	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
BRENDA B. RENFROW	7/1/15	63	500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	7/30/15	64	21,000	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	12/31/15	65	7,000	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
DAVID C. BROWN	4/16/16	66	17,537.14	Transfer from David C. Brown #28			12/18/2020	Cancelled and Reissued	87
JENNIFER BROWN	4/16/16	67	17,537.14	Transfer from David C. Brown #28			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	5/12/16	68	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	6/30/16	69	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
MARIA A. TIEDERICK	11/01/16	70	1,000	George M. Tiederrick, Sr. and Maria A. Tiederrick		42	4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	12/31/2016	71	7,000	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	3/31/2017	72	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	6/30/2017	73	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
THERESA A. DECKER	9/22/2017	74	3,224	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	9/30/2017	75	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
GREGORY R. WEBER	10/30/2017	76	1,558	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
COLLEEN F. SULLIVAN	10/30/2017	77	1,658	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
JOHN L. WEBER-AUFER, JR.	10/30/2017	78	5,000	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88
CRAIGH WEBER	12/31/2017	79	3,500	Original Issue (option exercise)			4/5/2021	HCD Intermediate Holdings, LLC	88

STOCKHOLDER NAME:	DATE ISSUED	CERT NO.	NO SHARE	FROM WHOM TRANSFERRED	\$ PAID	CERT. NO	DATE TRNS	TO WHOM TRANSFERRED	CERT. NO.
BRIAN W. WHITEHURST AND MARY C. WHITEHURST	8/25/2004	36	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88
BRETT P. SHEPARD AND LAURAM. SHEPARD	8/25/2004	37	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88
RAYMOND G. ZELLER AND BRITT E. ZELLER	8/25/2004	38	1,000				4/5/2021	Cancelled and reissued (lost)	60
DALE R. MARTIN AND KATHRYN A. FOX	8/25/2004	39	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88
LIONEL JAMES CASEY III	8/25/2004	40	2,000				4/5/2021	HCD Intermediate Holdings, LLC	88
JAMES GRANGER GILBERT AND AMY HUDSON GILBERT	8/25/2004	41	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88
GEORGE M. TEBERICK, SR AND MARIA A. TEBERICK	8/25/2004	42	1,000				10/XX/16	Cancelled upon the death of George A. Tederick, Sr (DOD 07/12/16) and reissued to Maria A. Tederick	70
MATTHEW A. TEBERICK	8/25/2004	43	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88
ROBERT W. GIVEN AND ELIZABETH S. GIVEN	8/25/2004	44	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88
H.K. BENHAM III	8/25/2004	45	6,000				4/5/2021	HCD Intermediate Holdings, LLC	88
RANDALL N. WILLARD AND GARNETT C. WILLARD	8/25/2004	46	2,000				4/5/2021	HCD Intermediate Holdings, LLC	88
J BLAIR DOBBINS AND JANET F. DOBBINS	8/25/2004	47	10,000				6/1/11	Transferred to Janet F. Dobbins	61
JOHN L. WETLA PER, SR. AND JANE JOHNSON WETLAURER	8/25/2004	48					4/5/2021	HCD Intermediate Holdings, LLC	88
VOID		49					4/5/2021	HCD Intermediate Holdings, LLC	88
SCOTT DAVILA	12/2/2004	50	3,000					HCD Intermediate Holdings, LLC	88
ANNE S. WILSON	2/25/2005	51	150				4/5/2021	HCD Intermediate Holdings, LLC	88
GORDON L. FOX, J	2/25/2005	52						ll and	
THE WILLIAM E. MILL III REVOCABLE TRUST DATED JUNE 16, 2001	2/25/2005	53	7				4/5/2021		55
BOBBY N. TURNAG	2/25/2005	54					4/5/2021	C In gs LLC	88
THE WILLIAM E. MILL III REVOCABLE TRUST DATED JUNE 16, 2001	6/30/2005	55					4/5/2021	H ld LLC	
NEVE KRICK	9/16/05	56	28,000				12/27/05	C opt	

STOCKHOLDER NAME	DATE ISSUED	CERT NO.	NO. SHARE	FROM WHOM TRANSFERRED	\$ PAID	CERT. NO.	DATE TRNS	TO WHOM TRANSFERRED	CERT. NO.
Martin Cotton 25615 Pacific Hills Dr. Mission Viejo Ca. 92682		17	200	Reissue pursuant to stock split		3	12/3/01	Redeemed and Canceled	88
Dave Braine 160 Bobby Dodd Way Atlanta, Ga. 30332		18	200	Reissue pursuant to stock split		2	12/3/01	Redeemed and Canceled	88
Tim Brown 750 Culworth Manor Alpharetta, Ga. 30022		19	200	Reissue pursuant to stock split		6	12/3/01	Redeemed and Canceled	88
T. RICHARD BROWN 2615 S. Lowson Blvd Del Ray Beach, FL 33445 (Winton) 2520 Elcor Drive New Kensington, PA 15068 (Summer)		20	100	Reissue pursuant to stock split		5	12/3/01	Redeemed and Canceled	88
Mr. David C. Brown 5528 Barnsley Terrace Glen Allen, VA 23059		21	4,100	Reissue pursuant to stock split		12	12/3/01	Cancelled and Partially Reissued	26
GORDON L. FOX		22	900	Reissue pursuant to stock split		11	8/25/04	Cancelled and reissued	27
GORDON L. FOX		23	5,000	Reissue pursuant to stock split		1	12/3/01	Cancelled and Reissued	24 & 25
GORDON L. FOX		24	2772	Reissue		23	8/25/04	Cancelled and reissued	27
GORDON L. FOX		25	2228	Reissue		23	8/25/04	Cancelled and reissued	27
Mr. David C. Brown 5528 Barnsley Terrace Glen Allen, VA 23059		26	229	Partial Reissue		21	8/25/04	Cancelled and reissued	28
GORDON L. FOX, JR.	8/25/2004	27	862,660.59 [Error on certificate]	Reissue		22, 24, 25	2/25/2005	Cancelled, gift of 50 shares to Wilson, partial reissuance	51, 52
Mr. David C. Brown 5528 Barnsley Terrace Glen Allen, VA 23059	8/25/2004	28	35,074.28	Reissue pursuant to stock split		25	4/16/2016	Cancelled and reissued	66 & 67
THE WILLIAM E. MILLER, III REVOCABLE TRUST DATED JUNE 16, 2001	8/25/2004	29	43,290.70 [Error on certificate]	Reissue and partial transfer (5,000 shares) from Fox		14	2/25/2005	Cancelled, gift of 50 shares to Wilson, partial reissuance	51, 53
BOBBY N. TURNAGE, JR.	8/25/2004	30	22,974.42 [Error on certificate]	Reissue		15	2/25/2005	Cancelled, gift of 50 shares to Wilson, partial reissuance	51, 54
RANDY JANEY	8/25/2004	31	3,000				4/5/2021	HCD Intermediate Holdings, LLC	88
PHILIP E. KAY	8/25/2004	32	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88
RICHARD R. WYLY, JR. AND ELLEN C. WYLY	8/25/2004	33	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88
JOHN PHILLIP HANKS	8/25/2004	34	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88
PETER R. CATALANO AND ALLISON S. CATALANO	8/25/2004	35	1,000				4/5/2021	HCD Intermediate Holdings, LLC	88

HOME CARE DELIVERED, INC. COMMON STOCK LEDGER

STOCKHOLDER NAME	DATE ISSUED	CERT NO.	NO. SHARE	FROM WHOM TRANSFERRED	\$ PAID	CERT NO	DATE TRNS	TO WHOM TRANSFERRED	CERT. NO.
GORDON L. FOX 2512 Monument Avenue, #4 Richmond, Virginia 23220	08/13/96	1	50	Original Issue				Canceled & reissued pursuant to stock split	23
Mr. David C. Brown 5528 Barnsley Terrace Glen Allen, VA 23059	08/13/96	2	50	Original Issue				Canceled & reissued	11, 12
Mr. Martin Goffon 25616 Pacific Hills Dr. Mission Viejo Ca. 92692	10/21/96	3	2	Original Issue				Canceled & reissued pursuant to stock split	17
SANDRA S. QUARLES 1097 N. Inlynnview Road Virginia Beach, Virginia 23454	10/25/96	4	25	Original Issue				Canceled & reissued pursuant to stock split	16
T. RICHARD BROWN 2615 S. Lowson Blvd. Del Ray Beach, FL 33445 (Winter) 2520 Elcor Drive New Kensington, PA 15068 (Summer)	11/18/96	5	1	Original Issue				Canceled & reissued pursuant to stock split	20
Tim Brown 750 Culworth Manor Alpharetta, Ga. 30022	12/9/96	6	3	Original Issue				Canceled & reissued pursuant to stock split	19
WILLIAM B. MILLER The Gallery #415 11710 Old Georgetown Road North Bethesda, MD 20852 2678	12/24/96	7	25	Original Issue				Canceled & reissued pursuant to stock split	14
Sharon Wolfe 2425 Greenbrier Dr. Delray Beach, FL 33445	01/10/97	8	1	Original Issue				Canceled & reissued pursuant to stock split	13
Dave Bralhe 160 Bobby Dodd Way Atlanta, Ga. 30332	01/15/97	9	3	Original Issue				Canceled & reissued pursuant to stock split	18
BOBBY N. TURNAGE 11908 Mamelan Drive Richmond, Virginia 23293	02/12/97	10	15	Original Issue				Canceled & reissued pursuant to stock split	15
GORDON L. FOX		11	9	David C. Brown			2	Canceled & reissued pursuant to stock split	22
Mr. David C. Brown 5528 Barnsley Terrace Glen Allen, VA 23059		12	41	Reissue after 6/1/98 transfer to Gordon L. Fox			2	Canceled & reissued pursuant to stock split	21
Sharon Wolfe 2425 Greenbrier Dr. Delray Beach, FL 33445		13	100	Reissue pursuant to stock split			8	Redeemed and Canceled	
WILLIAM B. MILLER		14	250	Reissue pursuant to stock split			7	Canceled & reissued	29
BOBBY N. TURNAGE		15	150	Reissue pursuant to stock split			10	Canceled & reissued	30
Ms. Sandy Quarles 221 63rd Street Virginia Beach, VA 23451		16	250	Reissue pursuant to stock split			4	Redeemed and Canceled	88

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Home Care Delivered, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on August 15, 1996;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

March 5, 2021

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/21/2020

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 Scott Insurance (Rich) 1700 Bayberry Court Ste. 200 Richmond VA 23226		CONTACT NAME: Carolyn Varnier PHONE (A/C, No, Ext): 804-545-2211 FAX (A/C, No): 434-485-8798 E-MAIL: cvarnier@scottins.com ADDRESS: cvarnier@scottins.com	
INSURED Home Care Delivered, Inc. Attn: Terri Sibley 11013 W. Broad Street, 4th Fl. Glen Allen VA 23060		INSURER(S) AFFORDING COVERAGE INSURER A: Central Mutual Insurance Company (A) INSURER B: All America Insurance Company (A) INSURER C: Hartford Underwriters Insurance Company (A+) INSURER D: Admiral Insurance Company (A+) INSURER E: INSURER F:	
		NAIC # 20230 20222 30104 24856	

COVERAGES

CERTIFICATE NUMBER: 19441378

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	ADOL SUBR (NSD: WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B X	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY ☐ PRO-JECT ☒ LOC OTHER	Y	CLP 8629526	5/1/2020	5/1/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY		BAP 9796130	5/1/2020	5/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$		CXS 8629527	5/1/2020	5/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Personal/Adv Injury \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	14WBCCM1306	5/1/2020	5/1/2021	☒ PER STATUTE ☐ OTH-ER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000
D	Professional Liability Claims Made Form		EO000049094-02	5/1/2020	5/1/2021	Each Claim 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Insured Locations: Foster Plaza 5-651 Holiday Drive, Suite 400, Pittsburgh, PA 15220; 600 Republic Centre, 633 Chestnut Street, Chattanooga, TN 37450; 15851 Dallas Parkway, Suite 600, Addison, TX 75001; 71 Commerce Drive, Clarksville, VA 23927; 8270 Woodland Center Blvd #110-112, Tampa, FL 33614

National Supplier Clearinghouse is an Additional Insured ATIMA with regard to General Liability if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

National Supplier Clearinghouse
Palmetta GBA
P.O. Box 100142
Columbia SC 29202-3142

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

Stacy W. Hall

Home Care Delivered - Medicare and Medicaid Provider Numbers

Medicare

Glen Allen Office - 1233170001

Pittsburgh Office - 1233170003

Addison Office - 1233170002

Clarksville Office - 1233170005

Tampa Office - 1233170007

Chattanooga Office – 1233170004

Medicaid

Alabama	132880
Alaska	1583353
Arizona	921529
Arkansas	211548741
Arkansas	215300716
California	522414
Colorado	1245239540
Connecticut	1245239540
D.C.	035444200
Delaware	1245239540 (Location ID: 200083769)
Delaware	1265786677 (Location ID: 250113099)
Florida	1427552157
Georgia	340093251B
Georgia	003193130A
Hawaii	
Idaho	806981400
Illinois	1245239540
Indiana	200506360A
Iowa	592907
Kansas	200311110A

Kentucky	90009838
Louisiana	1132225
Maine	431807100
Maryland	403623900
Maryland (Waiver)	541514400
Massachusetts	
Michigan	1245239540
Minnesota	1245239540
Mississippi	06831832
Missouri	1992070593
Missouri	1245239540
Montana	1245239540
Nebraska	10025265600
Nevada	1245239540
New Hampshire	3103456
New Jersey	0296325
New Mexico	11629878
New York	02646055
North Carolina	
North Carolina	1457884678
North Dakota	
Ohio	2528992
Oklahoma	200054580A
Oregon	213445
	0019747970003, waiver:
Pennsylvania	0019747970005
Pennsylvania	0019747970004
Puerto Rico	
Rhode Island	3170001
South Carolina	DM1179
South Dakota	9167960
Tennessee	4582356
Tennessee	Q029307
Texas	171297801

	NPI:1609120831 TPI:319565301 PTAN:1233170002
Texas	
Utah	1245239540
Vermont	1011471
Virginia	1245239540
Washington	domain:2009693 ID:9056979
West Virginia	3810001684
Wisconsin	1245239540
Wyoming	121169200



Home Care Delivered, Inc. Ownership

HCD Intermediate Holdings LLC

Title: Owner

131 South Dearborn

Suite 2800

Chicago, IL 60603

TIN: 86-2140911

% of controlling interest: 100%

Note: The remaining ownership interest is controlled by multiple individuals or entities, each with less than 5% interest.



Home Care Delivered, Inc. Board of Directors

Gordon Lawrence Fox, Jr.

Title: Chief Executive Officer and
Chairman

11013 W. Broad St, 4th Fl. Glen Allen,
VA 23060

SSN: [REDACTED]

DOB: [REDACTED]

Craig Henry Weber

Title: Board Member

11013 W. Broad St., 4th Fl. Glen Allen,
VA 23060

SSN: [REDACTED]

DOB: [REDACTED]

David E. Williams

Title: Board Member

11013 W. Broad St., 4th Fl. Glen Allen,
VA 23060

SSN: [REDACTED]

DOB: [REDACTED]

Bobby N. Turnage

Title: Board Member

11013 W. Broad St., 4th Fl. Glen Allen,
VA 23060

SSN: [REDACTED]

DOB: [REDACTED]

Scott Kabbes

8105 E Tortuga Ln
Scottsdale, AZ 85226

SSN: [REDACTED]

DOB: [REDACTED]

Troy Phillips

131 South Dearborn, Suite 2800
Chicago, IL 60603

SSN: [REDACTED]

DOB: [REDACTED]

Timothy Wheeler

131 South Dearborn, Suite 2800
Chicago, IL 60603

SSN: [REDACTED]

DOB: [REDACTED]

11013 West Broad Street, 4th Floor · Glen Allen, VA · 23060 804-200-7300
800-565-5644 · Fax 888-565-4411 · www.homecaredelivered.com



Home Care Delivered, Inc. Managing Employees

Gordon Lawrence Fox, Jr.

Title: Chief Executive Officer and Chairman

Kelley's Ford Lane

Glen Allen, VA 23059

SSN: -----

DOB: /

Lisa Natasha Wong

Title: General Counsel & Corporate Compliance Officer, and
Secretary

E. Ash Cove Circle

New Harmony, UT 84757

SSN: -----

DOB: /

Jeffrey Denton Elgin

Title: Chief Technology Officer & Head of Operations

Riverside Drive

Richmond, VA 23225

SSN: -----

DOB: /

11013 West Broad Street, 4th Floor • Glen Allen, VA • 23060 804-200-7300
800-565-5644 • Fax 888-565-4411 • www.homecaredelivered.com



Home Care Delivered, Inc. Managing Employees

Sean Michael Riley

Title: Chief Experience Officer

1 Old Fort Place
Midlothian, VA 23113

SSN: [REDACTED]

DOB: [REDACTED]

Daniel Morris Monahan

Title: President, Chief Operating Officer & Assistant Secretary

1 Moncroft Way
Midlothian, VA 23112

SSN: [REDACTED]

DOB: [REDACTED]

Veronica Thackston Hinckle

Title: Corporate Controller & Treasurer

Grayash
Richmond, VA 23238

SSN: [REDACTED]

DOB: [REDACTED]

Eugene Bernard Quigley, II

Title: Chief Revenue Officer

1 Oak Tree Road
Point Pleasant, NJ 08742

SSN: [REDACTED]

DOB: [REDACTED]

Home Care Delivered, Inc.
Officer & Director List

Name	Title	Address	Change
Troy Phillips	Director	131 South Dearborn Suite 2800 Chicago, IL 60603	Add 04/05/2021
Timothy Wheeler	Director	131 South Dearborn Suite 2800 Chicago, IL 60603	Add 04/05/2021
Scott Kabbes	Director	8105 E Tortuga View Ln. Scottsdale AZ 85266	Add 04/05/2021
Gordon L. Fox, Jr.	CEO and Director	11013 W. Broad St. 4th Floor Glen Allen, VA 23060	No Change
Jeffrey Elgin	Senior Vice President, Chief Technology Officer, and Head of Operations	11013 W. Broad St. 4th Floor Glen Allen, VA 23060	No Change
Daniel Monahan	President, Chief Operating Officer and Assistant Secretary	11013 W. Broad St. 4th Floor Glen Allen, VA 23060	No Change
Eugene Quigley, II	Senior Vice President and Chief Revenue Officer	11013 W. Broad St. 4th Floor Glen Allen, VA 23060	No Change
Sean Riley	Senior Vice President and Chief Experience Officer	11013 W. Broad St. 4th Floor Glen Allen, VA 23060	No Change
Lisa Wong	Senior Vice President, General Counsel, Corporate Compliance Officer and Secretary	11013 W. Broad St. 4th Floor Glen Allen, VA 23060	No Change

Remove

Name	Title	Change
Craig Weber	Director	Remove 04/05/2021
David Williams	Director	Remove 04/05/2021
Bobby Turnage	Director	Remove 04/05/2021



Home Care Delivered®
A Medical Supply Company

February 25, 2021

VIA UNITED PARCEL SERVICE

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, Nevada 89521

RE: Change of Parent Company
Home Care Delivered, Inc. Glen Allen, Virginia
License No.: MP00881

Dear Mr. Wuest:

Please be advised of a proposed upcoming stock transfer involving Home Care Delivered, Inc. As a result of the upcoming transfer, the sole shareholder of Home Care Delivered, Inc. will become HCD Intermediate Holdings LLC, and new corporate owners will be added to the organizational structure. **While not definitive, the anticipated effective date is on or about April 5, 2021.** The enclosed organizational chart shows the ownership structure before and after the proposed transfer.

Importantly, the same entity will continue to be the direct owner of the facility. The facility's tax identification number, NPI, name, location, and officers will not change.

The application, supporting documents, and fees are enclosed. Should you have any questions or require additional information, please contact Alison Auditore at 804.200.7348 or hcdcompliance@hcd.com. Thank you for your consideration.

Sincerely,

Lisa Wong

Lisa Wong
Senior Vice President, General Counsel,
Corporate Compliance Officer and Secretary

11013 West Broad Street, 4th Floor, Glen Allen, VA 23060

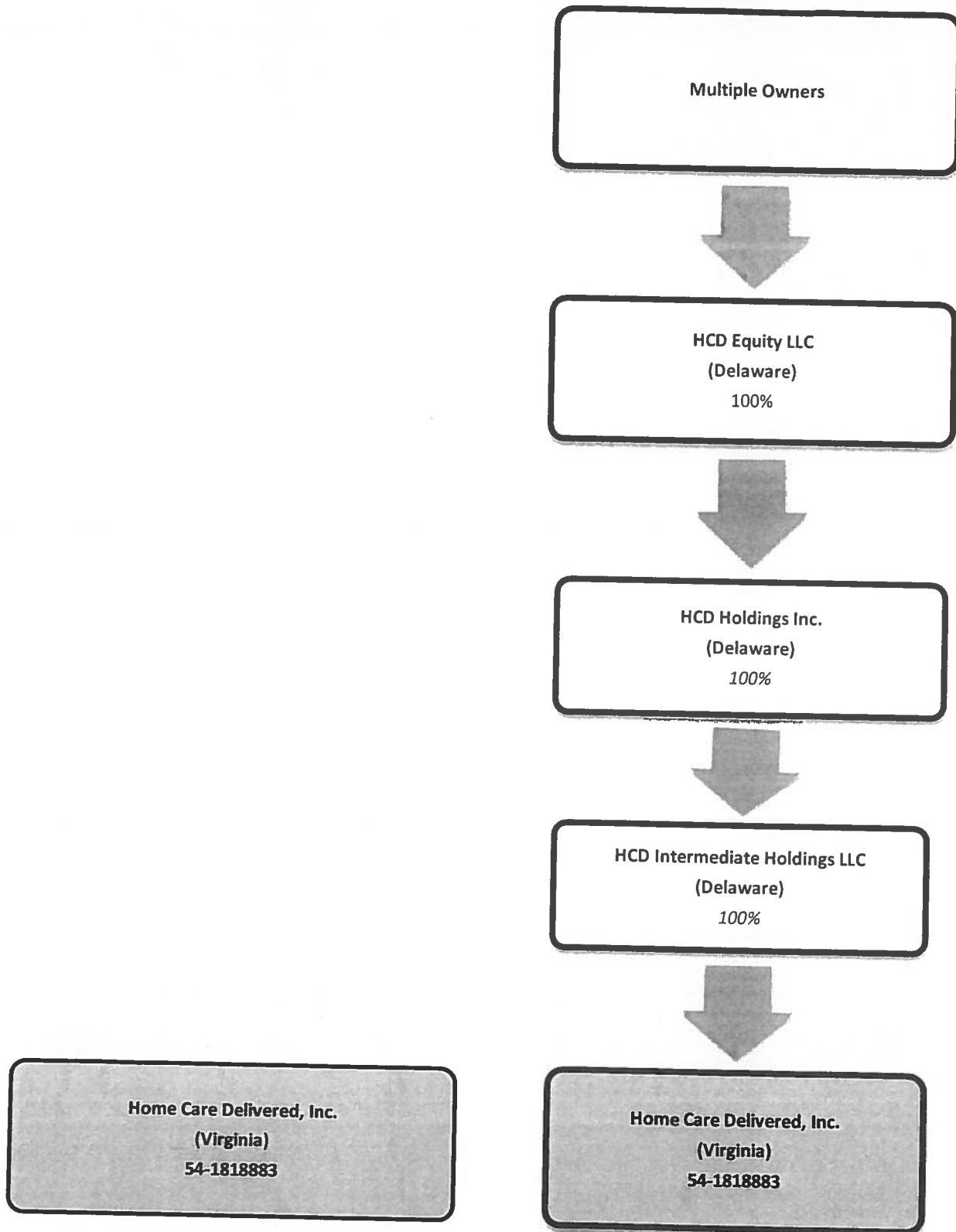
(804) 200-7300 direct | (800) 565-5644 toll-free | (888) 565-4411 fax | www.HCD.com

Urology – Wound Care – Ostomy – Incontinence – Diabetes – Insulin Infusion Therapy – Breast Pumps – Nutritionals

Organizational Chart

Before

After



4K

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: Mobility Prosthetic and Orthotic Services
 Physical Address: 1921 MOTOR AVENUE, SUITE B, KINGMAN, AZ 86401
(This must be a business address, we cannot issue a license to a home address)
 Mailing Address: 1921 Motor Avenue, Suite B, Kingman, AZ 86401
 City: Kingman State: AZ Zip Code: 86401
 Telephone: 928 377 4180 Fax: 928 277 4400
 E-mail: sekhar@mobilityprosthetic.com Website: _____

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: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Chandra Sekhar Mchanta

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

- | | |
|--|---|
| ☐ Medical Gases** | ☐ Assistive Equipment |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☒ Orthotics and Prosthetics |
| ☐ Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Chandra Sekhar Mchanta Telephone: 714 624 3804

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:

tan: 7825570001 _____
 t2 079605 _____
 reason 10 _____

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.

Chandra Sekhar Mohanty

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

Chandra Sekhar Mohanty
Print Name of Authorized Person

02/02/2021
Date

Board Use Only	Received: _____	Amount: <u>500</u> <u>check # 1025</u>
----------------	-----------------	---

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited ☒Partnership Name: Mobility Prosthetic and Oranotic Services LLCMailing Address: 1921 Motor Avenue, Suite BCity: Kingman State: AZ Zip: 86401Telephone: 928 377 4180 Fax: 928 277 4400Contact Person: Chandra Sekhar Mchamty.

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
<u>Chandra Sekhar Mchamty</u>	<u>L</u>	<u>50</u>
<u>Raju Koy</u>	<u>L</u>	<u>50</u>

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

SECRETARY OF STATE



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 standing Revised Statutes which are either presently in a status of good standing or were in good 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, **Mobility Prosthetic and Orthotic Services 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 05/18/2020, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/17/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202102171437869

You may verify this certificate
online at <http://www.nvsos.gov>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2020

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 Maran Dr. Waterloo IA 50701	CONTACT NAME PHONE (A/C, TOLL, EXT.) E-MAIL ADDRESS	FAX (A/C, No):
INSURED	Mobility Prosthetic and Orthotic Services LLC 1921 Molitor Ave Ste B Kingman AZ 86401	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: BENCHMARK INSURANCE COMPANY	41394
		INSURER B:	
		INSURER C:	
		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 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☒ OCCUR ☒ Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	P1119 X1204-1	05/29/2020	05/29/2021	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ SCHEDULED AUTOS ☐ ALL OWNED AUTOS ☐ NON-OWNED AUTOS ☐ HIRE AUTOS				COMBINED SINGLE LIMIT (SA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTIONS				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER INCLUDED? ☐ Y ☒ N/A If yes, describe and if description of operations below				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)					

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF INSURANCE	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

4L

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

FACILITY INFORMATION

Facility Name: NMN Spinco Inc.

Physical Address: 1111 Cromwell Ave, Suite 601, Rocky Hill, CT 06067
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1111 Cromwell Ave, Suite 601

City: Rocky Hill State: CT Zip Code: 06067

Telephone: (615) 933-5005 Fax: (855) 375-7973

E-mail: credentialing@numotion.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____ Fri: _____
 _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____ **Please see attached document.**

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Swinford

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

- | | |
|--|---|
| ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies | ☒ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
Other: _____ |
|--|---|

**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:

N/A _____

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. No

☒ 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.


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

Timothy Casey
Print Name of Authorized Person

2/26/2021
Date

Board Use Only

Received: _____

Amount: 500
check # 105

**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 can be emailed to the Drug Control Division at dcp.drugwholesalers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

Email on file to be used for receiving all notices from this office:

NMN SPINCO INC
1111 CROMWELL AVE STE 601
ROCKY HILL, CT 06067-3455

sara.colwick@numotion.com

STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION		794031
Be it known that		
NMN SPINCO INC		
1111 CROMWELL AVE STE 601 ROCKY HILL, CT 06067-3455		
has satisfied the qualifications required by law and is hereby issued a		
WHOLESALE OF DRUGS, COSMETICS & MEDICAL DEVICES		
Controlled Substances**No	Rx Legend Drugs**No	Non Rx Legend Drugs**No
Cosmetics**No	Medical Gases and Oxygen: No	Medical Devices**No
		Durable Medical Equipment (DME): Yes
Registration #: CSW.0004819 Effective Date: 02/23/2021 Expiration Date: 06/30/2021		 Michelle Seagull, Commissioner
verify online at www.elicense.ct.gov		



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
01/28/2021

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED United Seating and Mobility, LLC dba Numotion 155 Franklin Road Suite 300 Brentwood, TN 37027	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Everest Indemnity Insurance Company</td><td>10851</td></tr><tr><td>INSURER B: Safety National Casualty Corporation</td><td>15105</td></tr><tr><td>INSURER C: Noetic Specialty Insurance Company</td><td>17400</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Everest Indemnity Insurance Company	10851	INSURER B: Safety National Casualty Corporation	15105	INSURER C: Noetic Specialty Insurance Company	17400	INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W19960503

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	☒ COMMERCIAL GENERAL LIABILITY			LS8GL00053 201	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000
	☒ CLAIMS-MADE ☐ OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
	☒ GL Claims Made Retro 7/1/2015		MED EXP (Any one person) \$ 10,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:		PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY	☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB EXCESS LIAB	☐ OCCUR ☐ CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	☐ DED ☐ RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ No	N/A	LDC4055298	07/01/2020	07/01/2021	☒ 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
B	Workers Compensation & Employers Liability - WI Retro Per Statute			PS4055299	07/01/2020	07/01/2021	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMP \$1,000,000 E.L. DISEASE - POLICY \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Cert holder is a Named Insured on the policy.

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**NMN Spenco Inc.
1111 Cromwell Ave, Suite 601
Rocky Hill, CT 06067

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 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SR ID: 20658493

BATCH: 1967728

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED United Seating and Mobility, LLC dba Numotion 155 Franklin Road Suite 300 Brentwood, TN 37027	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Noetic Specialty Insurance Company NAIC#: 17400
 POLICY NUMBER: N20TN380009 EFF DATE: 07/01/2020 EXP DATE: 07/01/2021

TYPE OF INSURANCE: Products Liability Retro Date: 7/1/2008 Sexual Abuse included	LIMIT DESCRIPTION: Each Occurrence Prod/Comp Ops Agg Medical Expense	LIMIT AMOUNT: \$5,000,000 \$5,000,000 \$10,000
--	--	--

INSURER AFFORDING COVERAGE: Noetic Specialty Insurance Company NAIC#: 17400
 POLICY NUMBER: N20TN380009 EFF DATE: 07/01/2020 EXP DATE: 07/01/2021

TYPE OF INSURANCE: Healthcare Professional Retro Date: 7/1/2008 Sexual Abuse included	LIMIT DESCRIPTION: Per Claim/Aggregate	LIMIT AMOUNT: \$5,000,000
---	--	-------------------------------------

**ATTACHMENT
TO
NEVADA STATE BOARD OF PHARMACY
OUT-OF-STATE
MEDICAL DEVICE EQUIPMENT AND GASES (MDEG) APPLICATION**

APPLICANT: NMN SPINCO INC.

Days and Hours that the Facility will be Regularly Operating

Day of the Week	Opening Time	Closing Time
Sunday	24/7 online retailer with customer service phone line opening at 10 AM ET	24/7 online retailer with customer service phone line closing at 4 PM ET
Monday	24/7 online retailer with customer service phone line opening at 9 AM ET	24/7 online retailer with customer service phone line closing at 9 PM ET
Tuesday	24/7 online retailer with customer service phone line opening at 9 AM ET	24/7 online retailer with customer service phone line closing at 9 PM ET
Wednesday	24/7 online retailer with customer service phone line opening at 9 AM ET	24/7 online retailer with customer service phone line closing at 9 PM ET
Thursday	24/7 online retailer with customer service phone line opening at 9 AM ET	24/7 online retailer with customer service phone line closing at 9 PM ET
Friday	24/7 online retailer with customer service phone line opening at 9 AM ET	24/7 online retailer with customer service phone line closing at 9 PM ET
Saturday	24/7 online retailer with customer service phone line opening at 10 AM ET	24/7 online retailer with customer service phone line closing at 6 PM ET
Holidays	24/7 online retailer, customer service hours may vary for holidays	24/7 online retailer, customer service hours may vary for holidays

Stock Ledger**NMN Spinco Inc.**

Certificate No.	Name	Type	Date of Issuance	Basis of Issuance	Number of Shares
1	United Seating and Mobility, L.L.C.	Common Stock	1/4/2021	Original Issue	1,000

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NMN SPINCO 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NMN SPINCO INC." WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



4609400 8300

SR# 20210473944

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202520717

Date: 02-16-21

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that

NMN SPINCO INC.

a corporation incorporated under the laws of DELAWARE and transacting business in the state of
Connecticut under the name

NMN SPINCO INC.

filed an application for certificate of authority to transact business in this office on February 17, 2021.

A certificate of withdrawal has not been filed, the corporation has filed all annual reports, and so far as
indicated by the records of this office such corporation is authorized to transact business in Connecticut.



Secretary of the State

Date Issued: February 22, 2021

Business ID: 1378656

Express

Certificate Number: 2021126362001

Note: To verify this certificate, visit the web site <http://www.concord.sots.ct.gov>

**ATTACHMENT
TO
NEVADA STATE BOARD OF PHARMACY
OUT-OF-STATE
MEDICAL DEVICE EQUIPMENT AND GASES (MDEG) APPLICATION**

APPLICANT: NMN SPINCO INC.

List of Officers and Directors

Officers

Michael Swinford, President

Tamas Feitel, Treasurer

Timothy Casey, Secretary

Directors

Michael Swinford

Tamas Feitel

Timothy Casey

4M

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 <u>MP01354</u>)			
☐ 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: Prism Medical Products, LLC

Physical Address: 4705 N Sonora Ave., Suite 110, Fresno, CA 93722
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: P.O. Box 476

City: Elkin State: NC Zip Code: 28621

Telephone: 888-244-6421 Fax: 800-975-6321

E-mail: compliance@prism-medical.com Website: www.prism-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6 Fri: 9 to 6
 Sat: 9 to 6 Sun: 9 to 6 Holidays: 9 to 6

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniel Aguirre, Shipping Coordinator

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

- | | |
|--|---|
| ☐ Medical Gases** | ☐ Assistive Equipment |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☐ Orthotics and Prosthesis |
| ☐ Diabetic Supplies | Other: <u>Wound Care Supplies, Ostomy & Urological Supplies</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A 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 - 5823260001

Please see attached documents for Medicaid

_____	_____	_____
_____	_____	_____

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: <u>N/A</u>
☒ 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.



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

Chris Cartwright

Print Name of Authorized Person

02/02/2021

Date

Board Use Only

Received: _____

Amount: 500

check # 053487

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral G Limited Partnership Name: Prism Medical Products, LLCMailing Address: P.O. Box 476City: Elkin State: NC Zip: 28621Telephone: 888-244-6421 Fax: 800-975-6321Contact Person: Elizabeth Hyde 336-258-4373

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>Henry Schein, Inc.</u>	<u>G</u>	<u>70%</u>
<u>Prism Medical Products Holdings, Inc.</u>	<u>G</u>	<u>30%</u>

List names of 4 largest partners and percentage of ownership:

Name: Prism Medical Products Holdings, Inc.-Chris Cartwright %: 15.6%Name: Prism Medical Products Holdings, Inc. - Ken Reel %: 14.1%Name: Henry Schein, Inc - The Vanguard Group %: 8.5%Name: Henry Schein, Inc. - Longview Partners, LLP %: 7.28%

Ownership percentages listed for the 4 larges partners and percentage of ownership section is the percent of ownership interest in Prism Medical Products, LLC. It is not the ownership percent held within the two corporations.

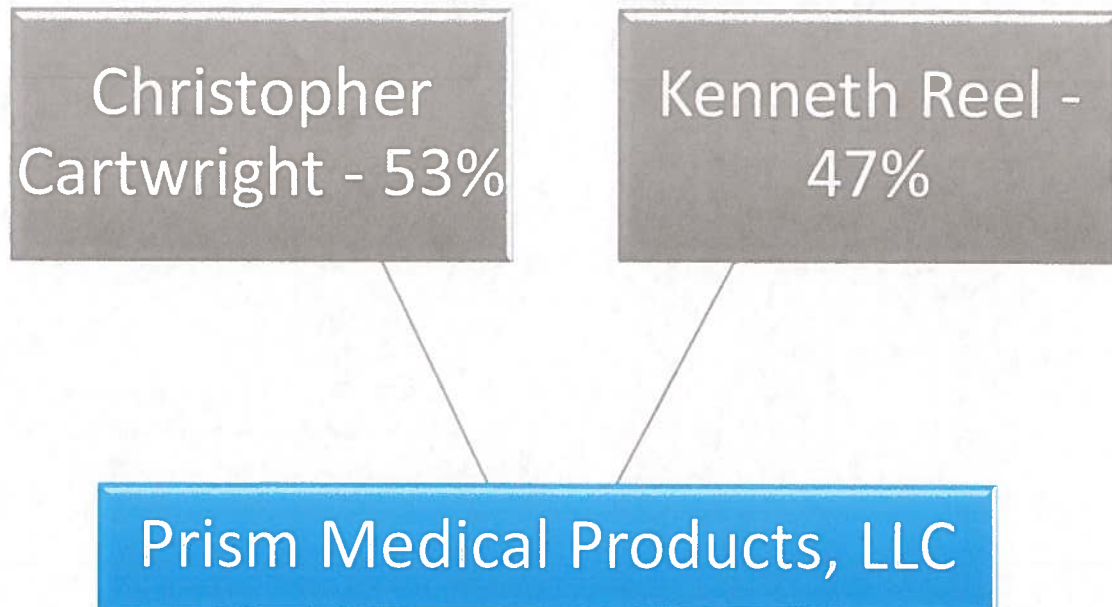
Prism Medical Products, LLC Information Sheet

TRADITIONAL STATE MEDICAID ENROLLMENTS

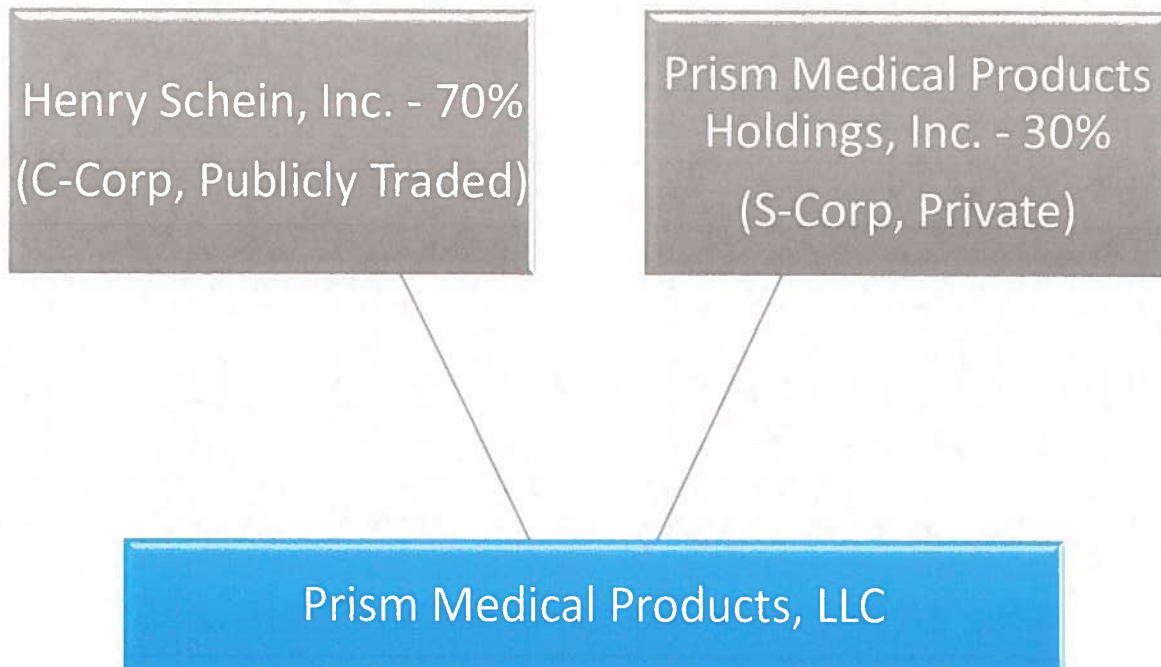
AL: 125216 (eff. 02/03/2007)	MN: 1548367063 (eff. 06/06/2016)	VT: 1027114 (eff. 04/22/2016)
AK: 1652871 (eff. 09/01/2016)	MO: 620007567 (eff. 07/01/2013)	WA: 1548367063 (eff. 01/07/2014)
AR: 2368670741 (eff. 01/15/2020)	MS: 09376349 (eff. 02/07/2011)	WI: 1548367063 (eff. 08/25/2015)
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Pre-Closing Structure



Post-Closing Structure



Address information

Prism Medical Products, LLC

All demographic information remains the same for the Elkin, NC, Las Vegas, NV and Fresno, CA locations.

Prism Medical Products Holdings, Inc.

112 Church Street, Suite 101

Elkin, NC 28621

Henry Schein, Inc.

135 Duryea Rd.,

Melville NY 11747

Prism Medical Products Holding, Inc.

Provided below is a list of the Board of Directors and Executive Management. Please contact us if you required additional information.

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Christopher Cartwright, President

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Henry Schein is a publicly traded company with over 19,000 employees worldwide. Provided below is a list of the Board of Directors and Executive Management. Please contact us if you required additional information.

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 Kurt P. Kuehn, Former Chief Financial Officer of United Parcel Service, Inc.
 Philip A. Laskawy, Lead Director, Henry Schein, Inc; and Retired Chairman, Ernst & Young, LLP
 Anne H. Margulies, Vice President and Chief Information Officer, Harvard University
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 Michael Racioppi, Senior Vice President, Chief Merchandising Officer
 Walter Seigel, Senior Vice President and General Counsel
 René Willi, PH.D., President Global Dental Surgical Group



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/07/2021

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 Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
INSURED Prism Medical Products 112 Church Street, Suite 101 Elkin NC 28621 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Noetic Specialty Insurance Co	17400
	INSURER B: Liberty Mutual Fire Ins Co	23035
	INSURER C: Liberty Insurance Corporation	42404
INSURER D: National Union Fire Ins Co of Pittsburgh	19445	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 570085704314

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER			TB2621093363030	12/31/2020	06/01/2021	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 Excluded
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			AS2-621-093363-040	12/31/2020	06/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION			TH7621093363070 SIR applies per policy terms & conditions	12/31/2020	06/01/2021	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA762D093363010 AOS WC7621093363020 WI	12/31/2020	06/01/2021	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	Products Liab			N19NY380025 Products Liability Claims	12/31/2020	06/01/2021	Per Occurrence \$5,000,000 Aggregate \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage.

CERTIFICATE HOLDER**CANCELLATION**

Prism Medical Products, LLC PO Box 476 Elkin NC 28621 USA	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 <i>Aon Risk Services Northeast, Inc.</i>

Holder Identifier :

Certificate No : 570085704314



P. O. Box 476
 ELKIN, NC 28621
 PHONE: 1-888-244-6421
 FAX: 1-800-975-6321
 WWW.PRISM-MEDICAL.COM

Change of Ownership Application Introduction & Index

Prism Medical Products, LLC entered a partnership agreement on December 31, 2020, between Henry Schein, Inc. and Prism Medical Products Holdings, Inc. We have struggled with the appropriate completion of the application to best communicate our ownership structure. Prism Medical Products, LLC's tax classification is a partnership. This partnership is between two corporations, one partner is publicly traded and one non-public. The partnership section of the application asks for Personal History Records for each partner. We included Personal History Records for each partner of the non-public corporation, Prism Medical Products Holdings, Inc. For the publicly traded partner, Henry Schein, Inc., we provided a list of Directors and Management and the Certificate of Good Standing as requested on the publicly traded page of the application, p. 4. We did not complete the publicly and non-publicly traded corporation pages of the application as a result of guidance from the Board that only one of the four ownership type pages should be completed. We also did not put N/A on these pages, because they both apply to the owning partners. We hope that the information provided in this application will satisfy the board's requirement.

Prism Medical Products, LLC has been licensed by Nevada Board of Pharmacy since 2014. Henry Schein, Inc. holds 7 Nevada Board of Pharmacy permits. Both entities have been previously vetted by Nevada Board of Pharmacy. As our original notice indicated, this is a partial ownership adjustment and does not affect the daily management of Prism Medical Products, LLC.

If additional information is required, please request via email to: compliance@prism-medical.com

Regards,

Lucy Ketner
 Director of Compliance & Government Affairs
 (336) 258-4314

Index:

Original Notification, p. 2-3

Application, p. 4-12

Application Supporting Documentation:

- Medicaid Provider IDs, p. 13
- Pre-Closing/Post-Closing Structure, p. 14
- Ownership information with Board of Directors/Management Teams, p. 15-17
- Certificate of Insurance, p. 18

Original Change of Ownership Notice



P. O. Box 476
 ELKIN, NC 28621
 PHONE: 1-888-244-6421
 FAX: 1-800-975-6321
 WWW.PRISM-MEDICAL.COM

December 17, 2020

VIA EMAIL

Nevada Board of Pharmacy
 985 Damonte Ranch Pkwy, Suite 206
 Reno, Nevada 89521
pharmacy@pharmacy.nv.gov
rseidlinger@pharmacy.nv.gov

Re: MDEG Licensed Entity: Prism Medical Products, L.L.C.
FEIN: 753221011
Address: 112 Church Street, Suite 101, Elkin, NC 28621
Notice of Change of Ownership for Permit No. MP1223 and MP1354

To Whom It May Concern:

Prism Medical Products, L.L.C., a Delaware limited liability company, is licensed by your agency (the "Operating Entity"), and its current owners, Christopher Cartwright and Kenneth Reel, are entering into a Membership Interest Purchase Agreement with buyers Henry Schein, Inc., a publicly-traded Delaware corporation and Prism Medical Products Holdings, Inc., a Delaware corporation. The effective date of the proposed Transaction is projected to be on or about December 31, 2020 (the "Transaction"). Following the Transaction, Henry Schein, Inc. will hold a 70% ownership interest in the Operating Entity and Prism Medical Products Holdings, Inc. will hold a 30% ownership interest in the Operating Entity. Both Mr. Cartwright and Mr. Reel will remain as managing employees at the Operating Entity as well as majority owners of Prism Medical Products Holdings, Inc. We are transmitting to your attention this notice regarding the upcoming proposed Transaction.

Following the close of the Transaction on or around December 31, 2020, it is anticipated that the Operating Entity will continue to service its customers and operate as it previously did. Except for the implementation of a new Board, the following information will remain unchanged at the Operating Entity: officers/managing employees; exemptees, federal tax ID; National Provider Identifier; Medicare enrollment status; location; billing address; bank account information; and scope of services.

The parties to the proposed Transaction are aware that certain requirements exist when a contemplated change in the direct ownership structure of the Operating Entity occurs and have agreed to mutually coordinate their efforts to ensure that the Operating Entity files all requisite notices and/or application update materials, if any, to the appropriate state and federal regulatory agencies within the requisite timeframes as it relates to the Transaction.

Should you have any questions or required additional information, please use the contact information listed below.



HOME MEDICAL SUPPLY SPECIALISTS

P. O. Box 476
ELKIN, NC 28621
PHONE: 1-888-244-6421
FAX: 1-800-975-6321
WWW.PRISM-MEDICAL.COM

Sincerely,

Lucy Ketner
Director of Compliance & Government Affairs
lucy@prism-medical.com
Office: (336) 258-4314

4N

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 MP01223)

☐ 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: Prism Medical Products, LLC

Physical Address: 6345 South Pecos Road, Suite 203, Las Vegas, NV 89120
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 476

City: Elkin State: North Carolina Zip Code: 28621

Telephone: 888-244-6421 Fax: 800-975-6321

E-mail: compliance@prism-medical.com Website: www.prism-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6

Fri: 9 to 6 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Mike Cybul will continue to be the MDEG Adminstrator. No changes here.

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

- ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other: Wound Care, Ostomy, Urological Supplies

****If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone:**

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 - 5823260001

Please see attached for Medicaid

- 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
- ☐ Advanced Practitioner of Nursing
- ☐ Physician's Assistant
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ Registered Nurse
- ☐ Respiratory Therapist

Name: N/A

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

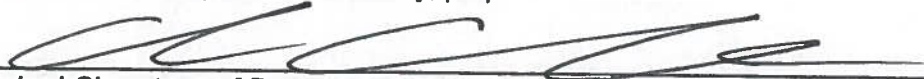
This page must be submitted for all types of ownership.

- 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

Chris Cartwright
Print Name of Authorized Person

02/02/2021
Date

Board Use Only

Received: _____

Amount: 500
check # 053488

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Henry Schein, Inc. %: 70

Name: Prism Medical Products Holdings, Inc. %: 30

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Prism Medical Products, LLC

Mailing Address: 112 Church Street, Suite 101

City Elkin State: NC Zip Code: 28621

Telephone Number: 888-244-6421 Fax Number: 800-975-6321

Contact Person: Elizabeth Hyde 336-258-4373

PARTNERSHIP

Include with the application for a partnership

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

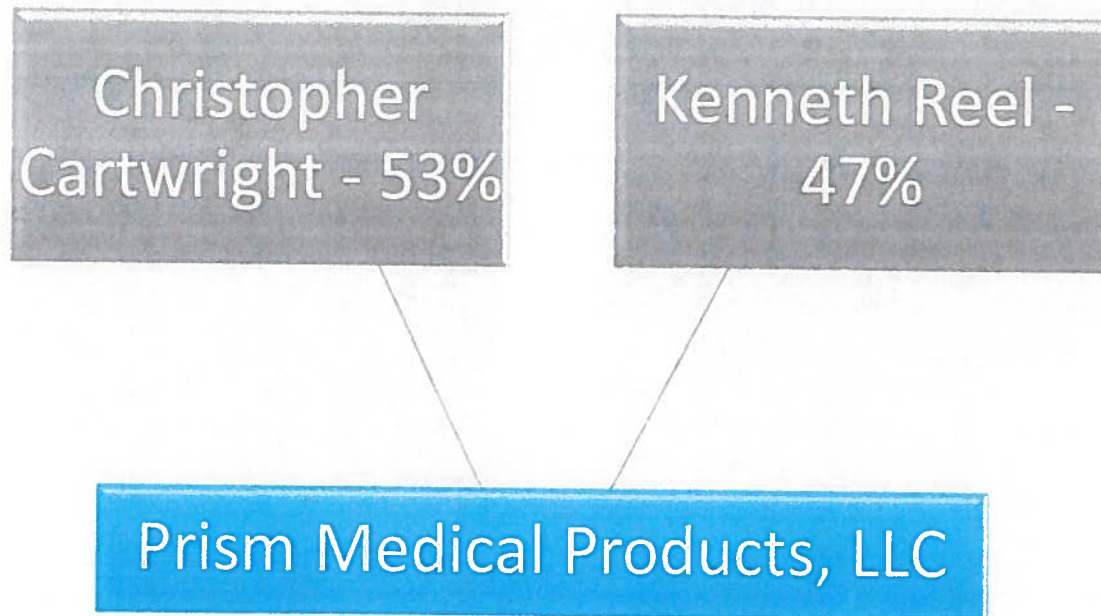
Prism Medical Products, LLC Information Sheet

TRADITIONAL STATE MEDICAID ENROLLMENTS

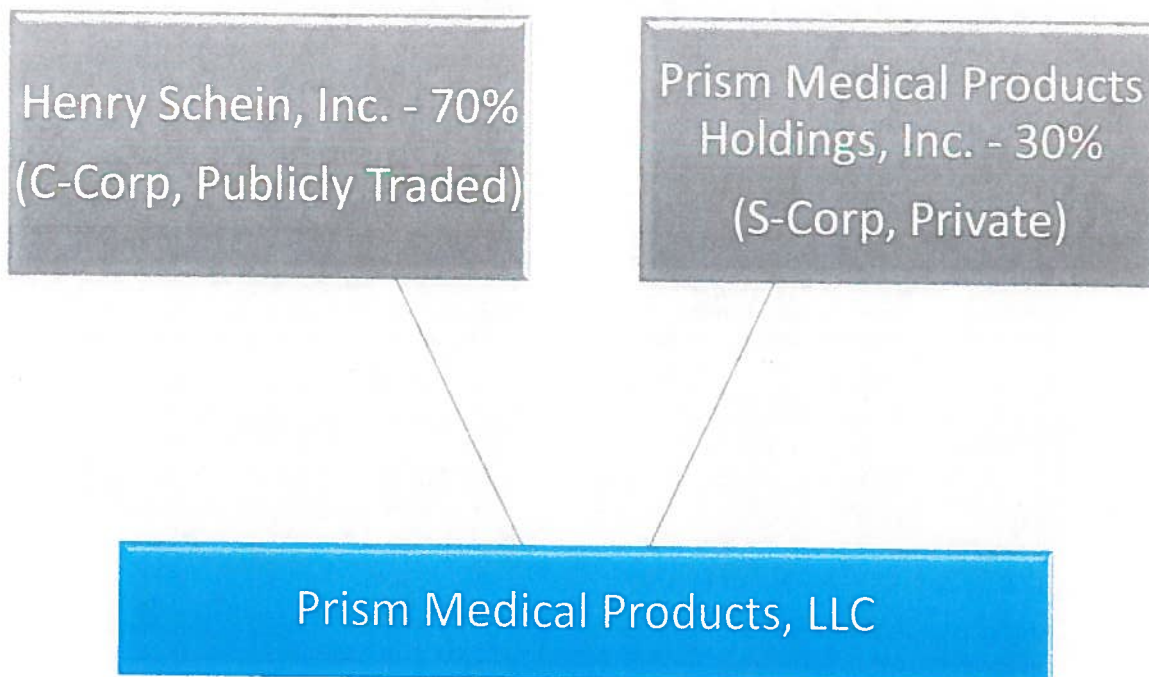
AL: 125216 (eff. 02/03/2007)	MN: 1548367063 (eff. 06/06/2016)	VT: 1027114 (eff. 04/22/2016)
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 Walter Seigel, Senior Vice President and General Counsel
 René Willi, PH.D., President Global Dental Surgical Group



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/07/2021

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
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT
NAME:PHONE
(A/C, No. Ext): (866) 283-7122FAX
(A/C, No.): (800) 363-0105E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
Prism Medical Products
112 Church Street, Suite 101
Elkin NC 28621 USA

INSURER A:	Noetic Specialty Insurance Co	17400
INSURER B:	Liberty Mutual Fire Ins Co	23035
INSURER C:	Liberty Insurance Corporation	42404
INSURER D:	National Union Fire Ins Co of Pittsburgh	19445
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 570085704314

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:		TB2621093363030	12/31/2020	06/01/2021	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 Excluded
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY		AS2-621-093363-040	12/31/2020	06/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION		TH7621093363070 SIR applies per policy terms & conditions	12/31/2020	06/01/2021	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N N/A	WA762D093363010 AOS WC7621093363020 WI	12/31/2020	06/01/2021	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	Products Liab		N19NY380025 Products Liability Claims	12/31/2020	06/01/2021	Per Occurrence \$5,000,000 Aggregate \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage.

CERTIFICATE HOLDER

CANCELLATION

Prism Medical Products, LLC
PO Box 476
Elkin NC 28621 USA

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

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570085704314

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, 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 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 "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2320192 8300

SR# 20208622642

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204302686

Date: 12-11-20

Delaware

The First State

Page 1

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 INCORPORATION OF "PRISM MEDICAL
PRODUCTS HOLDINGS, INC.", FILED IN THIS OFFICE ON THE SIXTEENTH
DAY OF DECEMBER, A.D. 2020, AT 9:08 O'CLOCK A.M.



4459213 8100
SR# 20208665538

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204335955
Date: 12-16-20

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 1/24/2021

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 Supply provider

Nature of MDEG

Prism Medical Products, LLC 6345 South Pecos Road, Suite 203, Las Vegas, NV 89120

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:

Cybul Michael Joseph
 Last Name First Name Middle Name

Mike
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Shadow Wood Ave Las Vegas NV 89121
 Present Residence Address-Street or RFD City State/Zip

6345 South Pecos Road, Suite 203 Dates Las Vegas, NV 89120
 Present Business Address City State/Zip

Client Operations Manager-MPST Dates 06/09/2014-Present
 Present Position with the MDEG

Phone: 702-854-1030 Fax: 800-975-6321

Email address: Michael@prism-medical.com

----- Las Vegas, Clark, NV
 Date of Birth Place of Birth (City, County, State)

37 ----- M
 Age Social Security Number or ITIN Sex

Brown Brown 230 lbs 6'2"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoos: Lt Arm-Batman sign,

Joker Card, Question Mark. Rt Arm-Family names/initials, clover leaf.

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.

06/09/2014 to Present	Prism Medical Products, LLC 6345 South Pecos Road, Suite 203 Las Vegas, NV 89120	approx. 13,500
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Client Operations Manager, Previously Client Care Coordinator	Job Description Attached	Codi Renegar
Title	Description of Duties	Name of Supervisor
May 2012	Telus International 2251 S. Decatur Blvd. Las Vegas NV 89102	approx. 3,100
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Team Lead/Supervisor	Queue Management, Special Projects, Managerial Responsibilities	George Fuller
Title	Description of Duties	Name of Supervisor
July 2008	Medco Health Solutions 6225 Annie Oakley Dr., Las Vegas, NV 89120	2,080
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Resolution Team Leader	Processed clinician and patient orders, escalated inquiries, submitted pre-authorizations, communication health plans..	Laura Martinez
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 02/24/2021

I, Michael Cybul, 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 cause 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 or 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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1

Date 01/14/2021

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 herein 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 Change of Ownership Application

Prism Medical Products, LLC Nature of License
6345 South Pecos Road, Suite 203, Las Vegas, NV 89120
Name and Address of Establishment for Which License Is Requested
Prism Medical Products, LLC
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Cartwright Christopher Jon
Last Name First Name Middle Name
Chris
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Colonial Lane State Road NC/28676
Present Residence Address-Street or RFD City State/Zip
112 Church Street, Suite 101 10/2010 - Present Elkin
Present Business Address Dates City State/Zip
President/Owner Dates 08/14/2006 - Present
Occupation
Phone:
Residence
Business 888-244-6421
Noblesville, Hamilton, IN
Date of Birth Place of Birth (City, County, State)
42 M
Age Social Security Number or ITIN Sex
Blue Brown W 225 6'5"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics No

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

Page 1

A. Current Marriage 04/02/2006 Oviedo, Seminole, FL
 Date City, County and State
 Spouse's full name (Maiden) Stephanie Johnson Cartwright SS# or ITIN
 Date of Birth _____ Place of Birth Elkin, NC
 Resident address Colonial Lane State Road NC 28676
 Street City State Zip
 Telephone: Residence _____ Business 336-835-2244
 Spouse's employer Family Vision Care Occupation Optometrist
 Address of employer 1816 N. Bridge Street Elkin NC 28621
 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:

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



Page 2

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

Ron Cartwright		Pawleys Island Path, The Villages, FL 32162	Retired
----------------	--	---	---------

Mother

Julie Burton Cartwright		Pawleys Island Path, The Villages, FL 32162	Retired
-------------------------	--	---	---------

Father-in-Law

Deceased			
----------	--	--	--

Mother-in-Law

Claudia Johnson		Pleasant Ridge Road, Elkin, NC 28621-8835	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
---------------	------------	---------	------------

Kelli Cartwright		Woodland Way, Lake City, MN 55041	N/A
------------------	--	-----------------------------------	-----

Spouse

Rob Cartwright		Lakeshore Road, Denver, NC 28037	IT Manager
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Spouse

Lauren Cartwright	Unknown	7 Lakeshore Road, Denver, NC 28037	PA
-------------------	---------	------------------------------------	----

Tom Cartwright		23 Knollwood Dr., Elkin, NC 28621	Logistics Manager
----------------	--	-----------------------------------	-------------------

Spouse

Joanne Cartwright		3 Knollwood Dr., Elkin, NC 28621	Administrative Assitant
-------------------	--	----------------------------------	-------------------------

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Multiple	CO, NY	☒ Yes ☐ No
High School	Oviedo High	Oviedo, FL	☒ Yes ☐ No
College	Wingate University	Wingate, NC	☒ Yes ☐ No
University			☒ Yes ☐ No
Other			☐ Yes ☐ No

Type of degree obtained, if any BachelorsCollege or university where obtained Wingate University

Applicant's initial



Page 3

5 MILITARY INFORMATION:

1

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 Seminole State FL Date registered 08/25/1996

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** ☒

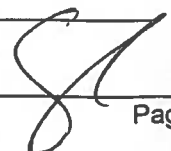
F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ **No** ☒ If yes, when? _____ city, county and state _____

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 _____



Page 4

- 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
--------------------------	-------------------	------	-----------------

2016 - Present

Colonial Lane

State Road

North Carolina

2010 - 2016

975 Carter Mill Road

Elkin

North Carolina

2008 - 2010

3340 Pleasant Ridge Road

Elkin

North Carolina

2006 - 2008

268 Pleasant Ridge Road

Elkin

North Carolina

2002 - 2006

1020 Seminole Creek Drive

Oviedo

Florida

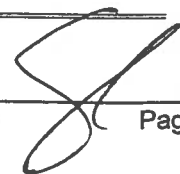
Prior - 2002

324 Harlequin Court

Oviedo

Florida

Applicant's initial



Page 5

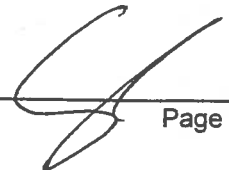
8. EMPLOYMENT:

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.

08/2006 - Present	Prism Medical Products, LLC, 112 Church Street, Ste. 101, Elkin, NC 28621	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Owner/President	Planning/Oversight	N/A
Title	Description of Duties	Name of Supervisor
08/2000 - 08/2006	The Dumont Company, 381 S Central Ave., Oviedo, FL 32765	Relocation
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Operations Manager	Logistics, Purchasing, Management	Ron Cartwright
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
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



Page 6

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 Ryan Magee	Home	Metairie, LA				20
Employer	Business	Integra Life Sciences				
Name Doug Montgomery	Home	Myrtle Beach, SC				15
Employer	Business	N/A				
Name John Dodd	Home	South Port, NC				18
Employer	Business	Retired				
Name Jack Jernigan	Home	Elkin, NC				15
Employer	Business	Retired				
Name Steve Montgomery	Home	7 Pond Shoals Ct., Myrtle Beach, SC 29579				8
Employer	Business	The Bonanza Group				

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

.....

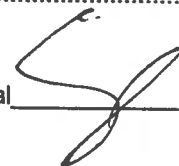
.....

.....

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.

.....
For Prism Medical Products, LLC: Please see attached lists of Prism locations and a License and Tax registration list. Some of these permits may be in a transition period due to the change of ownership.....

Applicant's initial



Page 7

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
Some state medicaid may request a license, however, that state licensng agency does not require a license.

If yes to the above, state where, when and for what reason:

North Carolina, Florida Board of Pharmacy

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

Stephanie Cartwright OD, Family Vision Care



Date of photograph 01/15/2021

Applicant's initial SA

ss.

COUNTY OF Surry

I, Christopher Cartwright, 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 cause 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 or 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,

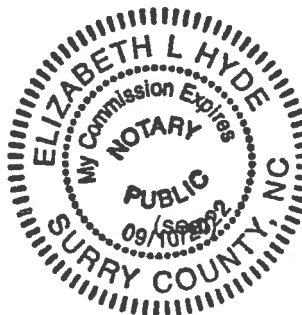
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 19th day of

January, 2021

Elizabeth L. Hyde
Notary Public



Applicant's initial

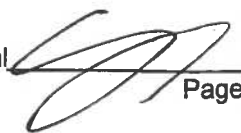


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ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial



Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1

Date 01/14/2021

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 herein 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 Change of Ownership Application

Prism Medical Products, LLC Nature of License
6345 South Pecos Road, Suite 203, Las Vegas, NV 89120
Prism Medical Products, LLC Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Reel Jr. Kenneth Herbert
Last Name First Name Middle Name

Ken
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Queens Road W. Charlotte NC/28207
Present Residence Address-Street or RFD City State/Zip

112 Church Street, Suite 101 Dates 10/2010 - Present Elkin NC/28621
Present Business Address City State/Zip

Executive Vice President/Owner Dates 01/01/2009
Occupation

Phone:
Residence

Business 888-244-6421

Orlando, Orange, Florida
Date of Birth Place of Birth (City, County, State)

43 M
Age Social Security Number or ITIN Sex

Hazel Brown W 185 6'4"
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 Y

Page 1

Aventura/Broward/FL

Date of Birth _____ Place of Birth Yankton, SD

Telephone: Residence None Business 336-466-4954

Address of employer 112 Church Street, Suite 101 Elkin NC 28621
Street City State Zip

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:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

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

Page 2

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

Kenneth Herbert Reel Sr.	0	Bonnet Rd. Astor, FL 32102	Realtor
--------------------------	---	----------------------------	---------

Mother

Barbara DiGilio		Ladbroke Ln. Kennett Square, PA 19348	Homemaker
-----------------	--	---------------------------------------	-----------

Father-in-Law

Jong Kim		Houndstooth Dr. Charlotte, NC 28227	Retired
----------	--	-------------------------------------	---------

Mother-in-Law

Soo Kim		Houndstooth Dr. Charlotte, NC 28227	Homemaker
---------	--	-------------------------------------	-----------

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
---------------	------------	---------	------------

Erik Reel	0	5 E. 50th St. Tulsa, OK 74134	Medical Sales Rep.
-----------	---	-------------------------------	--------------------

Spouse

Shawna Prather		E. 50th St. Tulsa, OK 74134	Medical Sales Rep.
----------------	--	-----------------------------	--------------------

Julie Burdette		Woodstone Dr. Easley, SC 29642	Homemaker
----------------	--	--------------------------------	-----------

Spouse

Scott Alexander		Woodstone Dr. Easley, SC 29642	Engineer
-----------------	--	--------------------------------	----------

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Lawton Elementary/Jackson Heights Middle School	Oviedo, FL 8/83-5/92	☒ Yes ☐ No
High School	Oviedo High School	Oviedo, FL 8/92-5/96	☒ Yes ☐ No
College	Univ. of Central Florida Orlando, FL 8/96-5/98	Valencia Community College Orlando, FL 6/98-12/98	☒ Yes ☐ No
University	Univ. of Florida Gainesville, FL 1/99-12/00		☒ Yes ☐ No
Other	NovaSoutheastern School of Law Fort Lauderdale, FL 8/01-5/04		☐ Yes ☐ No

Type of degree obtained, if any AA from Valencia CC. BA from Univ. of Florida. JD from NovaSoutheastern School of Law

College or university where obtained _____

Applicant's initial _____

Page 3

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 Seminole State FL Date registered 12/28/1995**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



Page 4

- 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
1/19-present	5 Queens Road. W.	Charlotte	NC
4/14-12/18	3004 Idlewood Circle	Charlotte	NC
4/11-3/14	1250 Red Oak Ln	Winston Salem	NC
4/09-3/11	817 Holly Ave	Winston Salem	NC
9/05-3/09	1420 Arpeika St	Fort Lauderdale	FL
2/05-8/05	8107 SW 72nd Ave Apt 205E	Miami	FL
5/04-1/05	4237 NW 115th Ave	Coral Springs	FL
8/01-5/04	2620 S University Dr	Davie	FL
1/01-7/01	24535 Bonnet Rd	Astor	FL
1/99-12/00	11 Fraternity Row	Gainesville	FL
1983-12/98	347 Timberwood Tr	Oviedo	FL

Applicant's initial



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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.

01/2009-Present	Prism Medical Products, LLC 112 Church Street, Ste 101, Elkin, NC 28621	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Executive Vice President	Company Oversight, Legal, Compliance HR, Sales	Chris Cartwright
Title	Description of Duties	Name of Supervisor
10/05-12/08	Law Office of Spingarn and Reel, PA 139 N Federal Hwy, Pompano Beach, FL 33062	Ownership opportunity with Prism
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Partner	Trial Specialist / Office Management	NA
Title	Description of Duties	Name of Supervisor
6/02-9/05	Law Office of David Rich 513 FL-7, Margate, FL 3306	Ownership opportunity with Spingarn and Reel
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Attorney	Trail Assistant / Client Manager	David Rich
Title	Description of Duties	Name of Supervisor
8/01-5/02	Mandatory unemployment due to law school policy (i.e. study focus obligation)	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/00-7/01	Dumont Co. Oviedo, FL (Address Closed)	Attend Law School
Title	Description of Duties	Name of Supervisor
Warehouse Asst.	Maintain Warehouse	Chris Cartwright
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/98-12/00	Self Employed 1099 (Carpentry) Address: Match Residence Addresses during this time period.	Prepare for Law School
Title	Description of Duties	Name of Supervisor
Carpenter	Carpentry	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/96-05/98	Axner Pottery. Oviedo, FL (Address Closed)	Moved
Title	Description of Duties	Name of Supervisor
Warehouse Asst	Pottery Related Shipping and Distribution	Howard Axner
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/96-05/98	Seminole County Schools/Oviedo High School 601 King St. Oviedo, FL	Moved
Title	Description of Duties	Name of Supervisor
JV Head and Varsity Asst Men's Volleyball Coach	Coaching	Dale Reichard
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



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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 Alec Prentice Prentice Estate Planning and Employer Elder Law	Home	Buttonwood Dr.	Melbourne FL			19
	Business	7630 N Wickham Rd #102.	Melbourne, FL	32940		
Name Chad Levy	Home	NW 68 CT.	Parkdland, FL	33076		20
Employer Levy and Levy, PA	Business	1000 Sawgrass Corporate Pkwy #588,	Sunrise, FL			
Name Joe Mallett	Home	1 SW Costa Cir E,	Wilsonville, OR			22
Employer Organogenesis	Business	85 Dan Rd,	Canton, MA	02021		
Name Mike Hayman	Home	SW Clay St Apt 301,	Portland, OR	97201		22
Employer Green Summit Engineering	Business	414 High Point Dr. St 2	Cocoa, FL	32926		
Name Mike Reynolds	Home	Florida Ave,	West Palm Beach, FL			22
Employer Green Summit Engineering	Business	414 High Point Dr. St 2	Cocoa, FL	32926		

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

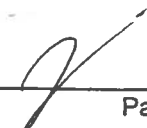
If yes, state type, where and years held

Florida Bar Association. Since 2005

12. Have you ever applied for a city, county or 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.

For Prism Medical Products, LLC: Please see attached license and tax registration list. Some of these permits may be in a transition period due to the change of ownership.

Applicant's initial



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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 ☐ General matters regarding licensure/policy while representing Prism

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? ☒ Yes ☐ No ☐ Some state medicaid may request a license, however, that state licensng agency does not require a license.

If yes to the above, state where, when and for what reason:
North Carolina Board of Pharmacy

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

Both my wife and brother are employed at Prism.



Date of photograph 01/15/2021

Applicant's initial [Signature]

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STATE OF North Carolina

ss.

COUNTY OF Surry

I, Kenneth Reel, 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 or 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,

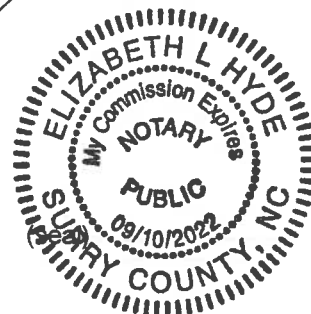
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 19th day of

January, 2021
Elizabeth L. Hyde
Notary Public



Applicant's initial



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ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial *J* Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 01/28/2021

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 herein 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 Change of Ownership Application

Prism Medical Products, LLC

Nature of License

6345 South Pecos Road, Suite 203, Las Vegas, NV 89120

Name and Address of Establishment for Which License Is Requested

Prism Medical Products, LLC

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

St. Cyr James Robert
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

1 Laurel Hill Lane State Road NC/28676
Present Residence Address-Street or RFD City State/Zip

112 Church Street, Suite 101 Dates 05/2010 - Present Elkin NC/28621
Present Business Address City State/Zip

Executive Vice President/Owner Dates
Occupation

Phone:
Residence

Business 888-244-6421

Nashua, Hillsborough, NH
Date of Birth Place of Birth (City, County, State)

41 SSN 123-45-6789 M
Age Social Security Number or ITIN Sex

Blue Brown W 210 6'4"
Color of Eyes Color of Hair Complexion Weight Build 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

Page 1

A. Current Marriage 09/16/2006 Saratoga Springs, NY, Saratoga County
 Date City, County and State
 Spouse's full name (Maiden) Claire St. Cyr SS# or ITIN
 Date of Birth _____ Place of Birth Meriden, CT
 Resident address Laurel Hill Lane State Road NC 28676
 Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer Bonanza Group, LLC Occupation Executive Director
 Address of employer 112 Church Street, Suite 102 Elkin NC 28621
 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
James P. St. Cyr	11/03/2013	Elkin, NC	128 Laurel Hill Lane, Elkin, NC 28676
Ryan P. St. Cyr	11/22/2016	Elkin, NC	128 Laurel Hill Lane, Elkin, NC 28676

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



Page 2

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

Jeffery St. Cyr		Pittman Road, E. Hampstead, NC 28443	Retired
-----------------	--	--------------------------------------	---------

Mother

Jean Dieckelman		Johnson Ridge Road, Elkin, NC 28621	Disabled
-----------------	--	-------------------------------------	----------

Father-in-Law

Peter Nowakowski		Cider Mill Way, Saratoga Springs, NY 12866	Retired
------------------	--	--	---------

Mother-in-Law

Rita Maguire		Cider Mill Way, Saratoga Springs, NY 12866	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
---------------	------------	---------	------------

Emily Closson		Elk Spur Street, Elkin, NC 28621	Teacher
---------------	--	----------------------------------	---------

Spouse

Michael Fee		Elk Spur Street, Elkin, NC 28621	Operations Coordinator
-------------	--	----------------------------------	------------------------

Chelsea Closson		Johnson Ave., Graham, NC 27253	Unemployed
-----------------	--	--------------------------------	------------

Spouse

Josh VonCannon		Johnson Ave., Graham, NC 27253	Managing Partner
----------------	--	--------------------------------	------------------

Amelia St. Cyr	Unknown	Unknown	Barista
----------------	---------	---------	---------

Spouse

Eric St. Cyr	Unknown	Unknown	Sales
--------------	---------	---------	-------

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate	
Grammar School	Milford Elementary	Milford, NH	1988-1994	Yes ☒ No ☐
High School	Milford High School	Milford, NH	1994-1998	Yes ☒ No ☐
College	Wingate University	Wingate, NC	1998-2002	Yes ☒ No ☐
University				Yes ☐ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any BS, Business MarketingCollege or university where obtained Wingate University

Applicant's initial



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5 MILITARY INFORMATION:

1

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

B

Page 4

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
03/2013 - Present	3 Laurel Hill Lane	State Road	NC
05/2012 - 03/2013	1354 C. B. Eller School Road	Elkin	NC
05/2010 - 05/2012	428 Elk Spur Street	Elkin	NC
09/2006 - 04/2010	20265 Royal Cillagio Steet, #108	Estero	FL

Applicant's initial



Page 5

8. EMPLOYMENT:

1

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.

05/2010 - Present	Prism Medical Products, LLC 112 Church Street, Ste 101, Elkin, NC 28621	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Executive Vice President	Company Oversight: Operations, IT	Chris Cartwright
Title	Description of Duties	Name of Supervisor
08/2009 - 05/2010	The Club at Grandezza - Grande Oak Blvd., Estero, FL	Prism Medical Opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Head Golf Professional	Golf Club Operations	Charlie Howlin
Title	Description of Duties	Name of Supervisor
08/2008 - 08/2009	Miromar Lakes Golf Club - 18520 Miromar Lakes Pkway	The Club at Grandezza
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Head Golf Professional	Golf Club Operations	Ken McMaster
Title	Description of Duties	Name of Supervisor
08/2008 - 08/2009	The Club at Grandezza - Grande Oak Blvd., Estero, FL	Miromar Lakes Golf Club
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
First Assistant Professional	Golf Club Operations	Dan Gawronski
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



Page 6

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 Shawn Raleigh	Home	Deerfield, NH	03034			25+
Employer Liberty Utilities	Business					
Name Doug Montgomery	Home	Myrtle Beach, SC	29572			20+
Employer Unemployed	Business					
Name Richard Christy	Home	Pembroke, NC	28372			20+
Employer UNC Pembroke	Business					
Name Ben Lisk	Home	Albemarle, NC	28001			20+
Employer Shelton Insurance	Business					
Name Jeff Eidson	Home	Elkin, NC	28621			5
Employer G&B Engery	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

.....

.....

.....

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.

.....

For Prism Medical Products, LLC: Please see attached license and tax registration list. Some of these permits may be in a transition period due to the change of ownership.

.....

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 01/15/2021

Applicant's initial

☒

ss.

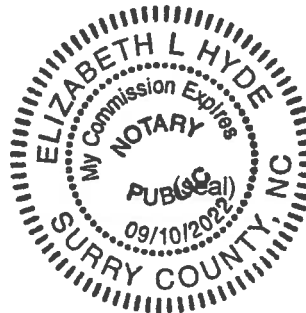
COUNTY OF Surry

I, James St. Cyr, 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 or 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 28th day ofJanuary, 2021Elizabeth L. Hyde
Notary Public

Applicant's initial



Page 9

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant's initial _____ Page 10



P. O. Box 476
 ELKIN, NC 28621
 PHONE: 1-888-244-6421
 FAX: 1-800-975-6321
 WWW.PRISM-MEDICAL.COM

Change of Ownership Application Introduction & Index

Prism Medical Products, LLC entered a partnership agreement on December 31, 2020, between Henry Schein, Inc. and Prism Medical Products Holdings, Inc. We have struggled with the appropriate completion of the application to best communicate our ownership structure. Prism Medical Products, LLC's tax classification is a partnership. This partnership is between two corporations, one partner is publicly traded and one non-public. The partnership section of the application asks for Personal History Records for each partner. We included Personal History Records for each partner of the non-public corporation, Prism Medical Products Holdings, Inc. For the publicly traded partner, Henry Schein, Inc., we provided a list of Directors and Management and the Certificate of Good Standing as requested on the publicly traded page of the application, p. 4. We did not complete the application publicly and non-publicly traded corporation pages as a result of guidance from the Board that only one of the four ownership type pages should be completed. We also did not put N/A on these pages, because they both apply to the owning partners. We hope that the information provided in this application will satisfy the board's requirement.

Prism Medical Products, LLC has been licensed by Nevada Board of Pharmacy since 2014. Henry Schein, Inc. holds 7 Nevada Board of Pharmacy permits. Both entities have been previously vetted by Nevada Board of Pharmacy. Both entities have also had conducted MDEG business transactions within Nevada, as appropriately licensed. As our original notice indicated, this is a partial ownership adjustment and does not affect the daily management of Prism Medical Products, LLC.

If additional information is required, please request via email to: compliance@prism-medical.com.

Regards,

Lucy Ketner
 Director of Compliance & Government Affairs
 (336) 258-4314

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Original Notification, p. 2-3

Application, p. 4-12

Application Supporting Documentation:

- Medicaid Provider IDs, p. 13
- Pre-Closing/Post-Closing Structure, p. 14
- Ownership information with Board of Directors/Management Teams, p. 15-17
- Certificate of Insurance, p. 18
- Secretary of State:
 - Henry Schein, Inc. Certificate, p. 20
 - Prism Medical Products Holdings, Inc., p. 21
- Prism, LLC-2020 NV BOP Site Visit, p. 22-31

Personal History Records, p. 32-62

- Christopher Cartwright
- Kenneth Reel
- James St. Cyr

Personal History Record Supporting Documentation, p.63-68

- Locations, License & Tax List

Original Change of Ownership Notice



P. O. Box 476
 ELKIN, NC 28621
 PHONE: 1-888-244-6421
 FAX: 1-800-975-6321
 WWW.PRISM-MEDICAL.COM

December 17, 2020

VIA EMAIL

Nevada Board of Pharmacy
 985 Damonte Ranch Pkwy, Suite 206
 Reno, Nevada 89521
pharmacy@pharmacy.nv.gov
rseidlinger@pharmacy.nv.gov

Re: MDEG Licensed Entity: Prism Medical Products, L.L.C.
FEIN: 753221011
Address: 112 Church Street, Suite 101, Elkin, NC 28621
Notice of Change of Ownership for Permit No. MP1223 and MP1354

To Whom It May Concern:

Prism Medical Products, L.L.C., a Delaware limited liability company, is licensed by your agency (the "Operating Entity"), and its current owners, Christopher Cartwright and Kenneth Reel, are entering into a Membership Interest Purchase Agreement with buyers Henry Schein, Inc., a publicly-traded Delaware corporation and Prism Medical Products Holdings, Inc., a Delaware corporation. The effective date of the proposed Transaction is projected to be on or about December 31, 2020 (the "Transaction"). Following the Transaction, Henry Schein, Inc. will hold a 70% ownership interest in the Operating Entity and Prism Medical Products Holdings, Inc. will hold a 30% ownership interest in the Operating Entity. Both Mr. Cartwright and Mr. Reel will remain as managing employees at the Operating Entity as well as majority owners of Prism Medical Products Holdings, Inc. We are transmitting to your attention this notice regarding the upcoming proposed Transaction.

Following the close of the Transaction on or around December 31, 2020, it is anticipated that the Operating Entity will continue to service its customers and operate as it previously did. Except for the implementation of a new Board, the following information will remain unchanged at the Operating Entity: officers//managing employees; exemptees, federal tax ID; National Provider Identifier; Medicare enrollment status; location; billing address; bank account information; and scope of services.

The parties to the proposed Transaction are aware that certain requirements exist when a contemplated change in the direct ownership structure of the Operating Entity occurs and have agreed to mutually coordinate their efforts to ensure that the Operating Entity files all requisite notices and/or application update materials, if any, to the appropriate state and federal regulatory agencies within the requisite timeframes as it relates to the Transaction.

Should you have any questions or required additional information, please use the contact information listed below.



HOME MEDICAL SUPPLY SPECIALISTS

P. O. Box 476
ELKIN, NC 28621
PHONE: 1-888-244-6421
FAX: 1-800-975-6321
WWW.PRISM-MEDICAL.COM

Sincerely,

Lucy Ketner

Lucy Ketner

Director of Compliance & Government Affairs

lucy@prism-medical.com

Office: (336) 258-4314

40

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 by all types of ownership

Facility Name: Essential Pharmaceuticals, LLC

Physical Address: 11009 Slater Road, Suite 2108

City: Durham State: NC Zip Code: 27703

Telephone Number: 919-941-7878 Fax Number: 919-941-7885

Toll Free Number: _____

E-mail: hemangi@intaspharma.com Website: www.accord-healthcare

Facility Manager: IMICHAEL RACKLEY / V.P.

Professional qualifications and experience of facility manager: Responsible for the day to day operations of the Virtual Manufacturer.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Organ Procurement Organizations

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?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your 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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Cardinal Specialty Pharmaceutical Services - 3PL

Address: 15 Ingram Blvd, LaVergne, TN 37090

Name: Dr. Franz Kohler Chemie GmbH - CMO of Record

Address: Werner-von-Siemans-Str. 22-28, D-64625 Bensheim, Germany

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 ☒

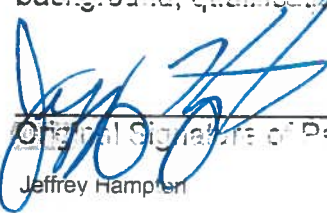
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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
Jeffrey Hamper

Print Name of Authorized Person _____ Date 12/22/2020

Board Use Only	Date Processed: _____	Amount: <u>500</u>
----------------	-----------------------	--------------------

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Accord Healthcare, Inc.

Mailing Address: 11009 Slater Road, Suite 2108

City: Durham State: NC Zip: 27703

Telephone: 919-941-7878 Fax: 919-941-7885

Contact Person: Hemangi Gaitonde

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 owned fully by parent company - Accord Healthcare Inc. at 100%

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. 0

3) What was the price paid per share? 0

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.

Essential Pharmaceuticals, LLC

1009 Slater Road, Suite 201B

Durham, NC 27703

FEIN: 20-5404324

Incorporated in the State of Delaware on 10/13/2006

Accord Healthcare Inc. – Parent Company

1009 Slater Road, Suite 201, Durham, NC 27703

FEIN: 20-2480435

Ownership: 100 %

Jeffrey Hampton - President

Business Address: 1009 Slater Road, Suite 201B Durham, NC 27703

Business Phone: 919-941-7878

Ownership: 0%

2021

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE:

TYPE

Expiration Date

Distributor

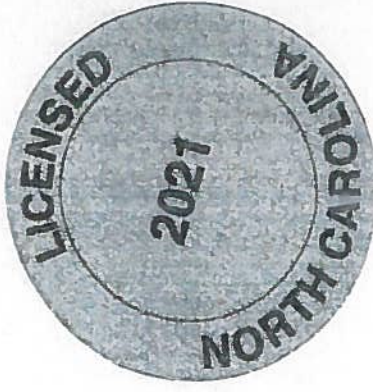
PRESCRIPTION DRUG LICENSE

12/31/2021

LICENSEE
OR
CERTIFICATOR

ESSENTIAL PHARMACEUTICALS LLC
1009 SLATER ROAD STE 210B
DURHAM NC 27703

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division



LICENSE/CERTIFICATE NO.
530

Steve W. Troxler
STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW



NORTH CAROLINA

Department of the Secretary of State

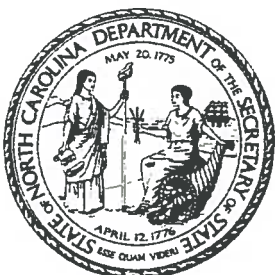
CERTIFICATE OF AUTHORIZATION (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ESSENTIAL PHARMACEUTICALS, LLC

is a limited liability company formed under the laws of Delaware as Essential Pharmaceuticals, LLC and was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on 20th day of July, 2017.

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company has not withdrawn from the State of North Carolina, (ii) the said limited liability company's certificate of authority has not been suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively revoked 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 revocation, withdrawal, 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 23rd day of February, 2021.

Elaine F. Marshall

Secretary of State

Michael A Rackley

Bridle Creek Drive, Cary, NC 27513

QUALIFICATIONS SUMMARY

- ❑ C-Level medical device/pharmaceutical and biotechnology industry executive with 25 years of progressive leadership, general management and cross functional professional experience. \$20BB+ in total deal value and capital procurement.
- ❑ Significant global expertise in all facets of the medical device/pharmaceutical and biotechnology industries including commercial operations, product development, manufacturing supply chain and "go to market" strategy.
- ❑ Experience with a broad range of organizational environments including both entrepreneurial and mature organizations.
- ❑ Broad functional expertise including leadership roles in Sales, Marketing, Operations, Finance, Business Development, Clinical Development, Business Strategy, IT and Human Resources.

EDUCATION AND CERTIFICATIONS

- ❑ BSBA, West Virginia University (1988)
 - Management Major
 - Margret Cole Buchanan Distinguished Alumni (1998)
- ❑ Post Graduate Coursework
 - Organization Dynamics Program (3 courses)
 - Executive MBA Course in Negotiation
 - Executive MBA Course in Marketing

PROFESSIONAL EXPERIENCE

Essential Pharmaceuticals, LLC-RTP, North Carolina (July 2017 – Present)

Senior Executive & Vice President

- Acquisition of Essential Pharmaceuticals on behalf of INTAS/Accord
- Responsible for managing a cold supply chain of Custodiol HTK including product forecast and importation from our German supplier and all sales, marketing and distribution.
- Full P&L responsibilities including management a team of OPO Specialists, Transplant Nurses and Perfusionists
- Essential has successfully maintained market share in the midst of an unforeseen direct competitive product, all other global markets experience 50% or greater market share erosion.
- Recent in-license and launch of HemoBag, hemo-concentration heart-lung plug and play disposable for heart surgery.
- Extensive relationships with all US based OPOs and top KOLs throughout the transplant community.

Accord Healthcare, Inc. (wholly owned by Intas Pharmaceuticals) – RTP, North Carolina (August 2015 – Present)

Retained Consultant

- North American M&A consulting
- Active in-license and commercialization of a Drug Device
- Establishing collaborations with CMO for US commercial rights
- Facility procurement

Stasys Medical Corporation, Inc.-Seattle, Washington (November 2016 – May 2018)

CEO/Board Member

- Packaging a microfluidics based platelet assessment and coagulopathy medical device company for commercial exit to a global strategic partner
- Coordination of design freeze on both the reader and disposable microfluidics card and compilation of the 510K device submissions for FDA and CE approval
- Capital procurement, engineering scale-up, full P&L responsibilities including management of NSF grants and device development and clinical evaluation
- The Stasys technology is based on a novel microfluidics based platform that delivers clinical data within 5 minutes and across all platelet functions on license from the University of Washington

Fertility Focus, LTD - Warwick, UK (March 2011 – December 2018)

Non-Executive Director

- Provided key funding and guidance enabling Fertility Focus to develop the most accurate ovulation prediction technology in the world.
- Hands on work with the CEO to expand the product offerings into the m-health medical device market.
- Positioned Norgenix as an equity stake holder and the exclusive distributor in the United States.

Norgenix, LLC (wholly owned by JM Smith Corporation) – Spartanburg, South Carolina (March 2008 – July 2015)

Chief Operating Officer and Senior Vice President of the Corporation, Member of the Board of Managers

- Norgenix is a wholly owned subsidiary of the JM Smith Corporation was successfully divested at a 4 plus multiple to maintaining key equity investments.
- Architect and Implementer of the Norgenix business plan, infrastructure and the successful in-license of over a dozen Class II and Class III first-in-class/best-in-class medical device products. Credited with the successful commercialization of all products, including pioneering FETAL ECG.
- Execution of numerous co-marketing and co-distribution agreements with equity positions in addition to exclusive market authorization rights.
- In-license and commercialization of small molecule and biologic drugs
- Developed three distinct business units, state-of-the art fetal monitoring, and revolutionary technology in assisted reproduction and a pharmaceutical specialty component.

- Established commercial intra-functional business across a global supply chain for all products.

Kurve Technology (May 2005-March 2008) (*Privately held company focused on intranasal drug delivery*)

Global Vice President Business Development

- Grew pharmaceutical sector revenues from \$500K in 2005 to \$3.5M in 2008.
- Credited with facilitating a successful exit to private equity at a greater than 5 multiple.
- Solely responsible for creating a client base to include four top 10 pharmaceutical companies.
- Recipient of the 2006 Frost and Sullivan Worldwide Business Development Award.

Eff Rx, Inc. (1999 – 2005)

Executive Management roles in pharmaceutical development, marketing, business development and manufacturing.

Executive Vice President

- Transformed a failing vitamin company into a world class pharmaceutical development corporation enabling a successful exit for all investors.
- Authored key patents and developed a flavor masking technology that was compatible with most any small molecule.
- Raised capital, restructure debt, wrote business plans and conducted road shows.

Bristol-Myers Squibb (1995 – 1999)

Senior Territory Executive/Corporate Training and Development

- Consistent top 5% sales success for all products.
- Responsibility for product training of new hires.
- International launch team member for Plavix.
- Senior Manager for the East Florida Market.
- Increasing roles of responsibility in sales, sales management and corporate training.

A.H. Robins (1991 – 1995)

Territory Manager Cardiovascular

- Responsibility for 8 cardiovascular products.
- Drug Wholesaler responsibilities.
- Territory Manager for the East Florida Market.
- Increasing roles of responsibility in sales, sales management and product launch

Professional Affiliations

- BIO
- LES
- DIA

Community and Civic Service

- High Point University President's Council
- Chairman March of Dimes March for Babies 2012, 2014
- WVU Alumni Board Service 1995 - 2012



FDA Home³ Medical Devices⁴ Databases⁵

Establishment Registration & Device Listing

New Search

[Back To Search Results](#)

Establishment:

ESSENTIAL PHARMACEUTICALS, LLC

1009 Slater Road

Suite 210-B

Durham, NC 27703

Registration Number: 3006002657

FEI Number*: 3006002657

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information.

Date Of Registration Status: 2021

*Verified
3/10/21
NES*

Owner/Operator:

ESSENTIAL PHARMACEUTICALS, LLC⁶

1009 Slater Road

Suite 210-B

Durham, NC US 27703

Owner/Operator Number: 9094543⁷

Official Correspondent:

Sabita Nair

ESSENTIAL PHARMACEUTICALS, LLC

1009 Slater Road

Suite 210-B

Durham, NC 27703

Phone: 919-8417880

* Firm Establishment Identifier (FEI) should be used for identification of entities within the Imports message set

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6. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9094543&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9094543&OwnerOperator)
7. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9094543&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9094543&OwnerOperator)

Page Last Updated: 11/30/2020

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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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6. [/scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9094543&OwnerOperator](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9094543&OwnerOperator)

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/rl.cfm?rid=67501>



Commercial List

NDC #	PRODUCT NAME	STRENGTH	SIZE	CASE PACK
25767-735-24	Custodiol® HTK	½ Liter	1 Bottle	10
25767-735-45	Custodiol® HTK	1 Liter	1 Bag	6
25767-735-49	Custodiol® HTK	2 Liter	1 Bag	4
25767-735-46	Custodiol® HTK	5 Liter	1 Bag	2

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. 107360455

Application/License No. _____

ESSENTIAL PHARMACEUTICALS LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1009 SLATER RD STE 210B DURHAM, NC 27703-8446, 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 December 21, 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.

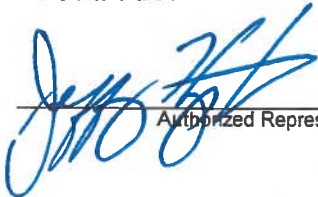
In witness whereof, each party to this bond has caused it to be executed on this 21 day of December, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Travelers Casualty and Surety Company of America


Authorized Representative


Surety Company's Representative
Frederick Grimes, Attorney-in-fact
print name

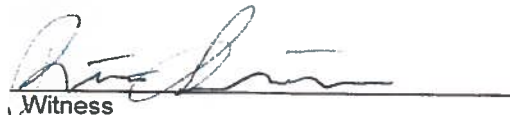
SIGNED and SEALED in the presence of:


Witness

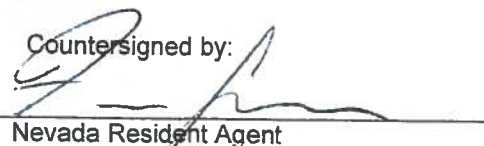
SIGNED and SEALED in the presence of:


Witness


Witness


Witness

Countersigned by:


Nevada Resident Agent

Posted February 20, 2020



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4P

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 <u>box</u> 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 by all types of ownership

Facility Name: Fresenius USA Manufacturing, Inc. d/b/a Fresenius Medical Care North America

Physical Address: 475 W. 13th Street

City: Ogden State: UT Zip Code: 84404

Telephone Number: 781-699-4096 Fax Number: 781-699-9645

Toll Free Number: 800-662-1237

E-mail: Bridget.Taylor@fmc-na.com Website: www.fmcna.com

Facility Manager: James Greenbaum

Professional qualifications and experience of facility manager: Bachelor of Science in Biology with a Minor in Secondary Education; Masters of Pharmacy. 3 years working with the applicant. 25 years working 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 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) [Attachment #3](#)

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: Fresenius USA Manufacturing, Inc. d/b/a Fresenius Medical Care North America

Address: 375 North Depot Drive | Ogden, UT 84404

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 ☒

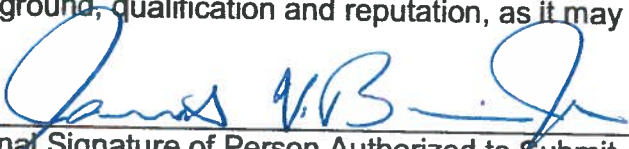
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

James V. Brewin, Jr.

Print Name of Authorized Person

01/28/21
Date

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Fresenius Medical Care Renal Therapies Group, LLC
Mailing Address: 920 Winter Street
City: Waltham State: MA Zip: 02451
Telephone: 781-699-4096 Fax: 781-699-9645
Contact Person: Bridget Taylor

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- | | <u>Fresenius Medical Care</u> | <u>% of shares:</u> | |
|----|-----------------------------------|---------------------|---|
| a) | <u>Renal Therapies Group, LLC</u> | <u>100%</u> | <u>920 Winter Street, Waltham, MA 02451</u> |
| | Name | | Business Address |
| b) | <u></u> | | |
| | Name | | Business Address |
| c) | <u></u> | | |
| | Name | | Business Address |
| d) | <u></u> | | |
| | Name | | Business Address |
- 2) Provide the number of shares issued by the corporation. 3000
- 3) What was the price paid per share? \$.01/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 Attachment #4

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. Attachment #5

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: **N/A**

- 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. **Attachment #3**
- 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". **Attachment #6**

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following: **N/A**

- 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".



Fresenius USA Manufacturing, Inc.
d/b/a Fresenius Medical Care North America
475 W. 13th Street
Ogden, UT 84404

Nevada Board of Pharmacy - New Application – Out-Of-State Wholesaler License

Attachment #1: Letter of good standing from the state or regulatory board in which your company is located.

(2 pages attached)

Fresenius Medical Care North America

Corporate Headquarters: 920 Winter Street Waltham, MA 02451 (781) 699-9000

RECEIVED

AUG 18 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: Fresenius USA Manufacturing, Inc. d/b/a Fresenius Medical Care North America
Address: 475 W. 13th Street
City: Ogden State: UT Zip: 84404
I hereby authorize the Utah Department of Commerce
Division of Occupational and Professional Licensing to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant Jamini Murray

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
379839 -1710	ACTIVE	01/29/1999	09/30/2021

Has this license been encumbered in any way?
☐ Yes ☒ No
Type of Encumbrance: (if any)
☐ 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

Date: 08/18/2020
Receipt Number: 8472361
Amount Paid: \$20.00

Signature of State Official [Signature] Title LIC Specialist State UT Date 08/21/2020



UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LICENSEE LOOKUP & VERIFICATION SYSTEM

Details for Fresenius Med Care N America

License Information

Name:	Fresenius Med Care N America
City, State, Zip, Country:	Ogden UT 84404 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class C
License Number:	377839-1710
Obtained By:	Unknown
License Status:	Active
Original Issue Date:	09/29/1999
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

Specialty(s):

Distributor



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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.



Fresenius USA Manufacturing, Inc.
d/b/a Fresenius Medical Care North America
475 W. 13th Street
Ogden, UT 84404

Nevada Board of Pharmacy - New Application – Out-Of-State Wholesaler License

Attachment #2: Copy of current license or registration for the wholesaler in the state of residence.

STATE OF UTAH DEPARTMENT OF COMMERCE DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING	
ACTIVE LICENSE	
EFFECTIVE DATE:	06/01/2005
EXPIRATION DATE:	09/30/2021
ISSUED TO:	Fresenius Med Care N America 475 W 13TH ST Ogden UT 84404
	
REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)	
377839-1710 Pharmacy - Class C	
Distributor	 SIGNATURE OF HOLDER

Fresenius Medical Care North America

Corporate Headquarters: 920 Winter Street Waltham, MA 02451 (781) 699-9000



Fresenius USA Manufacturing, Inc.
d/b/a Fresenius Medical Care North America
475 W. 13th Street
Ogden, UT 84404

Nevada Board of Pharmacy - New Application – Out-Of-State Wholesaler License

Attachment #3: Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)

Facility is licensed as a Manufacturer of drugs as well as devices by the FDA. See both registrations below.

The screenshot shows the FDA's Drug Establishments Current Registration Site. The search results for "fresenius medical care north america" are displayed. The results table shows one entry for Fresenius Medical Care North America, with details on its FDA Establishment Number, DUNS, Business Operations, Address, and Expiration Date.

Firm Name	FDA Establishment Number	DUNS	Business Operations	Address	Expiration Date
Fresenius Medical Care North America	0713747	078431295	ANALYSIS, LABEL, MANUFACTURE, PACK, STERILIZE	475 West 13th Street, Ogden, Utah (UT) 84404, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries (filtered from 3 total entries)
Data Current through: Tuesday, Feb 9, 2021
Return to Drug Firm Annual Registration Status Home Page

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Fresenius Medical Care North America

Corporate Headquarters: 920 Winter Street Waltham, MA 02451 (781) 699-9000

Drug Establishments Current Registration Site

New Search

Search Results for fresenius medical

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Fresenius Medical Care de Mexico, S.A. de C.V.	3007102377	812652287	ANALYSIS; LABEL; MANUFACTURE; PACK; STERILIZE;	Paseo del Norte No. 5300, Zapopan, Jalisco 45010 Mexico (MEX)	12/31/2021
Fresenius Medical Care Deutschland GmbH	3002807005	341203858	ANALYSIS;	Frankfurter Str. 6-8, St. Wendel, 66608, Germany (DEU)	12/31/2021
Fresenius Medical Care North America	3017125096	117573398	MANUFACTURE;	5304 E Governor John Sevier HWY, Knoxville, Tennessee (TN) 37914, United States (USA)	12/31/2021
Fresenius Medical Care North America	1713747	078401205	ANALYSIS; LABEL; MANUFACTURE; PACK; STERILIZE;	475 West 13th Street, Ogden, Utah (UT) 84404, United States (USA)	12/31/2021
Fresenius Medical Care North America	3013546115	033235127	ANALYSIS; LABEL; MANUFACTURE; PACK; STERILIZE;	5105 S NATIONAL DR, Knoxville, Tennessee (TN) 37914, United States (USA)	12/31/2021

Data Current through: Wednesday, Feb 24, 2021

[Return to Drug Firm Annual Registration Status Home Page](#)



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Establishment Registration & Device Listing

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[Back To Search Results](#)

Establishment:
 Fresenius USA Manufacturing, Inc.
Business Trade Names:
 (1) FRESENIUS MEDICAL CARE NORTH AMERICA (2) FRESENIUS USA, INC.

 475 WEST 13TH ST.
 Ogden , UT 84404
Registration Number: 1713747
FEI Number*: 1713747
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
[Fresenius Medical Care North America](#)
 920 WINTER STREET
 Waltham, MA US 02451
Owner/Operator Number: 9030510

Official Correspondent:
 Denise Oppermann
 920 WINTER STREET
 Waltham, MA 02451
 Phone: 781-6994479

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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(page 2 of 2)

Fresenius Medical Care North America

Corporate Headquarters: 920 Winter Street Waltham, MA 02451 (781) 699-9000



Fresenius USA Manufacturing, Inc.
 d/b/a Fresenius Medical Care North America
 475 W. 13th Street
 Ogden, UT 84404

Nevada Board of Pharmacy - New Application – Out-Of-State Wholesaler License

Attachment #4: List of officers and directors.

Board Member	Title
William Valle	Director & Chief Executive Officer
Mark Costanzo	President
Thomas Brouillard, Jr.	Chief Financial Officer
Troy McGhee	Senior Vice President
Mark Fawcett	Senior Vice President and Treasurer
Karen Gledhill	Senior Vice President and Secretary
James V. Brewin, Jr.	Vice President
Bryan Mello	Assistant Treasurer
Dorothy Rizzo	Assistant Treasurer
Domenic Gaeta	Assistant Secretary

Effective 06/07/19

(page 1 of 2)

Fresenius Medical Care North America

Corporate Headquarters: 920 Winter Street Waltham, MA 02451 (781) 699-9000



In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant.

Employee Name	Title
James Greenbaum	Director, Site Quality; Facility Manager
David Jenson	Director, Logistics
Jonathan Yearsley	Director, Production
Jeremy Schaefer	Sr. Manager, Production
DyAnn Voorhies	Materials Manager

(page 2 of 2)

Fresenius Medical Care North America

Corporate Headquarters: 920 Winter Street Waltham, MA 02451 (781) 699-9000



Fresenius USA Manufacturing, Inc.
d/b/a Fresenius Medical Care North America
475 W. 13th Street
Ogden, UT 84404

Nevada Board of Pharmacy - New Application – Out-Of-State Wholesaler License

Attachment #5: 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.

(1 page attached)

Fresenius Medical Care North America

Corporate Headquarters: 920 Winter Street Waltham, MA 02451 (781) 699-9000

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS USA MANUFACTURING, 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 FIFTH DAY OF FEBRUARY, 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.



3068682 8300

SR# 20210347321

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202450394

Date: 02-05-21

James Greenbaum

1 S Oak Creek Dr. ♦ Sandy, Utah 84093 ♦

76 ♦

Profile

Motivated, personable business professional with a successful 25-year track record of working within a highly regulated industry. Capable of managing critical projects, motivating team members, and meeting milestones and goals.

Strong management, technical, and regulatory skills developed through experience in various pharmaceutical/medical device environments, Six Sigma and continuous improvement projects, regulatory inspections, education, and responsibilities.

Flexible and versatile – Poised and competent with demonstrated ability to easily transcend cultural differences. Succeed in deadline-driven environments. Excellent team-building skills; able to appropriately tailor communication to the target audience.

Skills Summary

- | | | |
|---|--|----------------------------------|
| ♦ Quality Systems | ♦ Strong understanding of Medical Device, Biologicals, Sterile | ♦ Lean Principles and Techniques |
| ♦ Change Control | Injectables, Lyophilized Products | ♦ Operational Excellence |
| ♦ Manufacturing and Laboratory Investigations | Transdermal Delivery Systems, | ♦ Computer Validation |
| ♦ Regulatory Inspections | Topical Products, and Solid Dosage Forms. | ♦ Consent Decree Management |
| ♦ Six Sigma Black Belt | ♦ Equipment Qualification | ♦ Project Management |
| ♦ Six Sigma Green Belt | ♦ Process/Method Validation | ♦ JMP Statistical Analysis |
| ♦ US/International Regulations | | |

Professional Experience

REGULATORY & QUALITY APTITUDE

- ♦ Hosted multiple Regulatory and 3rd party inspections:
 - TUV (MDSAP) – General GMP Device
 - USFDA – General GMP and Prior Approval Inspections
 - Turkish Ministry of Health – GMP certification
 - ANVISA (Brazil) – GMP certification for hormones
 - MHRA (EMA) – GMP certification and risk reduction (moved to 3 yr cycle)
 - Health Canada - GMP certification
 - Third Party – Marketing partners, Qualified Persons, Authorization holders, and third party manufacturing. Typically a total of 3 per year over these aspects.
- ♦ Strong understanding of US and international regulations for drug/combination products and Quality Systems.
- ♦ Prepare and review FDA and international regulatory communications.
- ♦ Oversight of technical aspects of the Quality Unit including complaint handling, CAPA/Investigations, Qualification and Validation, Annual Product Review, Supplier Management, Internal and External Audits, Quality Risk Management, and Change Control.
- ♦ Quality Assurance oversight of product disposition (batch review and release/rejection), material retains, DEA inventory, AQL sampling and evaluation, Batch record issuance, product non conformation investigations, vendor non-conformance investigations, and Quality on-the-floor batch audits.
- ♦ Creation/Review of Technical Quality Agreements.
- ♦ Liaison with Market Authorization holders for Salt Lake City products:
 - Support external partner requirements as defined in Technical Quality Agreements.
 - Manage internal deadlines associated with investigations and complaint handling for external partner products.

James Greenbaum

TECHNICAL APTITUDE

- ◆ Quality technical oversight of the \$45 Million Lidocaine expansion. Aspects included Basis of Design documents, Facility modification/expansion and qualification, Equipment procurement and qualification, Process scale-up and process validation, supply chain management for raw materials, and statistical analysis of process data as part of continuous process validation.
- ◆ Region lead for the development and rollout of a harmonized TrackWise version 8 investigation flow. The harmonized flow was implemented over 50+ manufacturing locations by the end of August 2015.
- ◆ Create process flows and value stream maps for product processes and Quality systems. Utilization of these documents in the identification of bottle-necks, resource constraints, and non-value added activities. Create projects focused on the remediation of areas identified for improvement. Manage projects through implementation and final measurements validating the success of the project.
- ◆ Instructed members of the Quality Unit on Lean Principles and Techniques facilitating the creation of continuous improvement projects for Salt Lake City quality systems and processes.
- ◆ Strong understanding of Project Management; creation of project schedules, assembly of effective cross functional teams, successful in driving teams to meet deadlines, capable of keeping teams motivated and engaged.
- ◆ Quality organization representative in project meetings in support of continuous improvement initiatives, product launches, equipment procurement, process scale-up and development, and Regulatory filings.
- ◆ Analysis of process data, communication of statistical data outputs, identification of process and equipment improvements leading to improved yields and improvements in product quality.
- ◆ Quality System Architect; designed a global risk based approach procedure for CAPA and product investigations; team member for the implementation of the global complaint handling and investigation process resulting from a October 2012 FDA/Watson meeting.

LEAN & CONTINUOUS IMPROVEMENT PROJECTS

High Impact Projects: Savings or Cost Avoidance Exceeding \$5,000,000:

- ◆ Influenza B-strain yield improvement for FluShield. Improved B-strain yields by approximately 28% increasing the total number of vial doses manufactured by 1.8 million doses resulting in first year increased revenue of approximately **\$18,000,000**.
- ◆ Transition from a single use to a six use Ion exchange chromatography bed through the development and implementation of a chromatography bed regeneration process for FluShield. Approximate first year savings of **\$9,100,000** in material and labor costs.

Medium Impact Projects: Savings or Cost Avoidance Ranging From \$1,000,000 - \$5,000,000:

- ◆ Root cause analysis and process optimization to minimize "glassing" and rehydrating of lyophilized rotavirus vaccine. Batches exhibiting "glassing" resulted in partial batch rejection and full lot rejection for rehydration. Project in a reduction of rejected material from 36 lot equivalents to less than one resulting in cost avoidance of approximately **\$3,788,750**.
- ◆ Fentanyl Transdermal System fabrication yield improvements through the use of "Mega-Batches" and set-up modifications resulting in a savings, based on cost of goods, of approximately **\$30,000 - \$90,000** per fabricated batch (product strength dependant).

Low Impact Projects: Savings or Cost Avoidance Less Than \$1,000,000:

- ◆ Optimization of the Salt Lake City complaint report investigation process. The investigation process was re-designed resulting in a reduction in program cost of **\$117,000** using 2012 baseline data. Savings expected to exceed **\$245,000** using 2013 predicted complaint report volume.

James Greenbaum

Employment History

FRESENIUS MEDICAL CARE – Ogden, UT

Director, Site Quality (prior Title Director, Quality Operations) – May 2017 - Current

TEVA (FORMERLY ALLERGAN/ACTAVIS/WATSON LABORATORIES) – Salt Lake City, UT

Associate Director, Quality Assurance, 2014 - Current

Associate Director, Quality Engineering and Compliance, 2013 to 2014

Manager, Quality Engineering, 2007 to 2013

Quality Engineer, Principal, 2005 to 2007

Quality Engineer, Senior, 2004 to 2005

Quality Engineer II, 2003 to 2004

PFIZER (FORMERLY WYETH LABORATORIES) – Marietta, PA

Validation Compliance Coordinator, 2001 to 2003

Developmental Analytical Chemist, 1997 to 2001

Manufacturing Supervisor – Influenza Refining Unit, 1996 to 1997

Biological Manufacturing Technician, 1995 to 1996

Education

ELIZABETHTOWN COLLEGE – Elizabethtown, PA

Bachelor of Science in Biology with a Minor in Secondary Education, 1994

TEMPLE SCHOOL OF PHARMACY – Philadelphia, PA

Masters of Pharmacy, 2004

Publications

USP Monograph - Hyaluronidase for Injection, Assay method for hyaluronic acid units.



Fresenius USA Manufacturing, Inc.
d/b/a Fresenius Medical Care North America
475 W. 13th Street
Ogden, UT 84404

Nevada Board of Pharmacy - New Application – Out-Of-State Wholesaler License

Attachment #6: 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".

(3 pages attached)

Fresenius Medical Care North America

Corporate Headquarters: 920 Winter Street Waltham, MA 02451 (781) 699-9000

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. 107325540

Application/License No. N/A

Fresenius USA Manufacturing, Inc.

d/b/a Fresenius Medical Care North America, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
475 W. 13th Street, Ogden, UT 84404, 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
1 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 January 28, 2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (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 28th day of January, 2021.

APPLICANT/PRINCIPAL



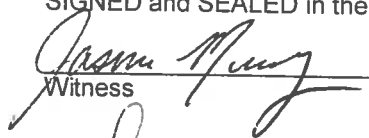
Authorized Representative

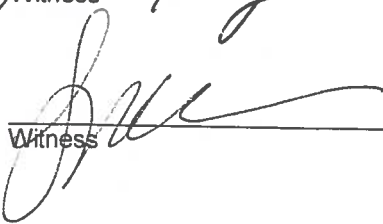
SURETY COMPANY



Surety Company's Representative
Justin J. Silva, Attorney-in-fact
print name

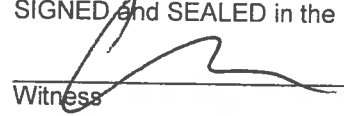
SIGNED and SEALED in the presence of:



Witness


Witness

SIGNED and SEALED in the presence of:



Witness


Witness
Countersigned by:

Nevada Resident Agent


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 **Justin J Silva** of **BOSTON**

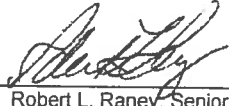
Massachusetts, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing 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.

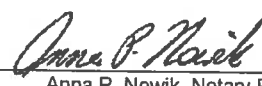
By: 
Robert L. Raney, Senior Vice President

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

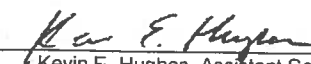
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice 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 28th 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 this Power of Attorney is attached.**

4Q

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 <u>01646</u>) Check <u>box</u> 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 by all types of ownership

Facility Name: Akon Operating Company LLC DBA Hi-Tech Pharmacal Co., Inc.

Physical Address: 13 Edison Street East

City: Amityville State: NY Zip Code: 11701

Telephone Number: 631-789-8228 Fax Number: 631-881-9402

Toll Free Number: 800-262-9010

E-mail: doreen.wiman@akon.com Website: www.hitechpharm.com

Facility Manager: Eyal Marcus, VP & General manager

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: <u>Chain store drug distributors, mail order pharmacy centers</u>			

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: Please 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.

JBonaccorsi

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

Joseph Bonaccorsi

Print Name of Authorized Person

1-22-2021

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: AKorn Intermediate Company LLC
Mailing Address: 1925 W. Field Pt. Suite 300
City: Lake Forest State: IL Zip: 60045
Telephone: 847-353-4919 Fax: N/A
Contact Person: Doreen Wiman

For any corporation non-publicly traded, disclose the following:

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

a) please 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. 100 Common Units

3) What was the price paid 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.

Maria Herrera

From: Doreen Wiman <doreen.wiman@akorn.com>
Sent: Monday, February 1, 2021 4:15 PM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- Akorn Operating Company LLC, DBA Hi-Tech Pharmacal Co., Inc
Attachments: Good Standing Certificate - Delaware.pdf; Akorn Operating Company, LLC Certificate of Formation 09.02.2020.pdf; RA0591784 Distributor_Akorn Operating Company LLC (003).pdf
Follow Up Flag: Follow up
Flag Status: Flagged

Hi Maria,

Yes, this is a "Change of Ownership" application for Hi-Tech's license # WHO1646. I inadvertently missed that entire box at the top of the application. I am also attaching the certificate of good standing from the state of incorporation which is Delaware.

Also attached is the new DEA license for this location.

If you need anything else, please let me know.

Thank you,

Doreen Wiman
Paralegal

Akorn Pharmaceuticals

P 847.353.4919 | doreen.wiman@akorn.com

1925 West Field Court, Suite 300 | Lake Forest, IL 60045 | akorn.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Monday, February 1, 2021 11:43 AM
To: Doreen Wiman <doreen.wiman@akorn.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Nevada Wholesaler Application- Akorn Operating Company LLC, DBA Hi-Tech Pharmacal Co., Inc

****** EXTERNAL EMAIL:** This email originated from outside of Akorn. Do not click links or open attachments unless you recognize the sender email address and know the content is safe. ****

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Akorn Operating Company LLC, DBA Hi-Tech Pharmacal Co., Inc. The application is incomplete due to the following missing items.

- Updated Certificate of Good Standing from your Secretary of State
- Also please verify if this is a change of ownership application? And change of location? Page 1 of the application did not indicate what the application was for.

Enclosed please find a list of Hi-Tech facilities registered on FDA's Drug Establishments Current Registration Site (DECRS). These facilities are required to be listed with DECRS as they enter into the manufacturing, preparation, propagation, compounding, or processing of a drug. [21 CFR 207.20].

Because Hi-Tech's facility located at 13 Edison Street East does not engage in the manufacturing, preparation, propagation, compounding, or processing of drugs, it is not required to be listed on DECRS. Hi-Tech's 13 Edison Street East facility only engages in the shipping of drug products manufactured or labeled by Hi-Tech.

Drug Establishments Current Registration Site

f SHARE ([HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDE/DRPLS/GETDRPLS.CFM](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drpls/getdrpls.cfm))

t TWEET ([HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRPLS/GETDRPLS.CFM](https://twitter.com/intent/tweet/?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drpls/getdrpls.cfm))



e EMAIL ([MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRPLS/GETDRPLS.CFM](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&body=https://www.accessdata.fda.gov/scripts/cder/drpls/getdrpls.cfm))

New Search (default.cfm)

Search Results for **Hi-Tech Pharmacal**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Hi-Tech Pharmacal Co. Inc.	3012742524	078392745	ANALYSIS;	132 Lincoln Street, Copiague, New York (NY) 11726, United States (USA)	12/31/2020
Hi-Tech Pharmacal Co. Inc.	2433247	869019844	ANALYSIS;	225 Dixon Avenue, Amityville, New York (NY) 11701, United States (USA)	12/31/2020
Hi-Tech Pharmacal Co. Inc.	2433247	869019794	ANALYSIS; MANUFACTURE;	26 Edison Street, Amityville, New York (NY) 11701, United States (USA)	12/31/2020

*Verified
2/1/20
MS*

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Hi-Tech Pharmaceutical Co. Inc.	2433247	101196749	LABEL; MANUFACTURE; PACK;	369 Bayview Avenue, Amityville, New York (NY) 11701, United States (USA)	12/31/2020

Showing 1 to 4 of 4 entries

[Previous](#)[Next](#)

Data Current through: Tuesday, Apr 21, 2020

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
EYAL MARES



2019-22

THIS IS TO CERTIFY

HI-TECH PHARMACAL CO. INC.
369 BAYVIEW AVE.
AMITYVILLE, NY 11701

is duly recorded as a

REGISTERED MANUFACTURER
OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JULY, 2019.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF JUNE, 2022.

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

101368



Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY



THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY, Lawrence H. Mokhiber, Executive Secretary
89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000
Tel. (518) 474-3817, ext. 130; Fax (518) 473-6995
E-mail: pharmbd@nysed.gov ; Web: www.op.nysed.gov

January 26, 2016

Sent by Electronic mail to: april.polikoff@akorn.com

April Polikoff
Associate Counsel
Hi-Tech Pharmacal Co., Inc.
369 Bayview Avenue
Amityville, NY 11701

Dear Ms. Polikoff:

This letter is in response to your request for approval to include a Hi-Tech Pharmacal Co. Inc. warehouse located at 13 Edison Street East in the registration of your 369 Bayview Ave facility.

Supporting photos show that 369 Bayview Avenue, 26 Edison Avenue and 13 Edison St. East addresses are part of a campus site. The Board of Pharmacy will allow these sites to function as one registrant under the registration number of 101368.

If additional questions remain, you may contact me at 518.474.3817 ext. 130

Sincerely,

Kimberly A Leonard
Pharmacy Supervisor
Practice and Registration

AKORN OPERATING COMPANY LLC

a Delaware limited liability company

Incorporated on September 2, 2020

Corporate Address: 1925 West Field Court
Suite 300
Lake Forest, IL 60045

FEIN#: 85-2826184

List of officers

NAME	TITLE	ADDRESS	E-MAIL	BIRTHDATE	PHONE NUMBER	% OF OWNERSHIP
DOUGLAS BOOTHE	PRESIDENT	1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	DOUG.BOOTHE@AKORN.COM		(847) 279-6155	0
DUANE PORTWOOD	CFO	1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	DUANE.PORTWOOD@AKORN.COM		(847) 279-6150	0
JOSEPH BONACCORSI	SECRETARY	1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045	JOE.BONACCORSI@AKORN.COM		(847) 279-6104	0

Akorn Operating Company LLC's sole manager and member is Akorn Intermediate Company LLC, a Delaware limited liability company

Akorn Operating Company LLC – Number of Shares/Stock Issued 100 Common Units

Attachment Page #2

Top 4 Suppliers for Hi-Tech Pharmacal Co., Inc.

1. AmerisourceBergen Health Corporation
1300 Morris Drive, Chesterbrook, PA 19087
2. Cardinal Health, Inc.
7000 Cardinal Place, Dublin, OH 43017
3. McKesson Drug Company
One Post Street, San Francisco, CA 94104
4. CVS Caremark Corporation
Multiple locations
One CVS Drive, Supplier
Woonsocket RI 02895

Personal data**Name - EYAL MARES****Address – Walden rd.****TARRYTOWN, NY 10591 Phone -****E-mail – eyal.mares@akorn.com****Languages.- English, Hebrew Residency
status - US Citizen****Summary**

Operations management of a Generic manufacturing facility, through various approvals of ANDA's.

Managed the process of the Merge between Clay Park and the Perrigo Company with a major switch in ERP from BPCS to SAP.

Managed Hi Techs integration into Akorn follow the acquisition in 2014

In depth knowledge of FDA requirements in a cGMP facility. Excellent people communication skills.

Worked in a multi-national environment, with technology transfer scientists (R&D) from Israel and the US.

Established preventive maintenance programs.

Modified plant equipment layout to achieve efficient flow of materials and personnel.

Managed Amityville site under Akorn as VP and GM

Professional Experience

***Akorn Amityville – 04-2014 – current Amityville NY
(410 Employees)***

Site lead for the Amityville site reporting into EVP
Operations at corporate.

Reporting to this position - QA/QC(dotted line),
Finance, HR. Manufacturing, Packaging, Engineering,
Maintenance, and Logistics

***Hi Tech Pharmacal – 10/06-04-2014 Amityville NY
(260 Employees - \$250MM in sales)***

Perrigo Pharmaceuticals - 03/05 - 06/06 BRONX NY
(400 employees \$175 MM in sales)
 V.P. OPERATIONS,

Reporting to this position - QA/QC, Finance, HR, Manufacturing, Packaging, Engineering, Maintenance, Validation, and Logistics.

Successfully managed the Merge between Clay Park and the Perrigo Company, while retaining all critical talent.

Set teams to learn main operating procedures of both organizations and set business rules to operate within the new parent organization.

Managed _the company through a successful FDA inspection (July 2005).

Managed a successful ERP switch from BPCS to SAP.

CLAYPARK LABS -AGIS GROUP 10/02- 04/05
BRONX NY (450 employees \$100 MM in sales)
 V.P. OPERATIONS

Reporting to this position - Manufacturing, Packaging, Engineering, Maintenance, Validation, Logistics, and QC Labs.

Created task groups to improve productivity and cycle time in the labs and the plant-scheduling group.

Worked closely with middle management to *improve* teamwork. Launched several new ANDA (Rx products).

CLAYPARK LABS-AGIS GROUP 10/94-10/02
BRONX NY (500 employees \$70 MM in sales)

ENGINEERING DIRECTOR - staff of 5 Engineers, Safety and Environmental affairs, Plant Maintenance, Facilities Maintenance, Project Management and Packaging Engineering- a total of 45 employees.

Major projects accomplished (from the design phase through change control, procurement and project management):

Re-Designed plant layout (conceptual design and renovations). Created a preventive maintenance program

Created a safety and environmental program

Renovations of the Compounding and packaging departments including HVAC systems, new weighing rooms, wash rooms.

Remodeling Suppository department.

Utilities such as High Pressure Boiler and Steam distributing system, compressed air, purified water, Process chilled water system.

Stability program room (environmental room).

Purchasing plant production equipment such as kettles, cartoners, tube fillers, Material handling equipment, pumps etc.

Upgrading 160,000 sft. building sprinkler system. Bulk raw material automatic delivery systems.

Plant Waste Treatment Facility.

Total projects budget: \$ 15 million.

***AGIS GROUP (100 employees \$60 MM in sales) 10\91-10\94
YERUHAM, ISRAEL
PLANT ENGINEER***

Major projects accomplished: New
boiler system

Upgraded Purified Water system

Upgraded HVAC Systems throughout the facility Established preventive maintenance program

Purchased and installed a new vacuum mixer (reactor) with automatic control systems.

Purchased packaging equipment (tube filling and blister pack lines).

Participated in a due diligence group that ended up purchasing

**CLAY PARK LABS. INC.
H.R.V.A.C. 8\90- 10\91 BEER SHEVA, ISRAEL**

HVAC design office - performed various HVAC jobs.

Military

Served as a captain in the Israeli army.

Education

***BEN - GURION UNIVERSITY OF THE NEGEV
FACULTY OF TECHNOLOGY***

1986-1990

BEER - SHEVA, ISRAEL
Bachelors of Science Mechanical Engineering

Continues education:

ISPE seminars:

Renovation of Pharmaceutical Facilities Plant and
Process Validation

AMA seminar - The Basic of Facility Management The
Center for Professional Advancement:

Writing SOPs to meet cGMP requirements

Pharmaceutical Aerosol Technology

Organizations

International Society of Pharmaceutical Engineering
USA(1995- current)

References will be furnished upon request

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKORN OPERATING 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 FIFTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AKORN OPERATING COMPANY LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



3578387 8300

SR# 20210813194

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202661756

Date: 03-05-21

New York License Verifications

Hi-Tech's 13 Edison Street East facility is licensed with the New York State Board of Pharmacy under the registration number 101368. Please see proof of registration in the site registration letter enclosed. The New York State Board of Pharmacy will only provide online verifications. Online verification can be performed free of charge at <http://www.op.nysed.gov/opsearches.htm>. A printout of this verification is attached for your convenience.

Hi-Tech's 13 Edison Street East facility is also licensed by the New York Department of Health for the purposes of distributing controlled substances. The New York Department of Health does not have a license verification site nor does it provide written verifications. We have therefore attached a copy of the current license. You may contact Paula Grogen at the New York Department of Health (518) 402-0707 to confirm the attached license.



THE STATE EDUCATION DEPARTMENT
THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY
Lawrence H. Mottlber, Executive Secretary
88 Washington Avenue, 2nd Floor, Albany, NY 12234-1008
Telephone (518) 474-3817, ext. 130; Fax (518) 473-8888
E-mail: lmottlber@nysed.org Web: www.nysed.org

Re: Verification of a Pharmacy Establishment

We are returning the request and/or payment you submitted for this office to provide an official verification of a pharmacy establishment.

Online verification of the registration status of an in State or nonresident pharmacy, and/or manufacturer/repecker/wholesaler, as well as the license and registration status of licensed professionals can be performed at your convenience free of charge at <http://www.nysed.gov/opsearches.htm>. An additional search can be performed on each verification screen to determine if an establishment or licensee has been disciplined by this Department.

Each online verification indicates that, "The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification." As a result, no other form of verification is available for pharmacy establishments.

Sincerely,

Lawrence H. Mottlber
Executive Secretary

Enclosure(s)

NEW YORK STATE DEPARTMENT OF HEALTH
CONTROLLED SUBSTANCE LICENSE



LEGAL NAME OR OPERATOR:

DOING BUSINESS AS (DBA):

AKORN OPERATING COMPANY LLC

HI-TECH PHARMACAL CO INC
13 EDISON STREET EAST
AMITYVILLE NY 11701

CLASS 2
DISTRIBUTOR
SCHEDULE:
II III IV V

HAS GIVEN SATISFACTORY EVIDENCE THAT ALL QUALIFICATIONS AS REQUIRED BY ARTICLE 33 OF THE PUBLIC HEALTH LAW AND PART 80 OF THE ADMINISTRATIVE RULES AND REGULATIONS HAVE BEEN MET AND IS HEREBY GRANTED A LICENSE TO ENGAGE IN CONTROLLED SUBSTANCE ACTIVITY IN THE STATE OF NEW YORK IN THE CLASSIFICATION STATED ABOVE.

LICENSE #: 0200416

EFFECTIVE: NOV 13, 2020

EXPIRES: NOV 12, 2022

Howard Zucker M.D.
HOWARD ZUCKER, M.D., J.D.
COMMISSIONER OF HEALTH

TO BE PERMANENTLY DISPLAYED AT THE LICENSED SITE

DEA LICENSE

Hi-Tech Pharmacal Co., Inc. is converting from a corporation to a limited liability company named Hi-Tech Pharmacal LLC and ownership of its assets are being transferred from Hi-Tech Pharmacal LLC to Akorn Operating Company LLC d/b/a Hi-Tech Pharmacal Co., Inc. Hi-Tech has reported this change to the DEA and once the New York Board of Pharmacy Registration is issued, Hi-Tech can submit the applications to DEA to obtain new Controlled Substance Registrations from DEA. Hi-Tech's current DEA license(s) are enclosed and Hi-Tech will provide the new license information as soon as it is received.

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. PB00264800277

Application/License No. _____

Akorn Operating Company LLC, doing or intending to do business
Applicant/Principal

as a pharmaceutical wholesaler, whose address for purposes of service is

1925 W Field Court, Suite 300, Lake Forest, IL 60045, as
Address of Applicant/Principal

PRINCIPAL, and Philadelphia Indemnity Insurance Company, a
Surety Company

corporation organized under the laws of the state of PA
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004-0950 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 January 11, 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
11th day of January, 2021.

APPLICANT/PRINCIPAL
Akorn Operating Company LLC

By: J Bonsecours
Authorized Representative

SURETY COMPANY
Philadelphia Indemnity Insurance Company
By: [Signature]
Surety Company's Representative



William T. Krumm, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Sara Ames
Witness

Deleen Helman
Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness Karen Socha

Sharon Foulk
Witness Sharon Foulk

Countersigned by:

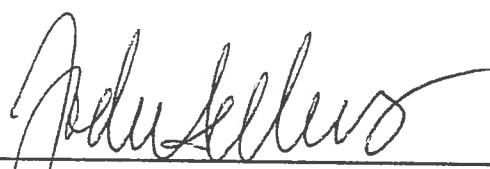
N/A
Nevada Resident Agent

SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

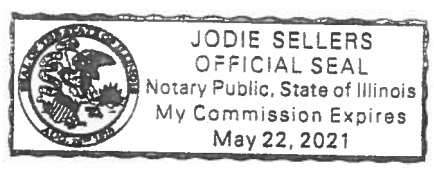
State of Illinois
County of Cook

I, Jodie Sellers, Notary Public, do hereby certify that William T. Krumm Attorney-in-Fact, of the Philadelphia Indemnity Insurance Company who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the Philadelphia Indemnity Insurance Company for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Rolling Meadows in said County, this 11th day of January, 2021.



Notary Public Jodie Sellers
My Commission expires: 05/22/2021



PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

Surety Bond Number: PB00264800277
Principal: Akom Operating Company LLC
Obligee: Nevada State Board of Pharmacy

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint William T. Krumm its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$25,000,000.

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 PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER
RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney 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 to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



Notary Public:

residing at:

Bala Cynwyd, PA

(Notary Seal)

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 11th day of January, 2021.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

Delaware

The First State

Page 1

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 "AKORN OPERATING COMPANY LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF SEPTEMBER, A.D. 2020, AT 8:03 O'CLOCK A.M.



3578387 8100
SR# 20207066820

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203581415
Date: 09-02-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:00 AM 09/02/2020
FILED 08:03 AM 09/02/2020
SR 20207066820 - File Number 3578387

**CERTIFICATE OF FORMATION
OF
AKORN OPERATING COMPANY LLC**

* * * * *
*Adopted in accordance with the provisions of §18-101
of the Limited Liability Company Act
of the State of Delaware*
* * * * *

The undersigned, being duly authorized to execute and file this Certificate of Formation for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del. C. Section 18-101, et seq., does hereby certify as follows:

FIRST

The name of the limited liability company is Akorn Operating Company LLC (the "Company").

SECOND

The Company's registered office in the State of Delaware is located at 251 Little Falls Drive, City of Wilmington, County of New Castle, Delaware 19808. The name and address of the registered agent for service of process in the State of Delaware are the Corporation Service Company, 251 Little Falls Drive, City of Wilmington, County of New Castle, Delaware 19808.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the 2nd day of September, 2020.

By: Sharon Nowakowski
Name: Sharon Nowakowski
Title: Authorized Signatory

STATE	LICENSE TYPE(S)	LICENSE NUMBER	ADDRESS ON LICENSE	EXPIRATION DATE	DISCIPLINED
Alabama	MFG/WHSE/DIST	192944	13 Edison St E	12/31/2020	NO
	C.S.	192944	13 Edison St E	12/31/2020	NO
Alaska	WHSE DIST with C.S.	163846 dwiman25 Alaska25			
Arizona	WHSE FULL SVC	W002589	13 Edison St E	10/31/2021	NO
Arkansas					
	WHSE DIST	WD03966	13 Edison St E	12/31/2020	NO
	DES REP	EXC25147	Mauricio Ramirez	2/1/2021	NO
California	WHSE DIST	OSD 6491	13 Edison St E	3/1/2021	NO
	DES REP	23410	Eyal Mares	8/1/2021	NO
Colorado	WHSE	7804	13 Edison St E	10/31/2020	NO
Connecticut	WHSE with Controlled Substance	CSW/0004697	13 Edison St E	6/30/2021	NO
Delaware	WHSE DIST	A4-0002139 (doreen wiman@akom.com, Hi-Tech1231)	13 Edison St E	9/30/2022	NO
	C.S.	DM-0010486	13 Edison St E	6/30/2021	NO
District of Columbia	Controlled Substance				NO
District of Columbia	WHSE DIST				NO
	Distributor 2N,3,3N,4,5	RH0405084	13 Edison St E	10/31/2021	NO
	Manufact. 1,2,3,3N,4,5,L1	RH0180771	26 Edison St	10/31/2021	NO
	Analytical 1,2,2N,3,3N,4,5	RH0431611	26 Edison St	10/31/2021	NO
	Analytical	RH044456 (new)	132 Lincoln St	10/31/2021	NO
DEA License	Research(I-I-V) 2N,3,3N,4,5	RH0433158 (no longer have now a Manufact.)	132 Lincoln St		NO
	Analytical 1,2,2N,3,3N,4,5	RH047878	10 Edison St E	10/31/2021	NO
	Importer 3,3N,4,5	RH0413221	13 Edison St E	10/31/2021	NO
	Exporter 2,3,3N,4	RH0361751	13 Edison St E	10/31/2021	NO
Florida	MFG	265	13 Edison St E	1/31/2022	NO
	WHSE	PHWH003203	13 Edison St E	6/30/2021	NO
Georgia					NO
Hawaii					NO
Idaho					NO
	MFG WHSE	M36522	369 Bayview	12/31/2020	NO
	MFG WHSE	M36520	26 Edison	12/31/2020	NO
	C.S.	D36521 (No longer need)	26 Edison	6/30/2018	NO
	MFG WHSE	M15518	13 Edison St E	12/31/2020	NO
	C.S.	DT5519 (no longer need)	13 Edison St E	6/30/2018	NO
	WHSE DIST	004003952	13 Edison St E	12/31/2020	NO
	C.S.	304007504	13 Edison St E	12/31/2020	NO
	WHSE DIST	004003963	26 Edison St	12/31/2020	NO
	C.S.	304007505	26 Edison St	12/31/2020	NO
	WHSE DIST	004 003961	369 Bayview	12/31/2020	NO
Illinois					NO
Indiana					NO
NOT REQUIRED - SEE LETTER SENT FROM STATE					NO
					NO
					NO

STATE	LICENSE TYPE(S)	LICENSE NUMBER	ADDRESS ON LICENSE	EXPIRATION DATE	DISCIPLINED
Iowa	WHSE	7168	13 Edison St E	3/31/2020	NO
	Controlled Substance	2210256	13 Edison St E	12/31/2019	NO
Kansas	WHSE	5-31161	13 Edison St E	6/30/2020	NO
	WHSE DIST & CS licenses	W03377	13 Edison St E	9/30/2020	NO
Kentucky	WHSE DIST	16544 (No longer required to have a separate CS license)	13 Edison St E	6/30/2018	NO
	CS (MFG)	8202	13 Edison St E	12/31/2020	NO
Louisiana	WHSE DIST	CD5 047188-DIS	13 Edison St E	10/1/2020	NO
	CS	WH/0001957 (New # 70002386)	13 Edison St E	12/31/2020	NO
Maine	WHSE	MF-30001262 (New # 30001455)	26 Edison St	12/31/2020	NO
	MFG	MF-30001263 (New # 30001454)	369 Bayview	12/31/2020	NO
Maryland	DIST	D05802 (new number D01342)	13 Edison St E	5/31/2021	NO
	CS	274251	13 Edison St E	7/31/2022	NO
Massachusetts	NOT REQUIRED - SEE LETTER SENT FROM STATE				
Michigan	MFG/WHSE	530600418	13 Edison St E	7/28/2021	NO
	CS	5315067552	13 Edison St E	7/28/2021	NO
Minnesota	WHSE DIST	363154	13 Edison St E	5/31/2021	NO
	MFG	5315067552	13 Edison St E	5/31/2021	NO

STATE	LICENSE TYPE(S)	LICENSE NUMBER	ADDRESS ON LICENSE	EXPIRATION DATE	DISCIPLINED
Mississippi	WHSE DIST	1600176 5a	13 Edison St E	12/31/2020	NO
	C.S.	CS-1600176 5a (dwiman Akom123)	13 Edison St E	12/31/2020	NO
Missouri	DRUG DIST	2015007086	13 Edison St E	10/31/2021	NO
Montana		PHA-WDD-LIC-27109	369 Bayview	11/30/2020	NO
	WHSE DIST (& CS)	PHA-WDD-LIC-27047	26 Edison	11/30/2020	NO
Nebraska	WHSE DIST	PHA-WDD-LIC-27062	13 Edison St E	11/30/2020	NO
Nevada	WHSE	1200	13 Edison St E	7/1/2021	NO
		WHO1646	13 Edison St E	10/31/2020	NO
New Hampshire	MFG/WHSE	2762 (dwiman1 Angelita1001)	369 Bayview	6/30/2022	NO
	MFG/WHSE	5354 (doreenw Angelita25)	26 Edison St	6/30/2022	NO
	MFG/WHSE	5352 (dwiman Angelita501)	13 Edison St E	6/30/2022	NO
New Jersey	MFG/WHSE	5003866	369 Bayview &		NO
			26 Edison St &	1/31/2021	NO
			13 Edison St E		NO
New Mexico	Controlled Substance				NO
New Mexico	Wholesale/Manufacturer				NO
			13 Edison St E		NO
	MFG	101368	309 Bayview	6/30/2022	NO
	MFG	021372	13 Edison St E*	8/31/2022	NO
	MFG	031347	26 Edison St	5/31/2021	NO
	Class 1 Mfr CS I,II,III,IV,V	0100127	26 Edison St	8/30/2022	NO
	Class 8 Analy CS I,II,III,IV,V	0800332	26 Edison St	10/31/2020	NO
	Class 2 Dist CS II,III,IV,V	0200368	13 Edison St E	2/23/2021	NO
	Class 10 Export CS II,III,IV	1000096	13 Edison St E	6/29/2022	NO
	Class 9 Import CS III,IV,V	0900083	13 Edison St E	6/29/2022	NO
	Class 8 Analy CS I,II,III,IV,V	0800330	10 Edison St E	6/29/2022	NO
	Class 7 Resrch CS I (REPLACED)	700499 (License replaced by 0800355)	132 Lincoln St	6/30/2018	NO
	Class 8 Analytical	0800353	132 Lincoln St	4/15/2022	NO
	Class 4 Resrch CS II,III,IV,V	401261 (DON'T NEED ANY LONGER)	132 Lincoln St	6/29/2018	NO
North Carolina	MFG	161	13 Edison St E	12/31/2020	NO
	C.S.	NC-PH 0000 4399	13 Edison St E	7/31/2021	NO
North Dakota	WHSE/MFG/DIST/WARE	WHO1689	13 Edison St E	6/30/2021	NO
Ohio	Wholesale/Controlled Substance	WMAN 010760600 - WCSW 1611	13 Edison St E	6/30/2021	NO
Oklahoma	WHSE	88-W-3990	13 Edison St E	6/30/2021	NO
					NO
					NO
Oregon	MFG	M-0007492	369 Bayview	9/30/2021	NO
	WHSE 1 & C.S.	WT-0003582-CS	13 Edison St E	9/30/2020	NO
	MFG & C.S.	M-0002253-CS	26 Edison St	9/30/2020	NO
Pennsylvania	MFG	1000003008 (new 1000003592)	13 Edison St E	12/30/2020	NO
Puerto Rico	Distributor	563972	13 Edison St E	11/30/2020	NO
Rhode Island	WHSE & C.S.	DIS02383 (new DIS02647 - CDIS02647)	13 Edison St E	9/30/2020	NO
South Carolina	C.S.	40-15321	13 Edison St E	4/1/2021	NO
South Carolina	MFG/WHSE/DIST	15321	13 Edison St E	6/30/2021	NO
South Dakota	WHSE DIST	600-1752	13 Edison St E	12/31/2020	NO
	C.S.	RH0405084	13 Edison St E	10/31/2020	NO

STATE	LICENSE TYPE(S)	LICENSE NUMBER	ADDRESS ON LICENSE	EXPIRATION DATE	DISCIPLINED
Tennessee	MFG/WHSE/DIST & C.S.	3423	13 Edison St E	10/31/2020	NO
Texas	WHSE DIST	1000685	13 Edison St E	6/26/2021	NO
	WHSE DIST	0074741	369 Bayview	1/31/2022	NO
Utah	NOT REQUIRED - SEE UTAH APPLICATION - PAGE 4-#8				
Vermont	WHSE DIST	39,0084499	13 Edison St E	7/31/2021	NO
Virginia	WHSE DIST	219009741 (WE NO LONGER NEED THIS LICENSE) SEE SAVED LETTER	13 Edison St E	2/29/2016	NO
Washington	WHSE & C.S.	PHWH.FX.60504686	13 Edison St E	9/30/2020	NO
	WHSE DIST	WD0559545	13 Edison St E	6/30/2021	NO
	WHSE DIST C.S.	MD0000784 (separate license not needed)	13 Edison St E	6/30/2018	NO
West Virginia	WHSE DIST	MD0559545	13 Edison St E	6/30/2021	NO
	WHSE DIST C.S.	MD0559545	13 Edison St E	6/30/2021	NO
Wisconsin	WHSE DIST	MD0559545	13 Edison St E	6/30/2021	NO
Wyoming	DIST (w/CS)	WD-1818 CSB00081	13 Edison St E	6/30/2021	NO

4R

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 by all types of ownership

Facility Name: AndersonBrecon Inc. dba PCI of Illinois

Physical Address: 1635 New Milford School Road

City: Rockford State: Illinois Zip Code: 61109

Telephone Number: 815-873-5000 Fax Number: 815-843-1364

Toll Free Number: _____

E-mail: Amy.Sauberlich@pciservices.com Website: www.pciservices.com

Facility Manager: Amy Sauberlich

Professional qualifications and experience of facility manager: Senior Manager, Regulatory Affairs

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: Johnson & Johnson / McNeil Nutritionals

Address: One Johnson & Johnson Plaza, New Brunswick, NJ 08933

Name: Aimmune Therapeutics

Address: 8000 Marina Boulevard, Suite 300, Brisbane, CA 94005

Name: Xiromed

Address: 180 Park Avenue, Suite 101, Florham Park, NJ 07932

Name: BionPharma

Address: 600 Alexander Road, Suite 2-4B, Princeton, NJ 08540

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.

Kathryn Kuczynski

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

Kathryn Kuczynski

Print Name of Authorized Person

2-23-2021

Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: IllinoisParent Company if any: Packaging CoordinatorsMailing Address: 4545 Assembly DriveCity: Rockford State: Illinois Zip: 61109Telephone: 815-873-5000 Fax: 815-843-1364Contact Person: Amy Sauberlich

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 one with greater than 5% stock ownership

Name

Business Address

b) N/A

Name

Business Address

c) N/A

Name

Business Address

d) N/A

Name

Business Address

2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/AA 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.

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO
004,003435

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



ANDERSONBRECON INC
DBA PCI OF ILLINOIS
AMY SAUBERLICH
1639 NEW MILFORD RD
ROCKFORD, IL 61109-4335



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15277428

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
304 007648
004 003435

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 CONTROLLED SUBSTANCE DRUG
DIST

III



ANDERSONBRECON INC
DBA PCI OF ILLINOIS
1639 NEW MILFORD SCHOOL RD
ROCKFORD, IL 61109-4335



DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15277986

File Number

4831-278-1



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

ANDERSONBRECON INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1968, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, **IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 23RD day of FEBRUARY A.D. 2021 .

Jesse White

SECRETARY OF STATE



An Illinois corporation
Date of Incorporation: 01/02/1968
FEIN: 36-2653297

OWNERSHIP

AndersonBrecon Inc., an Illinois corporation is owned 100% by Packaging Coordinators, Inc., a Delaware corporation. The corporate headquarters for Packaging Coordinators, Inc. is located at 3001 Red Lion Road, Philadelphia, PA 19114. No director owns more than 5-10% of the voting stock. AndersonBrecon is doing business as PCI of Illinois.

DIRECTORS

NAME	TITLE	ADDRESS
Salim Haffar	CEO	3001 Red Lion Road Philadelphia, PA 19114
Serge Dupuis	Senior Vice President and Chief Financial Officer	3001 Red Lion Road Philadelphia, PA 19114

OFFICERS

NAME	TITLE	RESIDENTIAL ADDRESS
Salim Haffar	Chief Executive Officer	3001 Red Lion Road Philadelphia, PA 19114
Serge Dupuis	Senior Vice President and Chief Financial Officer	3001 Red Lion Road Philadelphia, PA 19114
Brad Payne	Chief Operating Officer	3001 Red Lion Road Philadelphia, PA 19114
Jeannie Metzinger	Chief Quality and Compliance Officer	3001 Red Lion Road Philadelphia, PA 19114

PERSONAL AND CONFIDENTIAL – Do not reproduce without the express written consent of
Packaging Coordinators, Inc.

AMY SAUBERLICH

Keokuk Trail
Roscoe, Illinois 61073

SUMMARY

Regulatory leader with experience in Pharmaceutical Contract Packaging of Drugs, Medical Devices, Combination Products, and Biologics. Energetic, passionate leader known for detailed approach to regulatory compliance and customer service. Adept at providing practical quality and regulatory solutions that ensure compliance.

KEY COMPETENCIES

Regulatory Compliance
cGMP Training
Change Control/Change Management
Regulatory Health Authority Inspection Management
Customer Audit Management
Internal Audit Management
Quality Metrics
Complaint/Investigation/CAPA
Annual Product Quality Reviews

Professional Experience:

- 7/20 – Present Senior Manager, Regulatory Affairs
AndersonBrecon Inc. dba Packaging Coordinators, Inc., Pharmaceutical Division Rockford, Illinois
- Major Responsibilities include:* Overall Compliance to FDA (cGMP), DEA, EMA (MHRA) Regulations for handling, storage and packaging/labeling of drugs, devices, combination products, and biologics. Directly responsible for Regulatory, Customer, and Internal Audits, Annual Product Quality Reviews, Customer Quality Agreements, Site Quality Metrics, Federal and State Registrations, Oversight of required Controlled Substance Reporting to DEA.
- 12/13 – 7/20 Manager, Regulatory Affairs
AndersonBrecon Inc. dba Packaging Coordinators, Inc., Pharmaceutical Division Rockford, Illinois
- Major Responsibilities include:* Overall Compliance to FDA (cGMP), DEA, EMA (MHRA) Regulations for handling, storage and packaging/labeling of drugs, devices, combination products, and biologics. Directly responsible for Regulatory, Customer, and Internal Audits, Annual Product Quality Reviews, Customer Quality Agreements, Site Quality Metrics, Federal and State Registrations, Oversight of required Controlled Substance Reporting to DEA.
- 2/11 – 12/13 Regulatory Affairs Specialist
AndersonBrecon, Inc., Pharmaceutical Division Rockford, Illinois
- Responsibilities include:* Overall Compliance to FDA (cGMP), DEA, EMA (MHRA) Regulations for handling, storage and packaging/labeling of drugs, devices, combination products, and biologics. Assist with Regulatory and Customer Audits, Write Investigations associated with Controlled Substances, Federal and State Registrations, Completion of required Controlled Substance Reporting to DEA.
- 3/09 – 2/11 Senior Quality Specialist
Anderson Packaging, Inc., Pharmaceutical Division Rockford, Illinois
- Responsibilities include:* Write Complaint Responses and Deviation Investigations, Coordinate Department Training, Maintain Corrective Action/Investigation Tracking System, Support Regulatory and Customer Audits.
- 2/07 – 3/09 Technical Trainer
Anderson Packaging, Inc., Pharmaceutical Division Rockford, Illinois
- Responsibilities include:* Technical Trainer for Quality Control Inspection/Receiving, and Warehouse. Classroom Instructor for Team Leadership Series, Documentation Bootcamp and cGMP Orientation.

Develop Curriculum for Monthly cGMP Training, Maintenance of All Departmental Training Curriculums, Support Customer and Regulatory Audits.

8/03 – 2/07

Training Assistant

Anderson Packaging, Inc., Pharmaceutical Division Rockford, Illinois

Responsibilities include: Training record entry into Training Management System, Classroom Instructor for Team Leadership Series, Documentation Bootcamp and cGMP Orientation. Develop Curriculum for Monthly cGMP Training, Proctor for TABE testing, and assisted with DCEO Grant writing.

EDUCATION:

BA, Management & Leadership, Judson University, Rockford, IL

PROFESSIONAL DEVELOPMENT

Regulatory Affairs Online Certificate Program: Pharmaceuticals

Lean Sigma Green Belt Certification

Team Leadership Series

Home > Drug Databases > Drug Establishments Current Registration Site

Drug Establishments Current Registration Site

f SHARE TWEET In LINKEDIN Print EMAIL Print

New Search

Search Results for AndersonBreon Inc.

CSV

Excel

Filter:

Form Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
AndersonBreon Inc.	3013433500	080526108	LABEL	5775 Logistics Parkway, Rockford, Illinois (IL) 61109, United States (USA)	12/31/2021
AndersonBreon Inc.	3003015528	098908572	API MANUFACTURE LABEL, PACK, RELABEL, REPACK	1635 New Milford School Road Rockford, Illinois (IL) 61109, United States (USA)	12/31/2021
AndersonBreon Inc.	1421377	053217022	ANALYSIS, API MANUFACTURE, LABEL, PACK, RELABEL, REPACK	4545 Assembly Drive, Rockford, Illinois (IL) 61109, United States (USA)	12/31/2021
AndersonBreon Inc.	1450819	792373391	LABEL, PACK	1129 18th Avenue, Rockford, Illinois (IL) 61109, United States (USA)	12/31/2021

Showing 1 to 4 of 4 entries

Data Current through: Friday, Feb 26, 2021

Previous

1

Next

Verified
M.H.

Drug Establishments Current Registration Site

 [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

 [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)



 [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

New Search (default.cfm)

Search Results for **AndersonBrecon**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
AndersonBrecon Inc.	3003015528	098908572	API MANUFACTURE; LABEL; PACK; RELABEL; REPACK;	1635 New Milford School Road, Rockford, Illinois (IL) 61109, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries (filtered from 5 total entries)

[Previous](#)[Next](#)

Data Current through: Monday, Feb 22, 2021

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)



Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
ANDERSONBRECON INC	Rockford, IL 61109	• dba PCI OF ILLINOIS

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004003435	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	07/31/2013	10/20/2020	12/31/2022	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004000023	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	12/08/1992	10/26/2012	12/31/2014	N
004003709	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	07/31/2013	10/20/2020	12/31/2022	N
004003922	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	10/29/2014	10/21/2020	12/31/2022	N
004004364	LICENSED WHOLESALE DRUG DISTRIBUTOR	CLOSED	07/26/2017	11/01/2018	12/31/2020	N
097001514	CONTROLLED SUBSTANCE (Schedules II III IV V)	CLOSED	03/14/2006	10/26/2012	12/31/2014	N
30*****07	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	07/31/2013	10/20/2020	12/31/2022	N
30*****48	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules III)	ACTIVE	11/06/2017	10/20/2020	12/31/2022	N

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
30*****78	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	CHANGE OF OWNERSHIP	09/04/1998	10/26/2012	12/31/2014	N
30*****87	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	10/29/2014	10/21/2020	12/31/2022	N

Generated on: 2/23/2021 9:54:23 AM

VERIFICATION OF BOND IN FORCE
Form SB-3

Type of Bond: License/Permit Bond

Name of Principal: ANDERSONBRECON INC. D/B/A PCI OF ILLINOIS

Obligee: STATE OF NEVADA AND NEVADA STATE BOARD OF PHARMACY

Carrier: NORTH AMERICAN SPECIALTY INSURANCE COMPANY

Bond Number: 2289469

Effective Date: September 10, 2020

Limit: \$ 25,000.00

Premium: \$ 500.00

This Bond is continuous with no definite expiration date. Sufficient Premium has been paid to satisfy the requirements of the Carrier for this bond to September 10, 2021.

NORTH AMERICAN SPECIALTY INSURANCE
COMPANY

By: _____

Sara P. Owens

Sara P. Owens Attorney in Fact

Date: 07/29/2020

SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY
WESTPORT INSURANCE CORPORATION

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Kansas City, Missouri and Washington International Insurance Company a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Kansas City, Missouri, and Westport Insurance Corporation, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri does hereby make, constitute and appoint:

WAYNE G. MCVAUGH, ELIZABETH MARRERO, KIMBERLY G. SHERROD, VICKI JOHNSTON, CATHY HANH HO, GEORGE A. GIONIS,
LORI S. SIELTON, SARA P. OWENS, PATRICIA A. RAMBO, JOANNE C. WAGNER, JAQUANDA MARTIN, AND KAITLYN MALKOWSKI JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

ONE HUNDRED MILLION (100,000,000.00) DOLLARS

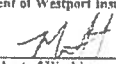
This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on March 24, 2000 and Westport Insurance Corporation by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the 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 binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By 
Steven P. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company
& Senior Vice President of Westport Insurance Corporation

By 
Mike A. Ito, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company
& Senior Vice President of Westport Insurance Corporation



IN WITNESS WHEREOF, North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 24TH day of FEBRUARY, 20 20.

North American Specialty Insurance Company
Washington International Insurance Company
Westport Insurance Corporation

State of Illinois
County of Cook ss:

On this 24TH day of FEBRUARY, 20 20, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of

Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Senior Vice President of Westport Insurance Corporation and Michael A. Ito Senior Vice President of Washington International Insurance Company and Senior Vice President

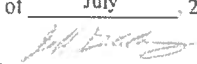
of North American Specialty Insurance Company and Senior Vice President of Westport Insurance Corporation, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.




M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Vice President and Assistant Secretary of North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 29th day of July, 20 20.


Jeffrey Goldberg, Vice President & Assistant Secretary of Washington International Insurance Company & North American Specialty Insurance Company & Vice President & Assistant Secretary of Westport Insurance Corporation

4S

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 by all types of ownership

Facility Name: DEXCOM, INC.

Physical Address: 8046 EAST RAY ROAD

City: MESA State: AZ Zip Code: 85212

Telephone Number: 858-200-0200 Fax Number: 858-333-8210

Toll Free Number: 888 - 738 - 3646

E-mail: QUALITYCOMPLIANCE@DEXCOM.COM Website: WWW.DEXCOM.COM

Facility Manager: JAMES KASSELMANN

Professional qualifications and experience of facility manager: SEE ATTACHED

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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 - DEXCOM ONLY DISTRIBUTES DEXCOM DEVICES - NO OTHERS.

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: NV20061678547

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.

EAST RAY RAD

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

KATRINA MORGERA
Print Name of Authorized Person

01/29/21
Date

Board Use Only	Date Processed: _____	Amount: _____
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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: DEXCOM, INC.
 Mailing Address: 6340 SEQUENCE DR
 City: SAN DIEGO State: CA Zip: 92121
 Telephone: 858-200-0200 Fax: 858-333-8210
 Contact Person: MELISSA RUSSELL, COMPLIANCE SPECIALIST 858-900-5817

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: 1999
 Registration number issued: 000-51222
 Stock Exchange: DXCM

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20061678547

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. ATTACHED

OFFICERS and BOARD MEMBERS

OFFICERS

Name	Title	Business Address
Kevin R. Sayer	President & CEO	6340 Sequence Drive San Diego, CA 92121-4356
Quentin Blackford	CFO & COO	6340 Sequence Drive San Diego, CA 92121-4356
Donald Abbey	EVP Quality and Regulatory Affairs	6340 Sequence Drive San Diego, CA 92121-4356

BOARD MEMBERS

Kevin Sayer	Executive Chairman	6340 Sequence Drive San Diego, CA 92121-4356
Steven Altman	Director	6340 Sequence Drive San Diego, CA 92121-4356
Nicolas Augustinos	Director	6340 Sequence Drive San Diego, CA 92121-4356
Richard Collins	Director	6340 Sequence Drive San Diego, CA 92121-4356
Mark Foletta	Director	6340 Sequence Drive San Diego, CA 92121-4356
Barbara Kahn	Director	6340 Sequence Drive San Diego, CA 92121-4356
Jay Skyler	Director	6340 Sequence Drive San Diego, CA 92121-4356
Eric Topol	Director	6340 Sequence Drive San Diego, CA 92121-4356
Karen Dahut	Director	6340 Sequence Drive San Diego, CA 92121-4356
Bridgette Heller	Director	6340 Sequence Drive San Diego, CA 92121-4356
Kyle Maladay	Director	6340 Sequence Drive San Diego, CA 92121-4356
MANAGING EMPLOYEE		
Jereme Sylvain	SVP Finance & Chief Accounting Officer	6340 Sequence Drive San Diego, CA 92121-4356

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEXCOM, 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 EIGHTEENTH DAY OF FEBRUARY, 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 "DEXCOM, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3030192 8300

SR# 20210511423

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202540670

Date: 02-18-21



Medical Gas - Durable Medical Equipment

Issued to :

PERMIT NO
C002017

DEXCOM, INC.
KEVIN R. SAYER
6340 SEQUENCE DRIVE
SAN DIEGO, CA 92121

EXPIRES
10/31/2022

DEXCOM, INC.
8046 EAST RAY ROAD
MESA, AZ 85212

Kam Gandhi
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 : KEVIN R. SAYER
LICENSE NUMBER : C002017
EXPIRES : 10/31/2022

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.

**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, 2020**

☐ 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 **000-51222**

 **dxcm-20201231_g1.jpg**

DEXCOM, INC.

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

33-0857544

(I.R.S. Employer Identification No.)

6340 Sequence Drive, San Diego, CA 92121

(Address of principal executive offices)

(858) 200-0200

(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, \$0.001 Par Value Per Share	DXCM	The Nasdaq Stock Market LLC (Nasdaq Global Select Market)

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 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 has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

1
As of June 30, 2020, the last business day of the registrant's most recently completed second fiscal quarter, the aggregate market value of the registrant's common stock held by non-affiliates of the registrant was approximately \$38.5 billion based on the closing sales price of \$405.40 per share as reported on the Nasdaq Global Select Market.

Indicate the number of shares outstanding of each of the registrant's classes of common stock, as of the latest practicable date.

Class	Outstanding at February 4, 2021
Common stock, \$0.001 par value per share	96,177,363

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement relating to its 2021 Annual Meeting of Stockholders (the "Proxy Statement") are incorporated by reference in Part III, Items 10 through 14 of this Annual Report on Form 10-K, as specified in the responses to those item numbers. Except with respect to information specifically incorporated by reference in the Form 10-K, the Proxy Statement is not deemed to be filed as part hereof.

JAMES R. KASSELMANN

PROFILE

MULTILINGUAL BIOPHARMA OPERATIONS EXECUTIVE with extensive experience in successfully leading and growing global life sciences organizations. Expertise in strategy development as well as leading operational planning and execution of manufacturing operations, capital engineering projects and process improvement initiatives. Built high-performing organizations in a highly competitive and regulated environment where immediate positive impacts were needed. Global experiences have shaped an innovation mindset that has delivered top-tier results. Selected throughout 39-year career to direct the most complex operations in order to positively affect difficult leadership and organizational challenges. Highly skilled in directing the development and implementation of strategic as well as tactical plans, while consistently improving the leadership environment under challenging financial and operational conditions. Focus has always been on delivering critical operating targets. Hands-on, energetic leader, adept at creating a vision and building teams that exceed expectations. Fluent in Norwegian and Danish.

PROFESSIONAL EXPERIENCE

DEXCOM Mesa, AZ

2016 – present

Site Head/Sr. Director Manufacturing (Commercial Production)

Established all initial commercial operations at brand new 148,000 sqft site

- Scaled site from 40 employees to >1,000
- Completed all start-up and subsequent Regulatory audits with zero non-conformances
- Launched G6 production in 2019

GILEAD SCIENCES – Oceanside, CA

2011 – Jun 2016

(\$25 billion global biopharma/life sciences, R&D and commercial operations)

Site Head/Sr. Manufacturing/Plant Director (Clinical Biologics Production)

Aggressively recruited to establish Gilead Sciences' first biologics manufacturing plant. Commissioned all cGMP areas/systems and thawed first cell back ampoule in <90 days. California State Food and Drug Branch 3-day site licensing audit was ended after two days with zero notice of violations.

- Executed 50 production runs supporting projects spanning Phase-1 clinical to commercial requirements.
- In 4.5 years grew biologics campus from one building (70K sqft) and 52 employees to four buildings (380K sqft) and >350 employees.
- 23% reduction in cost of goods from clinical to commercial production.
- 0% variance against 2015 expense budget. Total budget accountability for 2016 is \$158 million.

GENENTECH, a member of the Roche Group - Oceanside, CA

2005 – 2011

(CHF 48.1 billion global biopharma/life sciences, R&D and commercial operations)

Director, Clinical Production Plant Operations

Recruited to drive turnaround of clinical production operations and site leadership supporting global clinical trial demands. Saved \$1.8 million within a \$20 million clinical budget.

- Led a 200% improvement in employee engagement survey results measuring leadership impact.
- 100% production success rate over 2+ years.
- Improved manufacturing, planning and quality processes to eliminate production-start delays, reduced new product introduction timelines by 25%, from eight weeks to six.

JAMES R. KASSELMANN

Director, Production Services Division

Hand-picked as site Operational Excellence Head to lead campus (500+ employees) to Class-A certification by the Oliver Wright International Group. Directed S&OP strategies, production planning, distribution, logistics, IT, Project Management and Operational Excellence staffs. Reported to Site General Manager. Led Genentech Oceanside initiative as first global campus to attain Class-A certification in Business Process Excellence. Applied Lean and Six Sigma methodologies achieved this significant milestone.

Associate Director, Commercial QC Operations

- Led commercial QC to highly successful FDA and EMA audits for the newly constructed biologics plant supporting the Avastin pre-approval inspections.
- Zero observations noted during regulatory audits.
- >2,000 samples tested and successfully processed monthly.
- 50% reduction in QC testing turn-around and COA issuance within first three months.

BIOGEN – Oceanside, CA

2003 – 2005

(\$19 billion global biopharma leader)

Senior Manager, QC Product/Stability Testing and Materials Management Departments

Recruited by site Quality Head to turn around a sub-performing department. Immediate needs were to establish operational rigor, leadership, test plan execution discipline to critical COA and stability testing while at the same time developing lab group leaders.

- Directed critical QC product testing activities; executed methods transfer training of two commercial products and three clinical products to Cambridge, MA and Raleigh, NC sites. Transferred all stability samples, retain samples and reference standards.
- 25% reduction in QC biochemistry BDS and drug product turn-around times and 55% decrease in “late test results” in QC lab within three months; met critical CBE-30 filing time points for first time at the site.
- Directed \$18 million capital construction project where commissioning and cGMP governed validation activities supported a large-scale bio-pharmaceutical warehouse and dispensary facility.

UNITED STATES MARINE CORPS – Global

1982 – 2002

Completed exemplary 20-year career as a Lieutenant Colonel – global logistics/supply-chain operations expert.

- Excelled in sensitive positions requiring interaction with high-level U.S. and International Department of State and Department of Defense organizations.
- Led logistics and transportation planning actions for I Marine Expeditionary Force that supported Operation Enduring Freedom
- Led logistics and transportation planning actions for I Marine Expeditionary Force contingency plans in the Horn of Africa
- \$15 million saved in transportation costs. Planned for and gained approval from the U.S. Secretary of Defense for an innovative strategy supporting emergency international supply-chain operations following 9/11 attacks.
- Recognized and highly sought-after subject-matter-expert for strategy development, analytical planning and the hands-on direction of fast tempo global logistics and supply-chain operations.
- Served in Norway for 3 ½ years; selected for a senior-level exchange of officers program with the U.S. Marine Corps and the Norwegian military (1996-2000).
- Security clearance: Top Secret – SCI (Sensitive Compartmentalized Information)

JAMES R. KASSELMANN

EDUCATION

The University of Cincinnati – BS Education, 1982
The Marine Corps University – Career Level School, Honor Roll, 1991
Defense Language Institute – Certificate in Norwegian Language studies, 1996
The University of Oslo, Norway – Certificate in language studies, 1997
The Royal Norwegian Armed Forces Command and Staff College – USMC Exchange Student, 1998
Massachusetts Institute of Technology – Biopharma Processing Certificate, 2010

AFFILIATIONS

California Board of Pharmacy, Designated Representative License number, EXC 17381
Chairman, Economic Development Advisory Board, City of Mesa AZ 2017- present
Board of Directors, JDRC Southwest Chapter, Phoenix AZ, 2018 - present
Vice-Chair, City of Oceanside Economic Development Commission, 2012-2016
USO and Pepperdine University philanthropy, "Waves of Appreciation," 2010-present
Board of Directors, Pointman (501C non-profit org) 2016-2017

AWARDS

Gilead Sciences, Key Contributor 2012 & 2015
Genentech, Operational Excellence Sponsor of the Year 2009
Genentech, Key Contributor 2005-2010
Legion of Merit Medal, United States Marine Corps, 2002
Defense Superior Service Medal, Norwegian Dept. of Defense, 2000
Meritorious Service Medal, United States Navy, 1996
Navy-Marine Corps Commendation Medal, 1994
Logistics Honor Graduate, Marine Corps University, 1991
Meritorious Service Medal, United States Marine Corps, 1990
Navy-Marine Corps Achievement Medal, 1987

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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 by all types of ownership

Facility Name: Nabriva Therapeutics US, Inc.

Physical Address: 1000 Continental Dr., Suite 600

City: King of Prussia State: PA Zip Code: 19406

Telephone Number: 610-816-6640 Fax Number: 610-816-6639

Toll Free Number: _____

E-mail: *dina.lynnch@nabriva.com* Website: www.nabriva.com

Facility Manager: Michelle Urban

Professional qualifications and experience of facility manager: 10 years in pharmaceuticals, currently in development of distribution strategy, including negotiations and contract execution for Virtual.

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: _____

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

Robert Crotty, General Counsel
Print Name of Authorized Person

2/9/2021
Date

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE
 Parent Company if any: Nabriva Therapeutics plc
 Corporation Name: Nabriva Therapeutics US, Inc.
 Mailing Address: 1000 Continental Dr., Suite 600
 City: King of Prussia State: PA Zip: 19406
 Telephone: 610-816-6640 Fax: 610-816-6639
 Contact Person: Michelle Urban

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: 8/22/2014
 Registration number issued: 599588
 Stock Exchange: NASDAQ - NBRV

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

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NABRIVA THERAPEUTICS 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 TWENTY-SIXTH DAY OF JANUARY, A.D.
2021.



5590973 8300

SR# 20210208867

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202363397

Date: 01-26-21



Certificate of Record

Certificate No. 9500000092

Category:

Office/Corporate Location
No product onsite

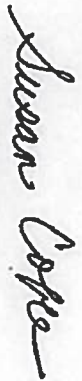
NABRIVA THERAPEUTICS US, INC.
1000 CONTINENTAL DRIVE
SUITE 600
KING OF PRUSSIA, PA 19406

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: February 28, 2018

Expiration Date: The Last Day of March, 2021


Susan Coble
Acting Deputy Secretary for Quality Assurance




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).

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Certificate(s): **9500000092** issued: 2/28/2018 expires: 3/31/2021

Nabriva Therapeutics US, Inc. 1000 Continental Drive Suite 600; King of Prussia, PA 19406

[Back to DD&C Home](#)

.....
[Home](#) : [Press Releases](#) : [Office of the Secretary](#)
[Bureau of Community Program Licensure and Certification](#) : [Drug, Device and Cosmetic Program](#) : [Quality Assurance](#)

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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.



Nabriva Therapeutics US, Inc.
1000 Continental Drive, Suite 600
King of Prussia, PA 19406
United States

Attachment A

Nabriva Therapeutics is a Virtual Drug Manufacturer.

Nabriva Therapeutics plc is the parent company (100% ownership) and is a publicly traded company, NASDAQ GS: NBRV (Form 10-K).

Nabriva Officers:

Ted Schroeder, Chief Executive Officer

Steven Gelone, President and COO

Gary Sender, Chief Financial Officer

Jennifer Schranz, CMO

Robert Crotty, General Counsel

Directors:

Daniel Burgess – Chairman

Ted Schroeder

Carrie Bourdow

Colin Broom

Mark Corrigan, MD

George Talbot, MD, FACP, FIDSA

Charles Rowland, Jr., CPA

Stephen Webster

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 001-37558

Nabriva Therapeutics plc

(Exact name of registrant as specified in its charter)

Ireland

(State or other jurisdiction of incorporation or organization)

25-28 North Wall Quay

IFSC, Dublin 1, Ireland

(Address of principal executive offices)

Not applicable

(I.R.S. Employer Identification No.)

Not applicable

(Zip Code)

+353 1 649 2000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Ordinary Shares, nominal value \$0.01 per share	NBRV	The Nasdaq Stock Market LLC

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 Act). Yes ☐ No ☒

As of June 28, 2019 (the last business day of the registrant's most recently completed second fiscal quarter), the aggregate market value of the registrant's voting securities held by non-affiliates was approximately \$176.1 million based on the last reported sale price of the registrant's ordinary shares on June 28, 2019. As of February 28, 2020, the registrant had 94,623,564 ordinary shares outstanding.

Table of Contents

NABRIVA THERAPEUTICS plc
Notes to the Unaudited Consolidated Financial Statements

1. Organization and Business Activities

Nabriva Therapeutics plc (“Nabriva Ireland”), together with its wholly owned and consolidated subsidiaries, Nabriva Therapeutics GmbH (“Nabriva Austria”), Nabriva Therapeutics US, Inc., Zavante Therapeutics, Inc., and Nabriva Therapeutics Ireland DAC, (collectively, “Nabriva”, or the “Company”) is a biopharmaceutical company engaged in the commercialization and development of novel anti-infective agents to treat serious infections. The Company’s headquarters are located at 25-28 North Wall Quay, Dublin, Ireland. Throughout these notes to the consolidated financial statements, unless the context requires otherwise, all references to “Nabriva,” “the Company,” or similar terms refer to Nabriva Therapeutics plc, together with its consolidated subsidiaries.

In September 2020, the Centers for Medicare & Medicaid Services (“CMS”) granted a new technology add-on payment (“NTAP”) for XENLETA® (lefamulin) for injection, when administered in the hospital inpatient setting. Both the intravenous (“IV”) and oral formulations of XENLETA were granted Qualified Infectious Disease Product (“QIDP”) and Fast Track designation by the U.S. Food and Drug Administration (“FDA”). CONTEPO was granted an NTAP making it the first QIDP antibiotic to be granted conditional NTAP approval prior to receiving FDA approval. CONTEPO was granted QIDP and Fast Track Designation by the FDA for the treatment of complicated urinary tract infections (“cUTIs”), including acute pyelonephritis.

On July 28, 2020, the Company announced that the European Commission (“EC”) issued a legally binding decision for approval of the marketing authorization application for XENLETA™ (lefamulin) for the treatment of community-acquired pneumonia (“CAP”) in adults following a review by the European Medicines Agency (“EMA”). The EMA approval of XENLETA in CAP patients when it is considered inappropriate to use antibacterial agents that are commonly recommended for initial treatment or when these agents have failed paves the way for the launch of XENLETA across Europe. The Company previously announced that the Committee for Medicinal Products for Human Use (“CHMP”) of the EMA adopted a positive opinion recommending approval of XENLETA for the treatment of CAP. The EC approved XENLETA for all 28 countries of the European Union (“E.U.”), Norway, Iceland, and Liechtenstein. Nabriva intends to work with a commercial partner to make XENLETA available to patients in the E.U.

On July 16, 2020, the Company announced that Sunovion Pharmaceuticals Canada Inc. (“Sunovion”), received approval from Health Canada to market oral and intravenous (“IV”) formulations of XENLETA® (lefamulin) for the treatment of CAP in adults, with the Notice of Compliance from Health Canada dated July 10, 2020. Nabriva entered into a license and commercialization agreement in March 2019 with Sunovion Pharmaceuticals Canada Inc. for XENLETA in Canada.

On July 15, 2020, the Company announced that it entered into a Sales Promotion and Distribution Agreement (the “Distribution Agreement”) with MSD International GmbH (“MSD”) and Merck Sharp & Dohme Corp. (“Supplier”), each a subsidiary of Merck & Co. Under the Distribution Agreement, MSD appointed the Company as its sole and exclusive distributor of certain products containing tedizolid phosphate as the active ingredient previously marketed and sold by Supplier and MSD under the trademark SIVEXTRO® for injection, intravenous use and oral use in the United States and its territories. SIVEXTRO is an oxazolidinone-class antibacterial indicated in adults and pediatric patients 12 years of age and older for the treatment of acute bacterial skin and skin structure infections caused by certain susceptible Gram-positive microorganisms. Nabriva has also engaged Amplity Health, a leading pharmaceutical contract commercial organization, to provide community-based commercial and sales services for SIVEXTRO and XENLETA® in the United States.



Certificate of Record

Certificate No. 9500000092

Category:

Office/Corporate Location
No product onsite

NABRIVA THERAPEUTICS US, INC.
1000 CONTINENTAL DRIVE
SUITE 600
KING OF PRUSSIA, PA 19406

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: February 28, 2018

Expiration Date: The Last Day of March, 2020 **EXP**

Susan Coble

Susan Coble

Acting Deputy Secretary for Quality Assurance



pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



March 14, 2019

717.787.4779

Nabriva Therapeutics US, Inc.
1000 Continental Drive
Suite 600
King of Prussia, PA 19406

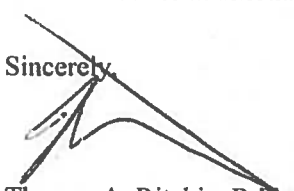
Dear Sir or Madam:

The Pennsylvania Department of Health, Drug, Device & Cosmetic Program acknowledges that the company, Nabriva Therapeutics US, Inc., is an entity within the Commonwealth that is performing business activities related to the pharmaceutical, medical device, or cosmetic industry at the stated address. The company is not engaging in the physical manufacture, storage, distribution or retailing of product at this address.

The company has voluntarily provided information and has attested that no pharmaceutical product, medical device or cosmetic of any kind is physically manufactured, stored, distributed or retailed at the address stated above. This information serves only to place the company at the specified location, on file as a courtesy and does not subject it to any on-site inspection or regulatory requirements under the purview of this office. The information is recorded under record number #9500000092 and reviewed annually.

If at any time the business function changes and pharmaceutical product, medical devices or cosmetics are physically manufactured, stored, distributed or retailed at the address stated above, an application for registration/licensure will be required by Department of Health and the facility would be subject to all laws and regulations applicable to those activities. You may visit our website at <https://apps.health.pa.gov/ddc/> or contact our office for additional information.

Sincerely,


Theresa A. Ritchie, R.Ph.
Drug & Device Program Specialist
Division of Home Health

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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 by all types of ownership

Facility Name: AXIA MEDICAL SOLUTIONS, LLC

Physical Address: 2105 CAMINO VIDA ROBLE, STLE .

City: CARLSBAD CA State: Zip Code: 92011 Telephone

Number: 866-494-4466 Fax Number: 760-931-8266

Toll Free Number: 866-494-4466

E-mail: customerservice@axiamedical.com Website: www.axiamedicalsolutions.com

Facility Manager: James Krulisky

Professional qualifications and experience of facility manager: BS degree in biochemistry
MBA in Business. Managed facility for 13 years. Successfully passed 4 NABP/VAWD inspections.

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: Sanitor Corporation

Address: 8400 W. Cerritos Ave, Stanton, CA 90680

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

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 ☒

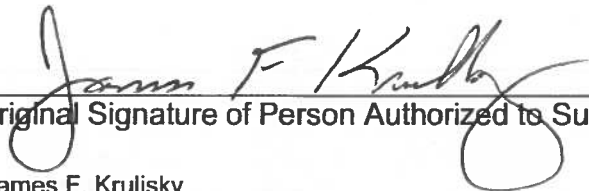
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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
James F. Krulsky
Print Name of Authorized Person
8/31/20
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: James Krulisky %: 50Name: Harold Kechter %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Axia Medical Solutions, LLCMailing Address: 2105 Camino vida Roble, Ste. LCity, State Zip Code: Carlsbad, CA 92011Telephone Number: 866-494-4466 Fax Number: 760-931-8266Contact Person: James KruliskyA 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 partnership**

* ***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".

Wholesale Drug Permit

LICENSE NO. WLS 5103
RECEIPT NO. 02370544

VALID UNTIL SEPTEMBER 01, 2021

AXIA MEDICAL SOLUTIONS LLC
2105 CAMINO VIDA ROBLE STE L
CARLSBAD CA 92009

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.

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

FORM WPHWLS (09/30/19) WL



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: AXIA MEDICAL SOLUTIONS, LLC
File Number: 200324210144
Registration Date: 08/28/2003
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of February 9, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 February 10, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RXQG5GY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

NABP ACCREDITED

DRUG DISTRIBUTOR

Axx Medical Solutions, LLC

located at

2105 Camino Villa Roble, Ste L, Carlsbad, CA 92009

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



12/29/2019 - 12/28/2022
Period of Accreditation

Self
Certified
12/29/2019

James F. Krulisky

7 Sea Terrace
Dana Point, CA 92629

Home Office (866) 494-4466

Mobile

EDUCATION

BS in Biochemistry (Cum Laude), Niagara University, 1975
MBA, Pepperdine University, 1983

James Krulisky

Mr. Krulisky is a high-achieving executive possessing extensive sales, marketing, business development, strategic planning, and manufacturing skills with a strong technical background in the medical industry. His business knowledge is a result of over twenty years of P&L responsibility, and domestic and international experiences at companies ranging from billion dollar corporations to start-ups. A formal education, work experience at a nationally known cancer research center, FDA committee membership, and scientific publications, provide the technical acumen.

He served as Vice President of Sales at Obagi Medical Products where he was instrumental in building the company to over \$100 million in sales and preparing the company for a public offering. He formed his own specialty pharmaceutical company, Axia Medical Solutions, LLC, in 2003. He holds a Bachelor degree in Biochemistry from Niagara University and a Masters in Business Administration from Pepperdine University. Mr. Krulisky has served on three subcommittees of the National Committee of Clinical Laboratory Standards which are associated with the FDA.

Mr. Krulisky is currently the acting President & CEO of Axia Medical Solutions, LLC. This multi-million dollar company specializes in prescription skin care products that are sold to medical professionals and has held this position since 2003. His responsibilities include every aspect of the company activities including but not limited to finance, R&D, sales and marketing, business development, and personnel. Mr. Krulisky was instrumental in completing all FDA and NABP/VAWD requirements and certifications. Under Mr. Krulisky's leadership Axia Medical has been NABP/VAWD compliant since 2010.

**HUB International Insurance Services Inc.**

Phone: 951-788-8500

Fax: 951-788-8502

Invoice # 1939109		Page 1 of 1
ACCOUNT NUMBER	DATE	
AXIAMED-01	07/12/2020	
BALANCE DUE ON	AMOUNT DUE	
09/01/2020	\$2,000.00	

Axia Medical Solutions, LLC
Jim Krulisky
2105 Camino Vida Roble, Ste.L
Carlsbad, CA 92009

Pay My Bill Online

Visit our online portal to easily and securely pay your HUB invoice using your banking information (ACH)

www.hubinternational.com/paymybill

Bond (Renewable)		Policy Number: LIM12053859		Effective: 09/01/2020 to 09/01/2021	
Item #	Trans Eff Date	Due Date	Trans	Description	Amount
20700629	09/01/2020	09/01/2020	RENB	CA Wholesaler or Non-Resident Wholesaler Surety Bond (Phar	\$2,000.00
Policy Invoice Balance:					\$2,000.00
Total Invoice Balance:					\$2,000.00

RENEWAL BILLING

CA Wholesaler or Non-Resident Wholesaler Surety Bond (Pharmaceutical Bond)
Pharmacy Board Contingent Fund
Bond Amount: \$100,000.00

ADDITIONAL PAYMENT OPTIONS**PAY BY CHECK**

Please remit your payment to:

HUB International
PO Box 5345
Riverside, CA 92517

AXIA MEDICAL SOLUTIONS, LLC

15911

HUB International		7/29/2020			
Date	Type	Reference	Original Amt.	Balance Due	Discount
7/28/2020	Bill	CA Bond	2,000.00	2,000.00	
				Check Amount	2,000.00

Citi Bank

2,000.00

CA BOND

BOND NO. 800007749
PREMIUM: \$500.00

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. 800007749

Application/License No. _____

Axia Medical Solutions, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2105 Camino Vida Roble, Ste. L, Carlsbad, CA, 92011, 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
6303 Owensmouth Avenue, 10th Floor, Woodland Hills, CA, 91367 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 4, 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.

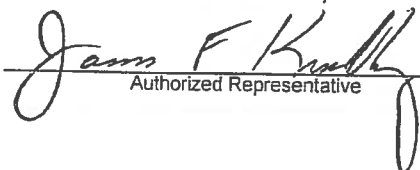
THIS BOND is subject to the following conditions:

- (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.

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
4th day of March, 20 21.

APPLICANT/PRINCIPAL
Axia Medical Solutions, LLC

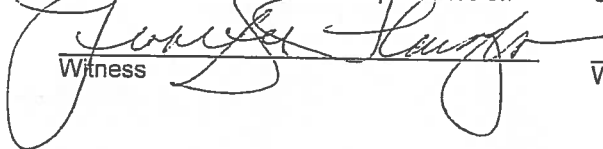

Authorized Representative

SURETY COMPANY
Atlantic Specialty Insurance Company


Surety Company's Representative

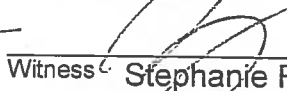
Julia B. Bales, Attorney-in-fact
print name

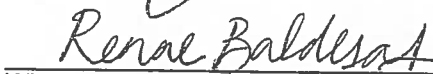
SIGNED and SEALED in the presence of:


Witness

Witness

SIGNED and SEALED in the presence of:


Witness Stephanie Fisher, Witness


Witness Renae Balderas, Witness

Countersigned by:

Nevada Non-Resident Agent Julia B. Bales

HUB International License No: 6402
Julia B. Bales License No: 738061



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: Kenneth A. Coate, Julia B. Bales, Stephanie Marie Sierota, Ashley Kay Reed Register, 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.

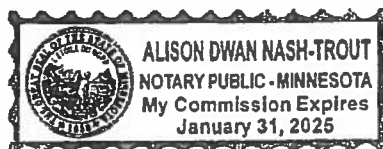
STATE OF MINNESOTA
HENNEPIN COUNTY



By

Paul J. Brehm, Senior Vice President

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.



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 the 4th day of March, 2021.

This Power of Attorney expires
January 31, 2025



Kara Barrow, Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

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 Riverside)

On MAR 04 2021 before me, Karina J. Alvarado, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Julia B. Bales
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

Kahvarado*Signature of Notary Public*

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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: Julia B. Bales☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☒ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

**Inland Surety****A Division of HUB International Insurance Services Inc.**

3390 University Avenue, Suite 300
Riverside, CA 92501
(951) 788-8581
Fax (951) 742-4701
Lic. No. 0757776

March 5, 2021

Axia Medical Solutions, LLC
Attention: Jennifer Flanagan
2105 Camino Vida Roble, Ste. L
Carlsbad, CA, 92011

Cc:

Email:

Re: ~~NV Out of State Wholesaler License Bond~~

- ☒ Enclosed is/are ONE (1) ORIGINAL(S) and YOUR COPY of the bond.
- ☒ As applicable, sign and notarize the ORIGINAL(S).
- ☒ File the ORIGINAL(S) directly with the OBLIGEE.
- ☐ The ORIGINAL(S) has/have been sent directly to the OBLIGEE.

This is a Continuous Surety Bond and the Obligor looks upon these bonds as running continually until cancelled. However, the Surety does subject them to renewal premiums, and if applicable, an underwriting review at renewal too.

BOND TYPE: NV Out of State Wholesaler License Bond

BOND DESCRIPTION:

TRANSACTION: NEW

PRINCIPAL: Axia Medical Solutions, LLC

OBLIGEE: NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440

BOND AMOUNT: \$25,000.00

SURETY: Atlantic Specialty Insurance Company

BOND NUMBER: 800007749

EFFECTIVE DATE: 3/4/21

RENEWAL DATE: 3/4/22

PREMIUM: \$500.00

INVOICE: TO FOLLOW

Please let us know what questions you may have. Your business is very important to us.

**HUB International Insurance Services Inc.**

Phone: 951-788-8500
Fax: 951-788-8502

Invoice # 1939109		Page 1 of 1
ACCOUNT NUMBER	DATE	
AXIAMED-01	07/12/2020	
BALANCE DUE ON	AMOUNT DUE	
09/01/2020	\$2,000.00	

Axia Medical Solutions, LLC
Jim Krulisky
2105 Camino Vida Roble, Ste.L
Carlsbad, CA 92009

Pay My Bill Online

Visit our online portal to easily and securely pay your HUB invoice using your banking information (ACH)

www.hubinternational.com/paymybill

Bond (Renewable)	Policy Number: UM12053859	Effective: 09/01/2020 to 09/01/2021
------------------	---------------------------	-------------------------------------

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
20700629	09/01/2020	09/01/2020	RENB	CA Wholesaler or Non-Resident Wholesaler Surety Bond (Phar	\$2,000.00
Policy Invoice Balance:					\$2,000.00
Total Invoice Balance:					\$2,000.00

RENEWAL BILLING

CA Wholesaler or Non-Resident Wholesaler Surety Bond (Pharmaceutical Bond)
Pharmacy Board Contingent Fund
Bond Amount: \$100,000.00

ADDITIONAL PAYMENT OPTIONS**PAY BY CHECK**

Please remit your payment to:
HUB International
PO Box 5345
Riverside, CA 92517

AXIA MEDICAL SOLUTIONS, LLC

15911

Date	Type	Reference	Original Amt.	Balance Due	7/29/2020 Discount	Payment
7/28/2020	Bill	CA Bond	2,000.00	2,000.00		2,000.00
Check Amount						2,000.00

Citi Bank

2,000.00

CA BOND

4V

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 by all types of ownership

Facility Name: Fisher Scientific Company L.L.C.

Physical Address: 5902 Hopkins Road – Building 22

City: Tracy State: CA Zip Code: 95377

Telephone Number: 209.836.8100 Fax Number: None

Toll Free Number: _____

E-mail: bill.blessing@thermofisher.com Website: thermofisher.com

Facility Manager: Matt Stine

Professional qualifications and experience of facility manager: Warehouse manager approximately 10 years.

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: <u>Scientific and Laboratory supplies</u> | |

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: BD VACUTAINER LABWARE MEDICAL

Address: 1 BECTON DRIVE-MC016 FRANKLIN LAKES NJ 07417

Name: HANNA'S PHARMACEUTICAL SUPPLY CO.

Address: 2505 WEST 6TH ST WILMINGTON DE 19805

Name: MEDICAL SPECIALITIES

Address: 800 TECHNOLOGY CENTER DRIVR GROVE CITY OH 43123

Name: MOORE MEDICAL LLC

Address: 389 JOHN DOWNEY DRIVE NEW BRITIAN CT 06050

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.



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

William H Blessing

Print Name of Authorized Person

Date

2/17/20

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Fisher Scientific Company L.L.C.Mailing Address: 300 Industry DriveCity: Pittsburgh State: PA Zip: 15275Telephone: 412.765.9458 Fax: 724.517.1546Contact Person: William Blessing

For any corporation non publicly traded, disclose the following:

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

a) <u>Fisher Scientific International LLC</u>	<u>300 Industry Drive, Pittsburgh PA</u>
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? _____

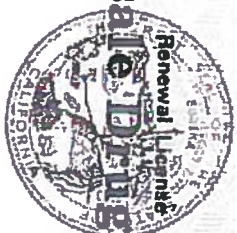
A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non publicly traded corporationList 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.



LICENSE NO. WLS 7453
RECEIPT NO. 00168392



Wholesale Drug Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

VALID UNTIL OCTOBER 01, 2021

FISHER SCIENTIFIC COMPANY LLC
5902 HOPKINS RD BLDG 22
TRACY CA 95377

09/15/20
09/15/20

The official status of this license can be verified at www.dpharmacy.ca.gov

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

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.

Maria Herrera

From: Blessing, Bill <bill.blessing@thermofisher.com>
Sent: Thursday, March 11, 2021 1:06 PM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- Fisher Scientific Company LLC

Hi Maria,

The response to the question is No.

Respectfully,

Bill Blessing

William Blessing
 Senior Regulatory Affairs Specialist III
 Product Support, CCG
 Thermo Fisher Scientific
 300 Industry Drive
 Pittsburgh, PA 15275
 (724) 517-1831
 (724) 517-1546 fax
 (412) 765-9458 mobile
bill.blessing@thermofisher.com
www.thermofisher.com

From: Maria Herrera [mailto:m.herrera@pharmacy.nv.gov]
Sent: Thursday, March 11, 2021 2:02 PM
To: Blessing, Bill
Subject: RE: Nevada Wholesaler Application- Fisher Scientific Company LLC

CAUTION: This email originated from outside of Thermo Fisher Scientific. If you believe it to be suspicious, report using the Report Phish button in Outlook or send to SOC@thermofisher.com.

Hi Bill,

I left a voice mail on your phone earlier today, just wanted to let you know we are finalizing the application and noticed on page 2 one of the top questions is blank.

I have wrote the question below with answer choice, please just chose an answer and I will attach this email to the application and transfer your answer.

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

Thank You,
 Maria

From: Maria Herrera
Sent: Thursday, February 25, 2021 1:03 PM

To: 'Blessing, Bill' <bill.blessing@thermofisher.com>

Subject: RE: Nevada Wholesaler Application- Fisher Scientific Company LLC

Thanks Bill! 😊

Maria Herrera
 Licensing Specialist
 Nevada State Board of Pharmacy
 985 Damonte Ranch Pkwy Suite 206
 Reno, NV 89521
 775-850-1440
m.herrera@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.

From: Blessing, Bill <bill.blessing@thermofisher.com>

Sent: Thursday, February 25, 2021 12:29 PM

To: Maria Herrera <m.herrera@pharmacy.nv.gov>

Subject: RE: Nevada Wholesaler Application- Fisher Scientific Company LLC

Good Afternoon Maria,

Thanks for the note and no apology needed. I have been in a 2020 fog and did not notice the inconsistency myself. Attached kindly find the requested documents and lets run toward the weekend off! 😊

Respectfully,

Bill Blessing

William Blessing
 Senior Regulatory Affairs Specialist III
 Product Support, CCG
 Thermo Fisher Scientific
 300 Industry Drive
 Pittsburgh, PA 15275
 (724) 517-1831
 (724) 517-1546 fax
 (412) 765-9458 mobile
bill.blessing@thermofisher.com
www.thermofisher.com



Fisher Scientific Company L.L.C. Directors and Officers List

Last Name	First Name	Officer Title	Business Title	Business Address
Bruni	James	Assistant Secretary and Assistant Treasurer	Director Tax	Thermo Fisher Scientific 600 Business Center Drive Pittsburgh, PA 15205 412-490-8022
Doernberg	Alan	Assistant Secretary	Senior Counsel Intellectual Property	Thermo Fisher Scientific 300 Industry Drive Pittsburgh, PA 15275 724-517-2451
Sabo	John	Secretary	Vice President and General Counsel Customer Channels Group	Thermo Fisher Scientific 300 Industry Drive Pittsburgh, PA 15275 724-517-1824
Smith	Anthony	Vice President	Vice President Tax & Treasury and Treasurer	Thermo Fisher Scientific 168 Third Avenue Waltham, MA 02451 781-622-1132
Spellman	Maura	Assistant Treasurer	Assistant Treasurer	Thermo Fisher Scientific 168 Third Avenue Waltham, MA 02451 781-622-1201
Witte	Lisa	President Research and Safety Market Division	President Research and Safety Market Division	Thermo Fisher Scientific 300 Industry Drive Pittsburgh, PA 15275 724-517-2533

Fisher Scientific Company L.L.C. is a Delaware limited liability company with a principal place of business at 300 Industry Drive, Pittsburgh, PA 15275.
 Fisher Scientific Company L.L.C. is a wholly-owned subsidiary of Fisher Scientific International LLC
 Fisher Scientific International L.L.C. is a Delaware limited liability company with a principal place of business at 168 Third Avenue, Waltham, MA 02451.
 Fisher Scientific International L.L.C. is a wholly-owned subsidiary of Thermo Fisher Scientific Inc.
 Thermo Fisher Scientific Inc. is a Delaware corporation with a principal place of business at 168 Third Avenue, Waltham, MA 02451.
 Thermo Fisher Scientific Inc. is publicly traded on the New York Stock Exchange under the symbol "TMO."

MATTHEW STINE

Charlotte Way, Livermore CA 94550 • (

n

SENIOR PRODUCT SUPPLY & LOGISTICS MANAGER

General Management / Project & Program Implementation / Team Building & Leadership

Highly experienced Manager with multi-site management expertise to deliver effective facility, dispatch, and productivity management for start-up and established companies. Possess the range of qualifications and experience to lead operations and deliver effective leadership to teams in union and non-union environments. Demonstrated ability to profitably manage complex, large-scale operations and build strong, loyal employee and vendor relationships. Offer proven strengths in turnaround and change management, in-depth analysis and reorganization of underperforming departments and processes, and staff management. Adept at leading cross-functional teams to achieve corporate objectives. Technically proficient; experienced with Microsoft Word, Excel, PowerPoint, and Outlook, and proprietary software programs in Windows, UNIX, and DOS environments. *Core competencies include:*

- Strategic Business Planning
- Cost Reduction & Avoidance
- Automation Implementation
- Labor Relations
- Contract Negotiations
- Profit & Loss Management
- Mergers/Integration Change Management
- Lean/Six Sigma
- Engineered Labor Standards
- Layout Optimization

PROFESSIONAL EXPERIENCE

Regional Operations Manager, June 2018 – Present Thermo Fisher Scientific, Tracy CA

Site manager for new startup of Northern California Distribution Center.

Supply Chain Operations Manager, October 2017– Present XPO Logistics, Fremont CA

Operations Manager for a multi location customer group leading process change and improvement, layout optimization and flow, systems and new equipment implementation.

Selected accomplishments:

- Systems Enhancements – WMS – Conversion of new business units to WMS
- Pick Systems integration – Pick to Lite
- Layout Optimization – Inbound and Outbound flow
- Rack Enhancements – Drive through and case flow for improvements in space utilization
- Program Management - Manage 3PL client relationship

DC GENERAL MANAGER, July 2008 – October 2017 Coca-Cola, San Leandro CA

Lead profitable operations across a top 5 largest Coca-Cola Distribution Center with 275 union and non-union personnel and maintained full P&L accountability. Develop and implement policies and procedures, and ensure compliance with corporate and government service, cost, and productivity requirements. Partner with sales force to secure new business and service existing accounts. Deliver sales presentations, and identify cost-saving opportunities and process improvements to ensure complete customer satisfaction and

Classified - Internal use

loyalty. Research and select vendors. Consult with industrial engineering, and facilities departments to maintain smooth-running operations. Compile and assess productivity, service, and cost data. Maintain all facility records. Recruit, hire, train, and coach management staff. Provide new-hire training.

Selected accomplishments:

- Successfully **implemented the merger** of Coca-Cola Enterprises and Coca-Cola Refreshments
- **Developed and implemented operational process changes** using Lean methodology
- Manage the DSD Warehouse and Delivery Operations as well as Transportation and Shipping of produced product to regional internal customers covering all of Northern California and 14 downstream Distribution centers
- Successful project management for multiple transformation projects, including – Yard Management and Dock Scheduling, SAP process changes, Layout Optimization, and WMS
- Developed and led initiatives to **improve employee satisfaction** as initiatives from engagement survey results
- Selected, trained, mentored and **developed subordinate management** and supervisory employees. Two subordinates promoted into managerial positions of greater responsibility

DISTRICT GM, 2002 – 2008

DHL EXPRESS/AIRBORNE EXPRESS, Oakland, Corte Madera, Petaluma, Sunnyvale, CA

Lead profitable operations across three large service centers with 200 unionized personnel and maintained full P&L accountability for the \$3 billion air transportation company DHL Express (previously Airborne Express). Develop and implement policies and procedures, and ensure compliance with corporate and government service, cost, and productivity requirements. Partner with sales force to secure new business and service existing accounts. Deliver sales presentations, and identify cost-saving opportunities and process improvements to ensure complete customer satisfaction and loyalty. Research and select vendors. Consult with industrial engineering, aircraft operations, and facilities departments to maintain smooth-running operations. Compile and assess productivity, service, and cost data. Maintain all facility records. Recruit, hire, train, and coach management staff. Provide new-hire training.

Selected accomplishments:

- Successfully planned and **implemented the merger** of DHL and Airborne facilities into a single, cohesive operating unit.
- **Developed and implemented operational process changes** that improved year over year productivity by 9% through process improvement utilizing TSP.
- International Transit **Team Leader** focused on improving U.S and Asia trade lanes.
- “Apex” award winner for leading efforts to **eliminate theft** at the highest theft location in the company.
- Managed West Coast’s largest operations budget of **\$27 Million** consistently below budget.
- Led project teams to **troubleshoot and correct** operational issues at under performing service centers throughout the operating region.
- Developed and led initiatives to **improve employee satisfaction** improving the Manager Relevancy Index from 3.07 to 3.62 on the annual Employee Opinion Survey.
- Selected, trained, mentored and **developed subordinate management** and supervisory employees. Six subordinates promoted into managerial positions of greater responsibility.

NETWORK INVENTORY MANAGMENT, 2001 – 2002

SPRINT PCS, Pleasanton, CA

- Managed warehouse contracts supporting wireless network build out.
- Managed 3pl warehouse product deployment to build sites

UNITED STATES MARINE CORPS, 1989 – 1993
BV0311 Security Forces

EDUCATION

BACHELOR OF SCIENCE, APPLIED ECONOMICS 2002
THE UNIVERSITY OF SAN FRANCISCO

ADDITIONAL SKILLS

- **PROJECT MANAGEMENT** by Novations - *Transforming Strategy into Business Results*
- **TIME MANAGEMENT** by Franklin Covey - *Focus: Achieving Your Highest Priorities*
- **MEDIATION AND INVESTIGATIVE SKILLS TRAINING** by Dowling College
- **INTERVIEW AND INTERROGATION TECHNIQUES** by Wicklander – Zulawski and Associates
- **LEAN** by Lean Enterprises Institute- *Kaizen, Fundamentals of the TPS, Connect People and Product Value Streams*

REFERENCES

AVAILABLE UPON REQUEST



The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

*Fisher Scientific Company, LLC
dba Fisher Healthcare and Fisher Scientific*

located at

5902 Hopkins Rd, Bldg 22, Tracy, CA 95377

This facility has met all the Verified-Accredited Wholesale Distributors (V.A.W.D) 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. Catzone, Executive Director/Secretary

December 2, 2019 - December 1, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

Verified
3/10/21
MS



Home > Programs > Drug Distributor Accreditation > Accredited Drug Distributors

Accredited Drug Distributors

DRUG DISTRIBUTOR ACCREDITATION

Apply

Criteria

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State

(All)

Search

Reset

Current list of 10 Verified-Accredited Wholesale Distributors®

VAND accreditation is valid for 3 years
Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Fisher Healthcare and Fisher Scientific	5902 Hopkins Road, Suite 200 Folsom, CA 95377	12/02/19
Fisher Scientific and Fisher Healthcare	8771 Silver Crest Road Hazard, PA 18064	Reaccreditation in process
Fisher Scientific and Fisher Healthcare	6722 Eldorado Avenue Chico, CA 95709	03/14/17
Fisher Scientific and Fisher Healthcare	4700 Midway St Denver, CO 80239	07/05/17
Fisher Scientific and Fisher Healthcare	325 Bowles Road Agawam, MA 01001	11/10/17
Fisher Scientific and Fisher Healthcare	7383 Empire Drive, Ste. A Florence, KY 41042	04/12/18
Fisher Scientific and Fisher Healthcare	4951 Longdon Rd Ste 170 Dallas, TX 75241	11/10/17
Fisher Scientific and Fisher Healthcare	3315 Atlantic Avenue Raleigh, NC 27604	11/17/17
Fisher Scientific Company, LLC dba Fisher Healthcare, Fisher Scientific	4100 Turnberry Dr Hanover Park, IL 60133	Reaccreditation in process

Fisher Scientific Company, LLC dba Fisher Healthcare and 4951 Empire Drive, Ste. A, Florence, KY 41042

Verified
2/2/2020



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: FISHER SCIENTIFIC COMPANY L.L.C.
California Name: FISHER SCIENTIFIC COMPANY L.L.C.
File Number: 199806310018
Registration Date: 03/04/1998
Entity Type: FOREIGN LIMITED LIABILITY COMPANY
Jurisdiction: DELAWARE
Status: ACTIVE (GOOD STANDING)

As of February 24, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 February 25, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RMWBV1Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

VERIFICATION OF BOND IN FORCE
Form SB-3

Type of Bond: License/Permit Bond

Name of Principal: FISHER SCIENTIFIC COMPANY L.L.C.

Obligee: STATE OF NEVADA AND NEVADA STATE BOARD OF PHARMACY

Carrier: WESTCHESTER FIRE INSURANCE COMPANY

Bond Number: K09116485

Effective Date: October 1, 2020

Limit: \$ 100,000.00

Premium: \$ 650.00

This Bond is continuous with no definite expiration date. Sufficient Premium has been paid to satisfy the requirements of the Carrier for this bond to October 1, 2021.

WESTCHESTER FIRE INSURANCE COMPANY

By


Frances Rodriguez Attorney in Fact

Date: February 15, 2021

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 Anne Potter, Nancy Schnee, Valorie Spates and Beverly A. Woolford of Garden City, New York; Debra A. Deming, Sandra Diaz, Cynthia Farrell, Peter Healy, Pablo Garcia Horcajo, Francesca Kazmierczak, Kristine Mendez, Aklima Noorhassan and Frances Rodriguez of New York, New York

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 23rd day of May, 2019.

Dawn M. Chloros

DAWN M. CHLOROS, Assistant Secretary

Stephen M. Haney

STEPHEN M. HANEY, Vice President



STATE OF NEW JERSEY

County of Hunterdon

SS

On this 23rd day of May, 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. 5452400
Commission Expires November 21, 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 15th day of February, 2021



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

VERIFICATION CERTIFICATE

Type of Bond: License/Permit Bond

Name of Principal: FISHER SCIENTIFIC COMPANY L.L.C.

Obligee: STATE OF NEVADA AND NEVADA STATE BOARD OF PHARMACY

Carrier: WESTCHESTER FIRE INSURANCE COMPANY

Bond Number K09116485

Effective Date: October 1, 2019

Limit: \$100,000.00

Premium: \$ 750.00

This Bond is continuous with no definite expiration date. Sufficient Premium has been paid to satisfy the requirements of the Carrier for this bond to October 1, 2020.

Current Locations:

1. 4500 Turnberry Drive, Hanover Park, IL 60133
2. 7383 Empire Drive, Suite A, Florence, KY 41042
3. 3970 Johns Creek Court, Suwanee, GA 30024
4. 2775 Horizon Ridge Court, Suwanee, GA 30024
5. 4700 Moline Street, Denver, CO 80239
6. 325 Bowles Road, Agawam, MA 01001
7. 6722 Bickmore Avenue, Chino, CA 91708
8. 4951 Langdon Rd, Suite 170, Dallas TX 75241
9. 3315 Atlantic Avenue, Raleigh, NC 27604
10. 5902 Hopkins Road, Building 22, Tracy, CA 95377
11. 14302 24th Street, Sumner, WA 98390

WESTCHESTER FIRE INSURANCE COMPANY

By: 
Anne Potter, Attorney-in-Fact

Date: February 18, 2020

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 Anne Potter, Nancy Schnee, Valorie Spates and Beverly A. Woolford of Garden City, New York; Debra A. Deming, Sandra Diaz, Cynthia Farrell, Peter Healy, Pablo Garcia Horcajo, Francesca Kazmierczak, Kristine Mendez, Aklima Noorhassan and Frances Rodriguez of New York, New York

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 23rd day of May, 2019.



Dawn M. Chloros, Assistant Secretary



Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

On this 23rd day of May, 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


 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 18th day of February, 2020.




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

WESTCHESTER FIRE INSURANCE COMPANY
STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

JUNE 30, 2019

(in thousands)

ASSETS		LIABILITIES AND SURPLUS TO POLICYHOLDERS	
Cash and Short Term Investments	\$ 58,556	Outstanding Losses and Loss Expenses	\$ -
United States Government, State and Municipal Bonds	107,641	Reinsurance Payable on Losses and Expenses	-
Other Bonds	51,622	Unearned Premiums	-
Stocks	29	Ceded Reinsurance Premiums Payable	-
Other Invested Assets	<u>6,738</u>	Other Liabilities	<u>131,246</u>
TOTAL INVESTMENTS	<u>224,586</u>	TOTAL LIABILITIES	<u>131,246</u>
Investments in Affiliates	-	Capital Stock	5,000
Premiums Receivable	-	Paid-In Surplus	59,858
Other Assets	<u>122,316</u>	Unassigned Funds	<u>150,800</u>
		SURPLUS TO POLICYHOLDERS	<u>215,658</u>
TOTAL ADMITTED ASSETS	<u>\$ 346,902</u>	TOTAL LIABILITIES AND SURPLUS	<u>\$ 346,902</u>

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At June 30, 2019, investments with a carrying value of \$15,889,841 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 30th day of June, 2019.

Sworn before me this August 27, 2019


 Senior Vice President


 Notary Public

August 8, 2023
 My commission expires

Commonwealth of Pennsylvania - Notary Seal
 Diane Wright, Notary Public
 Philadelphia County
 My commission expires August 8, 2023
 Commission number 1235745

Member, Pennsylvania Association of Notaries

4W

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 <u>box</u> 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 by all types of ownership

Facility Name: Smiths Medical ASD, Inc

Physical Address: 6250 Shier Rings Road

City: Dublin State: OH Zip Code: 43016

Telephone Number: 614 889 2220 Fax Number: 614 793 2106

Toll Free Number: 800 848 1757

E-mail: statelicensing@smiths-medical.com Website: https://www.smiths-medical.com/en-us

Facility Manager: Cherisa Jerez

Professional qualifications and experience of facility manager: Doctrate in Intl. Business
15 Army Officer 12+ years Manufacturing Leadership

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: Prescription Drugs for Human Use

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

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

Yes ☒ No ☐

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your 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 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 ☒

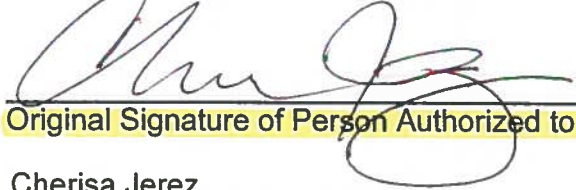
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Cherisa Jerez

Print Name of Authorized Person

23 July 2020
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Smiths Medical UKMailing Address: 1500 Eureka Park, Lower PembertonCity: Ashford State: Kent Zip: TN25 4BFTelephone: 44 01233 722199 Fax: N/AContact Person: N/A

For any corporation non-publicly traded, disclose the following:

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

a) Smiths Medical UK - 1500 Eureka Park, Lower Pemberton, Ashford, Kent TN25 4BF
Name Business Addressb) N/A
Name Business Addressc) N/A
Name Business Addressd) N/A
Name Business Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/AA 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

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMITHS MEDICAL ASD, 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 FOURTH DAY OF MARCH, 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 "SMITHS MEDICAL ASD, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 1985.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2059958 8300

SR# 20210805286

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202656187

Date: 03-04-21



**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 June 30, 2021.

SMITHS MEDICAL ASD, INC.

6250 SHIER RINGS ROAD

DUBLIN, OH 43016

License Number: 011625150

Wholesaler - Category 2

Expiration Date: June 30, 2021

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS - Full Service

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
CHERISA JEREZ	

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

Smiths Medical
6000 Nathan Lane N
Minneapolis, MN 55442
T: 763 383 3000
F: 763 383 3679
www.smiths-medical.com

23JUL2020

Dublin Application – Nevada

Attachment A: List of Officers and Directors

Corporate Officers

- Name: Muhammad JehanZeb Noor
 - Title: President/CEO
 - Business Address: 6000 Nathan Lane N, Plymouth MN 55442

- Name: Jeffrey Scott Vogel
 - Title: VP, Secretary, Treasurer
 - Business Address: 5200 Upper Metro Place, Dublin OH 43017

Directors

- JehanZeb Noor
 - Same as above

- Joel Carlton Williams
 - Title: GM - Americas Region
 - Business Address: 6000 Nathan Lane N, Plymouth MN 55442

- George James Montague
 - Title: SVP and CFO
 - Business Address: 6000 Nathan Lane N, Plymouth MN 55442



*The National Association of Boards of Pharmacy[®]
hereby awards*

*Verified-Accredited Wholesale Distributors[®]
Accreditation*

to

Smiths Medical AID, Inc

located at

6250 Thier Rings Rd, Dublin, OH 43016

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

Carmen A. Catizone, Executive Director/Secretary

June 4, 2018 - June 3, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

*Verified
6/10/20
MS*



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Establishment Registration and Device Listing

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Establishment:

SMITHS MEDICAL ASD, INC.
6250 SHIER RINGS RD.
DUBLIN , OH 43016

Registration Number: 1526863

FEI Number*: 1526863

Status: Active

Initial Distributor/Importer: Yes

*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.

Date Of Registration Status: 2021

Owner/Operator:

[SMITHS GROUP PLC](#)⁶

6000 Nathan Ln N
Minneapolis, MN US 55442

Owner/Operator Number: [8020727](#)⁷

Official Correspondent:

Adam Johnson
6000 Nathan Ln N
Minneapolis, MN 55442
Phone: 651-4427259

Verified
3/10/21
MS

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 03/08/2021

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U.S. Department of **Health & Human Services**

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Fluent in English and Spanish
Proficient with SAP
Excellent communication skills

Secret Clearance
Strong Business Intelligence Data Analysis
Change Agent

Proficient with MS Office
Strong ERP Design

PROFESSIONAL EXPERIENCE

Smiths Medical — April 2019 – Present

Director of Operations

Site leader for medical device manufacturing facility. Responsible for 300+ employees across a 3-shift product line. Specializing in plastics injection molding and electronics assembly. Approx. \$33M in value of production.

XPO Logistics — 2017 – 2019

Director of Operations, II

P&L responsibility for 9 manufacturing warehouse and distribution centers (>3M sq ft), individually managed by general managers. Responsible for 600+ employees across multiple states and \$39M in annual revenue. Customer-facing role.

- Selected to lead contract negotiation, design, and implementation of an 11-site reverse appliance network across US major markets, estimated \$70M in incremental revenue.
- Maintained 0 Recordable safety incidents across all sites, with sites ranging from 380 to 690 days without an OSHA recordable incident.
- Standardized reporting across all sites and implemented engagement initiatives to include recognition events and general manager training focused on financial management.
- Developed an annual forecast strategy with division's largest client and collected over \$2M in past due receivables.
- Increased OTD and OTR to 99% for a multi-site account in jeopardy and negotiated a renewal on a three-year contract.
- Implemented a continuous improvement strategy, to include standardized tier boards & problem-solving training.
- Selected to drive the implementation of a new site/new customer within a 16-week timeframe to include IT infrastructure, ERP design & implementation, HR readiness and staffing, & quality adherence standards.
- Maintained 98% absolute inventory accuracy across all nine locations' physical inventory in 2018.
- Led the division in site financial performance, achieving 10% above budgeted EBITDA targets.

Thermo King a division of Ingersoll Rand — 2016 – 2017

Matl Manager II (Director Level Role)

Responsible for all manufacturing Supply Chain activities. Responsible for 120+ employees including oversight of 5 Managers overseeing Material Purchasing, Planning, Transportation & Logistics, Material Replacement Projects, 3PL Management, and Inventory Control teams for a 600+ employee site. Average \$300M in annual material spend.

- Increased OTD from 76% to 97.3% and reduced customer delay from average of 15 days to 0 days
- Re-designed the roles and responsibilities within the team to maximize effectiveness of each area of the supply chain and reducing annual labor spend by nearly \$800K
- Led site effort after analyzing cost/benefit analysis of material skins insourcing \$5M+ in cost avoidance opportunities
- Led returnable packaging initiative including capital plan resulting in projected \$300K annual savings in logistics cost.
- Negotiated expansion of 3PL warehouse and realigning storage strategy to provide \$500K in total cost savings.
- Developed standard work for Supplier Owned Materials Initiative (SOMI) targeting \$15M reduction in inventory value.
- Reduced year over year spend on freight & logistics from \$4.7M to \$700K
- Increased YOY department engagement score from 79% to 92%
- Reduced raw materials by \$10M+ YOY comparison value
- Back to back quarterly recipient of the company President's Award for Operational Excellence and Growth & Innovation
- Designed a New Product Development dashboard for multi-site/multi-functional management to include scheduling and materials management of key engineering milestones such as PPAP, MAB, and MVB.
- Developed and integrated a cycle count program that led to a physical inventory waiver for 80% of raw material value

General Electric — 2015 – 2016

Supply Chain Manager

Lead Purchasing, Planning, Receiving, and Inventory Control teams. Lead S&OP process for site.

- Increased On Time Delivery from 38% to 95% in 6 months by planning and implementing a new planning process.
- Designed new cross functional monthly excess & obsolete review.

- Implemented physical security & safety process for inventory management & warehouse operations.
- Implemented improved S&OP process to include commercial demand, revenue, backlog, and past due sales analysis.
- Redesigned purchasing strategy to allocate buyers to commodities, reducing monthly spend by 20%.
- Implemented a cycle count program increasing accuracy from 16% to 60% in only 2 months.

SKF formerly Kaydon - 2013 - 2015

Materials Manager

Multi-site functional manager with oversight of the Purchasing Group, Value Stream Master Schedulers, Production Coordinators, Shipping and Receiving, and Inventory Control team. Lead S&OP process for site.

- Reduced net inventory by 2.5 million dollars within 8 months
- Reduced Past Due orders by 1 million dollars within 2 months on the aerospace & defense production line
- Authored SOPs for purchasing, material transfers, shipping and packaging, and a multisite cycle count program
- Designed a kanban system and supermarket for consumables to include 50% spend reduction on packaging materials.
- Enhanced the communication program with internal sales to ensure adherence to plant build schedule
- Implemented a Safety Stock program designed to improve fill rates from 85% to 95% for catalogue parts.
- Developed KPIs and rolled out Success Factors for department in order to maintain accountability for success.

MedImmune - 2011 - 2013

Senior Supervisor, Materials Management

Oversee Shipping/ Receiving to include 3 Shift Supervisors, 3 Material Specialists and 15 contracted Material Handlers.

- Implemented a gowning reduction project with annual savings of 600K and estimated \$2.4M savings over the contract.
- Led an initiative to realign the MM footprint and free up rented space, estimating over 300K in site savings for 2012.
- Improved productivity by 10% within the first six months
- Implemented a kanban system based on Just-In-Time, that reduced excess inventories by 25%
- Awarded an organizational Gold Director's Award for leading the Philadelphia site in cost savings initiatives
- Developed an on-boarding program from scratch for all seasonal personnel in Materials Management
- Developed all area metrics as a standard of measure, for the Supply Chain Department at the site
- Served as the Community Affairs Chairperson and spearheaded over 10 community/volunteer events
- Supported over 20 different projects and initiatives related to validation studies and shipping enhancements with 100% positive customer feedback.
- Authored over 6 SOPs with redesigned processes based on kaizen events that led to 0 inventory stock outs in 2012

Boston Scientific - 2008 - 2011

Manager II, Operations

Managing 2 salaried, and 110 non-exempt employees. Accountable for developing and executing against plant budget.

- Selected among 13 supervisors to serve as the Acting Manager for the Heart Failure and Subassembly departments for the plant. Responsible for three lines, two shifts, two supervisors, \$5 million worth of annual inventory and \$2 million dollars of components.
- Selected as the project manager for site wide MES system implementation. Project scope was estimated at a 16 month implementation timeline valued at \$10 million dollars in savings.
- Led a cross functional team to successfully execute a material build up project valued at \$11 million dollars to facilitate a vendor relocation strategy. Completed building 3 months ahead of schedule.
- Successfully managed the operational scheduling, planning and execution of over ten material replacement projects valued at over \$1 million dollars in material savings.
- Exceeded the operational metrics for all areas while acting in both a management and supervisory function for three heart failure products, raising productivity 23% from 2.6 to 3.2.
- Led the cross functional team including Operations, Quality, and Engineering that investigated and implemented a quality incident reduction strategy for a variety of subassembly processes, reducing quality incidents from 5 to 0.

Manager I, Operations

Responsible for 40 non-exempt personnel to meet the production and corporate goals.

- Developed on boarding and training program for new hires and line to line transfers, to include the building of a world class training room. Reduced on-boarding process by 77% from 60 days to 14 days.
- Developed and piloted a shared leadership strategy that incorporated product builder engagement in kaizen events and daily production decision making, improved productivity by 10%.
- Redesigned two heart failure lead line layouts incorporating industrial engineering methodologies to include design in AutoCAD, WIP reduction by 60%, and an improved footprint that facilitated the production of two shifts into one.

- Successfully executed operations in the plant's only mix-model line. Incorporating three different heart failure products.
- Awarded a bronze VIP award for the lean implementation of the mix model line increasing productivity by 23% and reducing cycle time by 60%.

Cherisa I. Jerez

p.3

US ARMY, Officer - 2005 - 2008

Executive Officer

- Planned, resourced, and executed 7 communication network deployments with 100% success and zero downtime.
- Improved logistics management system and contributed to being nominated for Army Supply Excellence Award.
- Planned and executed successful turn-in of 50% of company's \$62 million fleet in 1 month for recapitalization program.
- Created budget management system with financial accountability over \$1.6 million in military operating expenses.
- Rated by company commander as "Best" lieutenant of 4 lieutenants in company.

Platoon Leader

- Led signal and transportation maintenance program; achieved over 95% readiness rate, 5% above Army standard.
- Developed network build and innovative site defense plan, recognized as "Best" by company commander.
- Implemented new equipment accountability and inventory procedures that reduced platoon equipment shortages 50%.
- Rated by Brigade deputy commander in "Top" 5% of lieutenants in brigade.

EDUCATION

Bachelors Business Administration, 2003
Major-Accounting
University Texas at El Paso (UTEP)

Masters Business Administration, 2008
Webster University
St. Louis, MO

Doctorate International Business, 2019
Liberty University (Est Grad Date)
Lynchburg, VA

CERTIFICATIONS

APICS, Certified Supply Chain Professional (CSCP) – July 2014

Preparing for ASQ Six Sigma Black Belt Certification - March 2019

Registered Offices

Smiths Medical (Worldwide Headquarters)

6000 Nathan Ln N,
Plymouth, MN 55442, U.S.A
Tel: +1 651 633 2556
Fax: +1 651 628 7459
info.asd@smiths-medical.com

Smiths Medical Interr
1500 Eureka Park, Lower Pembe
Ashford, Kent, TN25 4BF,
United Kingdom
Tel: +44 (0)845 850 0445
Fax: +44 (0)1303 266761
ics@smiths-medical.com

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COMPANY INFO

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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. K40382537

Application/License No. _____

Smiths Medical ASD Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
6000 Nathan Lane N, Plymouth MN 55442, as
Address of Applicant/Principal
PRINCIPAL, and Westchester Fire Insurance Company, a
Surety Company
 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 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 09/10/2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (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 imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

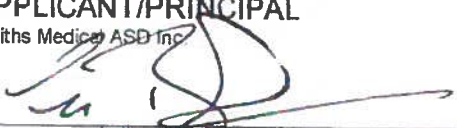
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and 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
10th day of September, 2020.

APPLICANT/PRINCIPAL

Smiths Medical ASD Inc.


 Authorized Representative

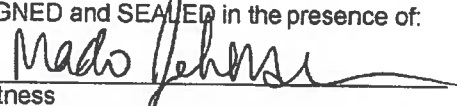
SURETY COMPANY

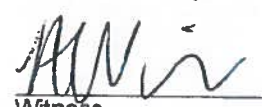
Westchester Fire Insurance Company


 Surety Company's Representative

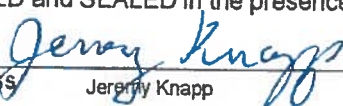
Sandy McElhaney, Attorney-in-fact
 print name

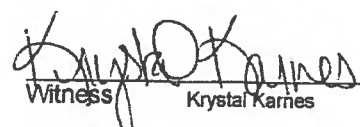
SIGNED and SEALED in the presence of:


 Witness


 Witness

SIGNED and SEALED in the presence of:


 Witness Jeremy Knapp


 Witness Krystal Karnes

Countersigned by:

N/A

Nevada Resident Agent





Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that FEDERAL INSURANCE COMPANY, an Indiana corporation, VIGILANT INSURANCE COMPANY, a New York corporation, PACIFIC INDEMNITY COMPANY, a Wisconsin corporation, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Sandy McElhaney

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, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 10th day of March, 2020.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

ss.

On this 10th day of March, 2020 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know 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 their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Katherine J. Adelaar

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and 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 FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, 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 September 10, 2020



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

CHANGE RIDER

To be attached to and form a part of Bond No. K40382537

in the amount of \$25,000.00 issued by Westchester Fire Insurance Company

on behalf of Smiths Medical ASD Inc.

in favor of Nevada State Board of Pharmacy

It is understood and agreed that the bond described above is hereby modified so as to

Effective 10/20/2020, adding 6 principals and address per the attached location schedule.

It is further expressly understood and agreed that the aggregate liability of the _____
Westchester Fire Insurance Company under said bond to the obligee
 herein mentioned shall not exceed the amount stated above.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, agreements, conditions or
 limitations of the above-mentioned bond, other than as above stated.

Signed, sealed and dated this 20th day of October, 2020

Westchester Fire Insurance Company



BY: _____

Sandy McElhane

Attorney-in-Fact

Smiths Medical ASD, Inc – Dublin

6250 Shier Rings Road,
Dublin, Ohio 43016
USA

Smiths Medical ASD, Inc – Oakdale

3350 Granada Avenue North, Suite 100
Oakdale, MN 55128

Smiths Medical ASD, Inc – Gary

5700 West 23rd Avenue,
Gary,
Indiana 46406,
USA

Smiths Medical ASD, Inc – Southington

201 West Queen Street,
Southington,
Connecticut 06489
USA

Smiths Medical ASD, Inc – Olive Branch

9124 Polk Lane, Suite 101,
Olive Branch, MS 38654,
USA

Smiths Medical ASD, Inc – Keene

10 Bowman Drive,
Keene,
NH 03431 0724,
USA

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that FEDERAL INSURANCE COMPANY, an Indiana corporation, VIGILANT INSURANCE COMPANY, a New York corporation, PACIFIC INDEMNITY COMPANY, a Wisconsin corporation, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Sandy McElhaney

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, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 10th day of March, 2020.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

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Notarial Seal



KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2318885
Commission Expires July 16, 2024

Katherine J. Adelaar

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and 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 FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, 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 October 20, 2020



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

CHUBB**SURETY BOND CORPORATE SEAL NOTICE AND ADDENDUM**

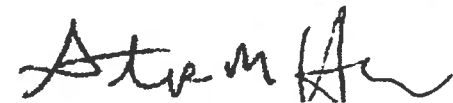
In an effort to facilitate the use of our respective corporate seals during the COVID-19 pandemic, WESTCHESTER FIRE INSURANCE COMPANY ("WESTCHESTER FIRE") has authorized its respective Attorneys-in-Fact to affix WESTCHESTER FIRE'S corporate seal to any surety bond executed on behalf of WESTCHESTER FIRE by any such Attorney-in-Fact by attaching this Notice and Addendum to said bond.

To the extent this Notice and Addendum is attached to a surety bond that is executed on behalf of WESTCHESTER FIRE by its Attorney-in-Fact, WESTCHESTER FIRE hereby agrees that the corporate seal below for WESTCHESTER FIRE shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond.

Dated this 30th day of March, 2020.

WESTCHESTER FIRE INSURANCE COMPANY

By: _____



Stephen M. Haney, Vice President



MISSISSIPPI BOARD OF PHARMACY

6360 I-55 North, Suite 400

Jackson, MS 39211

Office: 601-899-8880

Fax: 601-899-8851

www.mbp.state.ms.us

PHARMACEUTICAL DRUG FACILITY SURETY BOND

Surety Bond No. K09563076

Smiths Medical ASD Inc.

(Applicant's/Principal's name as it appears on the permit)

doing business as a pharmaceutical drug facility, whose address for purposes of service of process is

6000 Nathan Ln N., Minneapolis, MN 55442

as Principal, and

Westchester Fire Insurance Company

(Surety's name), a corporation organized under the laws of the State of

Pennsylvania

and authorized to transact a general surety business in the State of Mississippi, whose address

for purposes of service of process is 436 Walnut Street, P.O. Box 1000, Philadelphia, PA 19106

as Surety.

are indebted and held firmly bound to the State of Mississippi and to the Mississippi Board of Pharmacy (MBP) for the sum of (check one)

☒ One Hundred Thousand Dollars (\$100,000.00)

☐ Ten Thousand Dollars (\$10,000.00)

for which payment Principal and Surety bind ourselves and our legal representatives and successors, jointly and severally.

The purpose of this surety is to ensure compliance with the requirements of the Mississippi Pharmacy Practice Act, Mississippi Code Annotated §§ 73-21-71, et seq., and the rules and regulations adopted there under, and to secure payment of any administrative penalties imposed by the MBP, and any fees and costs incurred by the MBP in relation to enforcing the rules and regulations of the MBP upon the Principal's permit and which the Principal fails to pay thirty (30) days after the fine or costs become final.

This Bond is subject to the following conditions:

1. This bond and the obligation under the bond shall be deemed to run continuously and shall remain in full force and effect and the MBP may make claim against this surety bond until one year after the Principal's permit issued by the MBP ceases to be valid or until ninety (90) days after any administrative or legal proceeding which involved the Principal is concluded, including any appeal, whichever occurs later
2. The total aggregate liability of the bond shall be limited to the amount as indicated above in this document

3. A claim by the MBP 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 claim shall be made payable to the Mississippi Board of Pharmacy.
4. Surety reserves the right to cancel this bond at any time upon sixty (60) days written notice by certified or registered mail to the MBP. The liability of Surety on this bond shall cease sixty (60) days after receipt of the termination notice by the MBP or on the filing and acceptance of a new bond whichever occurs first, except any liability or other obligation incurred before the effective date of termination.
5. This bond shall be governed by the laws of the State of Mississippi.

This bond shall become effective as of the 01 day of January, 2017

In witness whereof, each party to this bond has caused it to be executed on this 21st day of December, 2016

Principal's Authorized Representative: Smiths Medical ASD Inc.

Printed Name: Stacy Narak
Signature: Stacy Narak

Signed and Sealed in the presence of

Witness: Roberta P. to
Witness: Anna A. to

Surety Company's Representative: Westchester Fire Insurance Company

Printed Name: Julie Karnes
Signature: Julie Karnes

Signed and Sealed in the presence of:

Witness: Sandy McElhane
Sandy McElhane
Witness: Andrea Allman
Andrea Allman

Power of Attorney

WESTCHESTER FIRE INSURANCE COMPANY

Know all men by these presents: That WESTCHESTER FIRE INSURANCE COMPANY, a corporation of the Commonwealth of Pennsylvania pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

"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 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 persons 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 Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing 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.

Does hereby nominate, constitute and appoint Carolyn E Wheeler, Joy M Williams, Julie Karnes, Loretta M Jones, Mary Y Volmar, Rachel A Chaveriat, Sandra G King, Tara W Mealer, Vicki Nobinger, all of the City of KNOXVILLE, Tennessee, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Five million dollars & zero cents (\$5,000,000.00) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office,

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the Corporate seal of the said WESTCHESTER FIRE INSURANCE COMPANY this 18 day of August 2016

WESTCHESTER FIRE INSURANCE COMPANY

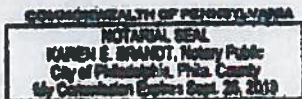


Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA

On this 18 day of August, AD 2016 before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M Haney, Vice-President of the WESTCHESTER FIRE INSURANCE COMPANY to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company, that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written



Karen E. Brandt
Notary Public

I, the undersigned Assistant Secretary of the WESTCHESTER FIRE INSURANCE COMPANY, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this 21st day of December, 2016



William L. Kelly, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER March 07, 2018



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 _____)
 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 by all types of ownership

Facility Name: Akebia Therapeutics, Inc.

Physical Address: 245 First Street, Suite 1400

City: Cambridge State: MA Zip Code: 02142

Telephone Number: +1 617.871.2098 Fax Number: +1 617.871.2099

Toll Free Number: _____

E-mail: info@akebia.com Website: https://akebia.com/

Facility Manager: Nicole Hadas

Professional qualifications and experience of facility manager: _____

See Resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

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

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your 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 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.

Nicole R. Hadas

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

Nicole Hadas

Print Name of Authorized Person

2/2/2021
Date

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE
Parent Company if any: N/A
Corporation Name: Akebia Therapeutics, Inc.
Mailing Address: 245 First Street, Suite 1400
City: Cambridge State: MA Zip: 02142
Telephone: +1 617.871.2098 Fax: N/A
Contact Person: Nicole R. Hadas

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: 03/25/2014
Registration number issued: See attached
Stock Exchange: AKBA

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

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKEBIA 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 TWELFTH DAY OF FEBRUARY, 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.



4308099 8300

SR# 20210439309

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202502803

Date: 02-12-21

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER
MA00000721

ISSUED
11/02/2020

EXPIRES
11/02/2021

TYPE

Virtual Drug Manufacturers

ISSUED TO

AKEBIA THERAPEUTICS, INC.
245 FIRST STREET
SUITE 1400
CAMBRIDGE, MA 02142

ATTN: NICOLE HADAS SENIOR VP AND CHIEF LEGAL OFFICER
RECIPIENT'S COPY

NEW

mbw

COMMISSIONER OF PUBLIC HEALTH

840988





Ownership Information

Company Name: Akebia Therapeutics, Inc.
245 First Street, Suite 1400
Cambridge, MA 02142
(617)871-2098
<https://akebia.com/>
info@akebia.com

Tax ID: 20-8756903
State of Formation: DE
Date Incorporated: 02/27/2007
File Number: 4308099

Akebia Therapeutics, Inc. is a publicly traded company on NASDAQ: AKBA

Officers

Nicole R. Hadas, SVP & Chief Legal Officer
245 First Street, Suite 1400
Cambridge, MA 02142
(617)871-2098

John P. Butler, President & CEO
245 First Street, Suite 1400
Cambridge, MA 02142
(617)871-2098

David Spellman, Senior Vice President , Chief Financial Officer
245 First Street, Suite 1400
Cambridge, MA 02142
(617)871-2098



Description of Operations

Akebia Therapeutics, Inc. is a Virtual Manufacturer. Akebia Therapeutics, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to customers by their Third-Party Logistics Provider, Cardinal Health SPS, 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 Manufacturing Services LLC
5900 Martin Luther King Jr. Highway
Greenville, NC 27834

FDA # 1018495

Phone Number: (252)758-3236

Patheon manufactures Akebia Therapeutics, Inc.'s product and packages finished product. At no time does Patheon own the product, contract with Akebia Therapeutics, Inc.'s customers, invoice, nor sell a Akebia Therapeutics, Inc. product. Akebia Therapeutics, Inc.'s products are not Controlled Substances.

Labeler Code:

59922

Third Party Logistic information:

For distribution into the commercial supply channels, Cardinal Health SPS acts as Akebia Therapeutics, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Akebia Therapeutics, Inc.'s product to customers throughout the United States. Cardinal Health SPS's address is:

Cardinal Health SPS
15 Ingram Blvd
LaVergne, TN 37086
(615)793-1200

Akebia Therapeutics, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) [+](#)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through February 02, 2021

You have searched Finished drug products

Search Results: '59922'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

CSV Excel

Display 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	St Mi Dz
1 Auryxia	59922-631-01	210 mg/1	TABLET, COATED	ORAL	NDA205874	Keryx Biopharmaceuticals, Inc.	59922-631	ferric citrate	TETRAFERRIC TRICITRATE DECAHYDRATE	HUMAN PRESCRIPTION DRUG	09/

Wholly owned by Akebia Therapeutics, Inc.

Verified MS 3/8/21

Showing 1 to 1 of 1 entries

Previous Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](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)

[\(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm\)](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)

[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](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

NICOLE R. HADAS

Pilgrim Drive
Winchester, MA 01890

EXPERIENCE

Akebia Therapeutics, Inc., Cambridge, MA
Senior Vice President & Chief Legal Officer

December 2013 – Present

Responsible for all aspects of Akebia's legal function, including securities, corporate governance and public company matters, business development, intellectual property, litigation, employment, compliance and contracts. Led the legal team on the company's initial public offering, several financings, and five significant strategic transactions. Serves as a member of the company's Executive Leadership Team and provides advice and counsel to the Chief Executive Officer on a daily basis. Acts as primary contact for the Board of Directors and serves as Corporate Secretary. Manages high performing Legal Department of about fourteen people.

Inspiration Biopharmaceuticals, Inc., Cambridge, MA
Senior Vice President & General Counsel

December 2011 – March 2013

Managed all legal matters at Inspiration, including the following:

- Led the process to sell the company under Section 363 of the United States Bankruptcy Code for aggregate consideration of over \$1 billion, including negotiating asset purchase agreements selling OBI-1 (recombinant porcine factor VIII) to Baxter International Inc. for \$700 million and IB1001 (recombinant factor IX) to Cangene Corporation for \$300 million. Both products have since been approved.
- Streamlined management of the intellectual property portfolio, including in-licensed intellectual property as well as Inspiration-owned patents, and coordinated efforts of strategic intellectual property consultant and outside patent counsel.
- Built relationship with the company's research and development organization to facilitate new patent filings and strengthen the value of the intellectual property portfolio.
- Advised the Chief Executive Officer on a variety of legal and business matters.
- Participated in the strategic direction of the company as a member of the Executive Management Team.
- Established the company's first Legal Department, including hiring and managing a highly effective team that included a Senior Healthcare Counsel & Director of Compliance, Corporate Paralegal and Law Clerk.
- Identified specific areas where outside legal expertise is needed, and formed productive and cost-efficient relationships with key outside counsel in those areas.
- Restructured relationship with strategic partner Ipsen Pharma S.A.S., including renegotiating the Stockholders Agreement and other governance documents as well as negotiating License, Development and Commercialization Agreements for Inspiration's two lead product candidates.
- Attended all meetings of the Board of Directors and certain Board committees, prepared Board materials and minutes and served as Secretary of the corporation and primary point of contact for Directors.
- Assessed a variety of financing options for the company including debt financings, equity financings, an initial public offering and strategic transactions.
- Supported Human Resources in employment matters, including working with the Compensation Committee of the Board of Directors to create Executive Severance Agreements; preparing the company's first FMLA and Parental Leave Policy; and rolling out Non-Disclosure, Non-Competition and Non-Solicitation Agreements to all employees.
- Oversaw certain regulatory matters, including leading the company's efforts to obtain orphan drug

designation for IXinity™ (recombinant factor IX) as well as a small business waiver of the BLA user fee.

- Managed the compliance function prior to hiring a compliance attorney, including establishing the Communications Review Committee to review all of the company's external communications.
- Negotiated, drafted and reviewed over one hundred contracts including supply, license, research and clinical agreements.

Genzyme Corporation, Cambridge, MA
Senior Corporate Counsel

August 2001 - November 2011

Provided corporate legal support for the Personalized Genetic Health, Renal, Endocrine, Cardiovascular, and Pharmaceuticals business units, including the following:

- Managed a team of three attorneys and one contracts manager to support the above-mentioned business units, which included seven biopharmaceutical products generating approximately \$3.5 billion of Genzyme's \$5 billion of total annual revenue.
- Acted as the sole corporate attorney for the Personalized Genetic Health business unit, which included four biopharmaceutical products generating approximately \$2.5 billion of annual revenue.
- Advised the President of the Personalized Genetic Health business unit in setting strategic direction and in day-to-day management of the business as a member of his senior management team.
- Served as lead counsel on a variety of transactions including mergers and acquisitions, divestitures, joint ventures and collaborations, including:
 - acquisition and integration of Bone Care International, a public company with commercial Vitamin D therapies;
 - divestiture of the Genzyme Pharmaceuticals business unit;
 - restructure of joint venture with collaboration partner; and
 - negotiation and management of several significant collaboration agreements with strategic partners.
- Led legal due diligence efforts on business development opportunities and presented findings to Genzyme senior management.
- Negotiated and drafted license, supply, distribution, research and co-promotion agreements.
- Supported all stages of development of biopharmaceutical products, including pre-clinical, clinical, pre-launch, launch and commercialization. Participated on launch teams for several Genzyme products including Fabrazyme® and Renvela®.
- Collaborated with outside counsel and internal Legal Department colleagues in areas such as litigation, employment, compliance, anti-trust, regulatory, securities and intellectual property.

Foley, Hoag & Eliot, LLP, Boston, MA
Associate, Health Care Group

September 1998 - August 2001

Represented pharmaceutical, biotechnology and medical device companies, as well as other healthcare entities, in a wide variety of matters, including the following activities:

- Assisted medical device, pharmaceutical and biotechnology companies with all aspects of obtaining Medicare reimbursement and coverage for their products.
- Assisted in defense of biologics company executive from prosecution by the Department of Justice for violations of FDA regulations.
- Advised major investment company regarding legislative, regulatory, and litigation developments relating to generic pharmaceutical companies in which company invests.

NICOLE R. HADAS

) Pilgrim Drive
Winchester, MA 01890

New Hampshire Supreme Court, Chief Justice David Brock
Law Clerk

August 1997 - August 1998

EDUCATION

Boston College Law School, Newton, MA Juris Doctor, *cum laude*, May 1997
Boston College Law Review - Editor in Chief, 1996-1997

University of Michigan, Ann Arbor, MI
Bachelor of Arts with Distinction in Psychology, 1994

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): January 26, 2021

AKEBIA THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware
 (State or other jurisdiction
 of incorporation)

001-36352
 (Commission
 File Number)

20-8756903
 (IRS Employer
 Identification No.)

245 First Street
 Cambridge, Massachusetts
 (Address of principal executive offices)

02142
 (Zip Code)

Registrant's telephone number, including area code: (617) 871-2098

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))

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 \$0.00001 per share	AKBA	The Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

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. ☐

Tanabe Pharma Corporation, or MTPC, commenced commercial sales of vadadustat in Japan under the trade name, Vafseo™, in August 2020.

In addition to anemia due to CKD, we believe that vadadustat has the potential to treat other serious or life-threatening conditions, including preventing and lessening the severity of acute respiratory distress syndrome, or ARDS, a complication of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), or COVID-19, infection. More specifically, in July of 2020, we announced an investigator-sponsored clinical study by The University of Texas Health Science Center at Houston, or UTHealth, in Houston, Texas, evaluating the use of vadadustat as a potential therapy to prevent and lessen the severity of ARDS in up to 400 adult patients who have been hospitalized due to COVID-19. Within this randomized, double-blind, placebo-controlled study, patients will be dosed with vadadustat or a placebo starting within 24 hours of hospital admission and continuing for up to 14 days. This study is being conducted under a U.S. Food and Drug Administration, or FDA, Investigational New Drug application, or IND, with UTHealth as the study sponsor and is currently enrolling patients. In January of 2021, UTHealth announced that it had been awarded \$5.1 million in funding from the U.S. Department of Defense, or DOD, to expand this clinical trial at its facilities.

- *Auryxia® (ferric citrate)* is approved and marketed in the United States for two indications: (1) the control of serum phosphorus levels in adult patients with DD-CKD, or the Hyperphosphatemia Indication, and (2) the treatment of iron deficiency anemia, or IDA, in adult patients with NDD-CKD, or the IDA Indication. Ferric citrate is also approved and marketed in Japan as an oral treatment for the improvement of hyperphosphatemia in patients with CKD, including DD-CKD and NDD-CKD, under the trade name Riona (ferric citrate hydrate).

We plan to commercialize vadadustat, subject to FDA approval, in the United States with our existing nephrology-focused commercial organization, while also leveraging our collaboration with Otsuka Pharmaceutical Co. Ltd., or Otsuka, and its U.S. commercial organization. We granted Otsuka exclusive rights to commercialize vadadustat in Europe, China and certain other markets, subject to marketing approvals. We granted MTPC exclusive rights to commercialize vadadustat in Japan, where MTPC is currently commercializing vadadustat under the trade name, Vafseo™, and in certain other countries in Asia, subject to marketing approvals. We also granted Vifor (International) Ltd., or Vifor Pharma, an exclusive license to sell vadadustat solely to Fresenius Kidney Care Group LLC, or FKC, which manages approximately 40% of the dialysis patients in the United States, at its U.S. dialysis clinics, and to certain third party dialysis organizations in the United States, approved by us, or Third Party Dialysis Organizations, which account for up to an additional 20% of the dialysis market in the United States. The license granted to Vifor Pharma would be effective upon FDA approval of vadadustat in the DD-CKD indication, the earlier of a determination by the Centers for Medicare & Medicaid Services, or CMS, that vadadustat will be included in Medicare's bundled reimbursement model or that vadadustat will be reimbursed using the Transitional Drug Add-On Payment Adjustment, or TDAPA, and a milestone payment by Vifor Pharma.

We market Auryxia in the United States with our well-established, nephrology-focused commercial organization. Our Japanese sublicensee, Japan Tobacco, Inc., or JT, and its subsidiary, Torii Pharmaceutical Co., Ltd., or Torii, commercialize Riona in Japan.

On December 12, 2018, we completed a merger, or the Merger, with Keryx Biopharmaceuticals, Inc., or Keryx, combining a nephrology-focused commercial organization with our robust development organization. Following the Merger, Keryx is our wholly owned subsidiary.

Strategy

Our mission and our culture are centered around the goal of improving the lives of people impacted by kidney disease through the discovery, development and commercialization of innovative therapeutics. Our strategy is to execute on the following initiatives, which we believe will create significant market opportunities for us:

- *Prepare for the potential commercialization of vadadustat for the treatment of anemia due to CKD in the United States and Europe.* We believe vadadustat has the potential to address limitations of injectable ESAs, and set a new oral standard of care for the treatment of anemia due to CKD, subject to regulatory approval. We plan to submit an NDA for vadadustat to the FDA by the middle of the second quarter of 2021. In addition, we and Otsuka are working in close collaboration to prepare an MAA for vadadustat for submission to the EMA in 2021. We believe we are well positioned to commercialize vadadustat in the United States with our nephrology-focused commercial team, our partnership with Otsuka, and our agreement with Vifor Pharma, subject to FDA approval. We plan to support Otsuka's commercialization of vadadustat in Europe

Item 5.02. Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.

On and effective January 26, 2021, the Board of Directors (the "Board") of Akebia Therapeutics, Inc. (the "Company") appointed Violetta Cotreau as the Company's principal accounting officer. David A. Spellman, who had previously been designated as the Company's principal accounting officer, will continue in his roles as the Company's Senior Vice President, Chief Financial Officer, Treasurer and principal financial officer.

Ms. Cotreau, age 48, joined the Company as its Senior Vice President and Chief Accounting Officer in December 2020. From December 2016 to November 2020, Ms. Cotreau held various positions at AMAG Pharmaceuticals, Inc., a biopharmaceutical company ("AMAG"), most recently as Senior Vice President and Corporate Controller and before that as Vice President, Corporate Controller and Executive Director of Accounting and Corporate Controller, where she led, among other processes, the accounting function for AMAG. From October 2014 to December 2016, Ms. Cotreau served as Senior Director, Corporate Accounting at Hologic, Inc., a medical technology company ("Hologic"). Prior to that, Ms. Cotreau held a number of other positions at Hologic, including Director of Corporate Accounting from February 2011 to October 2014, Director of Revenue Accounting from December 2009 to February 2011, Senior Revenue Manager from April 2008 to December 2009 and Accounting Manager from December 2004 to April 2008. Prior to Hologic, Ms. Cotreau held several other accounting-related positions at various companies. Ms. Cotreau received a B.S. in accounting from the University of Massachusetts - Lowell.

No amendments or modifications of Ms. Cotreau's existing terms of employment were made in connection with her appointment as principal accounting officer. In connection with Ms. Cotreau's initial employment by the Company in December 2020, the Company entered into an offer letter with Ms. Cotreau, which provides for Ms. Cotreau's at-will employment for an indefinite term (the "Offer Letter"). Pursuant to the Offer Letter, Ms. Cotreau receives a base salary of \$350,000 per year and has an individual bonus target of 35% of her base salary. Ms. Cotreau also received a signing bonus of \$60,000. On December 31, 2020 (the "Grant Date"), the Company granted Ms. Cotreau options to purchase 42,000 shares of the Company's common stock pursuant to the Company's inducement award program as an inducement material to her entering into employment with the Company in accordance with Nasdaq Listing Rule 5635(c)(4) (the "Options"). The Options have an exercise price of \$2.80, which is equal to the closing price of the Company's common stock, par value \$0.00001 per share ("Common Stock"), on The Nasdaq Global Market on the Grant Date and vest over a four-year period, with 25% of the underlying shares vesting on the first anniversary of the Options grant date and the remaining 75% of the underlying shares vesting in equal quarterly installments thereafter, subject to Ms. Cotreau's continuous employment by the Company. The Company also granted Ms. Cotreau restricted stock units (the "RSUs") for 12,900 shares of the Company's Common Stock on the Grant Date pursuant to the Company's 2014 Incentive Plan, as amended. The RSUs vest on the first anniversary of the Grant Date, subject to Ms. Cotreau's continuous employment by the Company.

In addition, the Company entered into an Executive Severance Agreement with Ms. Cotreau, pursuant to which the Company agreed to provide certain severance benefits to Ms. Cotreau, including, in the event of termination by the Company without Cause or Good Reason (in each case, as such term is defined in the Executive Severance Agreement), continuation of pay of her then-base salary for a period of nine months.

There is no arrangement or understanding between Ms. Cotreau and any other person pursuant to which Ms. Cotreau was selected as the Company's principal accounting officer. There is no family relationship between Ms. Cotreau and any director, executive officer, or person nominated or chosen by the Company to become a director or executive officer of the Company. Ms. Cotreau is not, and has not been since January 1, 2020, a participant in any transaction involving the Company, and is not a participant in any proposed transaction with the Company, required to be disclosed pursuant to Item 404(a) of Regulation S-K under the Securities Exchange Act of 1934, as amended.

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.

AKEBIA THERAPEUTICS, INC.

Date: January 28, 2021

By: /s/ John P. Butler

Name: John P. Butler

Title: President and Chief Executive Officer

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	☐ 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 by all types of ownership

Facility Name: Humanigen, Inc.

Physical Address: 533 Airport Blvd #400

City: Burlingame State: CA Zip Code: 94010

Telephone Number: (650)243-3100 Fax Number: N/A

Toll Free Number: _____

E-mail: statelicensing@humanigen.com Website: https://www.humanigen.com/

Facility Manager: Brian Singer

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 Distributors, Specialty Pharmacies, Military

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
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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 ☒

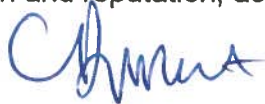
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Cameron Durrant

Print Name of Authorized Person

1-13-21

Date

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: N/ACorporation Name: Humanigen, Inc.Mailing Address: 533 Airport Blvd #400City: Burlingame State: CA Zip: 94010Telephone: (650) 243-3100 Fax: N/AContact Person: Cameron Durrant

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: 09/19/2001Registration number issued: 3437218Stock Exchange: HGEN

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.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7859

NAME: HUMANIGEN INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

533 AIRPORT BLVD #400

BURLINGAME CA 94010

SAN MATEO COUNTY

ISSUANCE DATE

DECEMBER 7, 2020

EXPIRATION DATE

DECEMBER 1, 2021

CURRENT DATE / TIME

FEBRUARY 11, 2021

11:06:54 AM

LICENSE RELATIONSHIPS

NAME: SINGER, BRIAN CHRISTOPHER

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED
REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 25943 **PRIMARY STATUS:** CLEAR

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUMANIGEN, 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 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 "HUMANIGEN, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3437218 8300

SR# 20210271273

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202401645

Date: 01-29-21



Humanigen

Company Information

Humanigen, Inc.
533 Airport Blvd #400
Burlingame, CA 94010
Phone: (650)243-3100
Website: <https://www.humanigen.com/>
E-mail:

FEIN: 77-0557236
State of Formation: DE
Date Incorporated: 9/19/2001
File Number: 3437218

Ownership Information

Humanigen, Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol: HGEN.

Officers

Cameron Durrant, Chairman, Chief Executive Officer & President

Dale Brian Chappell, Chief Scientific Officer

David Lothrop Tousley, Chief Accounting Officer & Chief Administrative Officer, Corporate Secretary & Treasurer

Edward P. Jordan, Chief Commercial Officer

Timothy Edward Morris, Chief Operating Officer & Chief Financial Officer



Humanigen

Description of Operations

Humanigen, Inc. is a VirtualManufacturer. Humanigen, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors, Specialty Pharmacies & Military by their Third-Party Logistics Provider, Cardinal Health DBA Specialty Pharmaceutical Services, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

We are using the following contract manufacturer to produce our product:

Catalent Pharma Solutions, LLC
10381 Decatur Road
Philadelphia, PA 19154
FDA Establishment Number: 3007617094

Contact Person: Adrian Lo
Contact Number: (302)397-4598

Catalent manufactures Humanigen, Inc.'s product and packages finished product. At no time does Catalent own the product, contract with Humanigen, Inc.'s customers, invoice, nor sell a Humanigen, Inc. product. Humanigen, Inc.'s products are not Controlled Substances.

Third Party Logistic information:

For distribution into the commercial supply channels, Cardinal Health DBA Specialty Pharmaceutical Services acts as Humanigen, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Humanigen, Inc.'s product to Specialty Distributors, Specialty Pharmacies & Military throughout the United States. Cardinal Health DBA Specialty Pharmaceutical Services's address is:

Cardinal Health DBA Specialty Pharmaceutical Services
501 Mason Road, Suite 200
La Vergne, TN 37086
[3PL Contact Name and Phone Number]

Humanigen, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.



Humanigen

Drug Catalog

NDC Code	Proprietary Name	Nonproprietary Name	Strength	Dosage Form	Package Description
80305-XXX-XX	Lenzilumab				

Anticipated date of FDA approval: Emergency use as authorized by the FDA

From: [Cameron Durrant](#)
To: [Curtis Ecalnea](#)
Cc: [Kristie Russ](#); [Ed Jordan](#); [Nicholas Rausch](#); [Tim Morris](#); [Bob Atwill](#); [David Tousley](#); [dchappell_humanigen.com@pm.me](#)
Subject: FW: Labeler Code Request Approved
Date: Tuesday, August 25, 2020 8:52:03 PM

Curtis, as requested. Just received, despite time stamp.

Regards, Cameron.

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, August 25, 2020 4:43 PM
To: Cameron Durrant <cdurrant@humanigen.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 25-AUG-2020
Labeler DUNS: 145572140
Labeler Name: Humanigen, Inc.
Labeler Code Assigned: 80305

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.

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

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.



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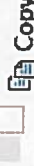
Nuance PDF



Tell me what you want to do



Cut



Copy



Paste



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Wrap Text



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NDC/NHR

IC

Firm

Name

1

Labeler

Greenville Truck and Welding Supplies LLC

7646

24694

Southern Gas and Supply LLC

7647

76349

Suanfarma Italia S.p.A.

7648

55073

PSS World Medical, Inc.

7649

68345

TMI Acquisition LLC

7650

74291

NGC Group LLC

7651

69762

Via Christi Home Medical Wichita, LLC

7652

59190

kaleo, Inc.

7653

60842

Braden Partners, L.P.

7654

60704

TECHNICHEM CORP

7655

71445

MainPointe Pharmaceuticals LLC

7656

71269

Suven Nishta Pharma Private Limited

7657

107

Humanigen, Inc.

7658

80305

US Pharmaceutical Corporation

7659

52747

Phibro Animal Health Ltd.

7660

54277

Peachtree Playthings, Inc.

7661

44119

Terumo BCT Ltd.

7662

14537

LA NATURA INC

7663

68128

CHROMAVIS SPA

7664

52105

Great Loong LLC

7665

71446

PHOENIX HEALTHCARE SOLUTIONS, LLC

7666

60913

Fercy Personal Care Products Co., Limited

7667

50260

KLEAN AND SAFE LLC

7668

77616

Chuzhou Iris Family Product Co., Ltd.

7669

52485

Straw Hat Distillerv, LLC

7670

74574

Verified

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).

10-Q 1 d11620010q.htm

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

FORM 10-Q

(Mark One)

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the quarterly period ended September 30, 2020

OR

☐ **TRANSITION REPORT UNDER SECTION 13 OF 15(d) OF THE EXCHANGE ACT OF 1934**

From the transition period from _____ to _____

Commission File Number 001-35798

Humanigen, Inc.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation)

77-0557236
(IRS Employer
Identification No.)

533 Airport Boulevard, Suite 400 Burlingame, CA 94010
(Address of principal executive offices)
(Zip Code)

Registrant's telephone number, including area code: (650) 243-3100

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	HGEN	The Nasdaq Stock Market LLC

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 ☒

Indicate by check mark whether the registrant has filed all documents and reports required to be filed by Section 12, 13 or 15(d) of the Securities Exchange Act of 1934 subsequent to the distribution of securities under a plan confirmed by a court. Yes ☒ No ☐

As of November 9, 2020, there were 51,616,508 shares of common stock of the issuer outstanding.

10/16/2020

<https://www.sec.gov/Archives/edgar/data/1293310/000121465920007208/g811200def14c.htm>

DEF 14C 1 g811200def14c.htm

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D. C. 20549**

SCHEDULE 14C

SCHEDULE 14C INFORMATION

Information Statement Pursuant to Section 14(c) of
the Securities Exchange Act of 1934

(Amendment No.)

Check the appropriate box:

- ☐ Preliminary Information Statement
☐ Confidential, for Use of the Commission Only (as permitted by Rule 14c-5(d)(2))
☒ Definitive Information Statement

Humanigen, Inc.

(Name of Registrant As Specified In Its Charter)

Payment of Filing Fee (Check the appropriate box):

- ☒ No fee required
☐ Fee computed on table below per Exchange Act Rules 14c-5(g) and 0-11
- | | |
|-----|---|
| (1) | Title of each class of securities to which transaction applies: |
| (2) | Aggregate number of securities to which transaction applies: |
| (3) | Per unit price or other underlying value of transaction computed pursuant to Exchange Act Rule 0-11 (set forth the amount on which the filing fee is calculated and state how it was determined): |
| (4) | Proposed maximum aggregate value of transaction: |
| (5) | Total fee paid: |

☐ Fee paid previously with preliminary materials.

☐ Check box if any part of the fee is offset as provided by Exchange Act Rule 0-11(a)(2) and identify the filing for which the offsetting fee was paid previously. Identify the previous filing by registration statement number, or the Form or Schedule and the date of its filing.

- | | |
|-----|---|
| (1) | Amount Previously Paid: |
| (2) | Form, Schedule or Registration Statement No.: |
| (3) | Filing Party: |
| (4) | Date Filed: |

10/16/2020

<https://www.sec.gov/Archives/edgar/data/1293310/000121465920007208/g811200def14c.htm>

Humanigen

Humanigen, Inc.

533 Airport Blvd., Suite 400
 Burlingame, CA 94010
 650-243-3100

**NOTICE OF ACTION BY WRITTEN CONSENT OF OUR MAJORITY STOCKHOLDERS
 FIRST MAILED TO STOCKHOLDERS ON OR ABOUT AUGUST 14, 2020**

Dear Stockholder:

This Notice and accompanying Information Statement are being furnished to stockholders of Humanigen, Inc., a Delaware corporation (the "Company"), of record on July 29, 2020 (the "Record Date") to advise such stockholders that on July 29, 2020, certain stockholders of the Company (the "Consenting Stockholders") collectively holding approximately 63% of the Company's outstanding common stock, par value \$0.001 per share ("common stock"), approved the following actions (collectively, the "Actions") by written consent in lieu of a special meeting, in accordance with the applicable provisions of the Delaware General Corporation Law ("DGCL"), the Company's Amended and Restated Certificate of Incorporation, as amended (the "Charter"), and the Company's Second Amended and Restated Bylaws (the "Bylaws"):

1. The approval of an amendment to Article IV of our Charter to increase the number of authorized shares of our common stock from 225,000,000 to 750,000,000, as set forth in the form attached to the accompanying Information Statement as Appendix A ("Action No. 1");
2. The approval of an amendment to Article IV of our Charter that will give the Board the discretion, until July 29, 2021, to effect a reverse stock split whereby each outstanding 2, 3, 4, 5, 6, 7, 8, 9 or 10 shares of our common stock may be combined, converted and changed into one share of our common stock, with the final ratio (if any) as may be determined by and subject to final approval of the Board of Directors of the Company (the "Board"), as set forth in the form attached to the accompanying Information Statement as Appendix B ("Action No. 2"); and
3. The approval of the Humanigen, Inc. 2020 Omnibus Incentive Compensation Plan, as set forth in the form attached to the accompanying Information Statement as Appendix C ("Action No. 3").

The accompanying Information Statement is first being mailed on or about August 14, 2020 to our stockholders of record as of the close of business on July 29, 2020. If you were a stockholder of record on such date, you will receive one or more copies of the accompanying Information Statement. Under the federal securities laws, although the Consenting Stockholders have already approved the Actions, none of the Actions will be effective until at least 20 calendar days after the accompanying Information Statement is sent or given to the stockholders of record of the Company as of the Record Date. Furthermore, the Board retains sole discretion to implement or abandon each of (i) Action No. 1 to amend Article IV of the Charter to increase the number of authorized shares of our common stock and (ii) Action No. 2 to amend Article IV of the Charter to effect a reverse stock split, in each case based on its determination of whether effecting such action is advisable and in the best interests of the Company and its stockholders. The Board might, for instance, choose to abandon the Charter Amendment if it determines that, following implementation of a reverse stock split as further described in Action No. 2, the Company will have a number of authorized but unissued shares of common stock available for issuance that is sufficient to conduct the Company's business as currently contemplated. Therefore, these actions may not occur notwithstanding the approval provided by the Consenting Stockholders.

You are urged to read the accompanying Information Statement in its entirety for a description of the Actions taken by the Consenting Stockholders.

10/16/2020

<https://www.sec.gov/Archives/edgar/data/1293310/000121465920007208/g811200def14c.htm>

WE ARE NOT ASKING YOU FOR A PROXY AND
YOU ARE REQUESTED NOT TO SEND US A PROXY.

EXISTING STOCKHOLDERS WILL RETAIN THEIR EXISTING COMMON STOCK.

/s/ Cameron Durrant

Dr. Cameron Durrant

Chairman of the Board and Chief Executive Officer

August 14, 2020

10/16/2020

<https://www.sec.gov/Archives/edgar/data/1293310/000121465920007208/g811200def14c.htm>

Humanigen

Humanigen, Inc.

533 Airport Blvd., Suite 400
Burlingame, CA 94010
650-243-3100

INFORMATION STATEMENT
PURSUANT TO SECTION 14(C) OF THE
SECURITIES EXCHANGE ACT OF 1934, AS AMENDED

WE ARE NOT ASKING YOU FOR A PROXY AND YOU ARE REQUESTED NOT TO SEND US A PROXY. EXISTING STOCKHOLDERS WILL RETAIN THEIR EXISTING COMMON STOCK.

ABOUT THIS INFORMATION STATEMENT

This Information Statement is being furnished to the stockholders of Humanigen, Inc., a Delaware corporation (the "Company", "Humanigen", "we", "our" or "us"), as of July 29, 2020 (the "Record Date").

We hereby advise such stockholders of record on the Record Date that on July 29, 2020, certain stockholders of the Company (collectively, the "Consenting Stockholders"), which, as of the Record Date, collectively held approximately 63% of our outstanding common stock, par value \$0.001 per share ("common stock"), approved the following actions (collectively, the "Actions") by written consent in lieu of a special meeting, in accordance with the applicable provisions of the Delaware General Corporation Law ("DGCL"), the Company's Amended and Restated Certificate of Incorporation, as amended (the "Charter"), and the Company's Second Amended and Restated Bylaws (the "Bylaws"):

4. The approval of an amendment to Article IV of our Charter to increase the number of authorized shares of our common stock from 225,000,000 to 750,000,000, as set forth in the form attached to this Information Statement as Appendix A ("Action No. 1");
5. The approval of an amendment to Article IV of our Charter that will give the Board the discretion, until July 29, 2021, to effect a reverse stock split whereby each outstanding 2, 3, 4, 5, 6, 7, 8, 9 or 10 shares of our common stock may be combined, converted and changed into one share of our common stock, with the final ratio (if any) as may be determined by and subject to final approval of the Board of Directors of the Company (the "Board"), as set forth in the form attached to this Information Statement as Appendix B ("Action No. 2"); and
6. The approval of the Humanigen, Inc. 2020 Omnibus Incentive Compensation Plan (the "2020 Equity Plan"), as set forth in the form attached to this Information Statement as Appendix C ("Action No. 3").

On July 27, 2020, the Board unanimously approved each of the Actions, and recommended each of the Actions for approval by our stockholders. The Consenting Stockholders, comprising beneficial owners, as of the Record Date, holding an aggregate of 132,493,142 shares of our common stock, or approximately 63% of our outstanding common stock as of the Record Date, approved the Actions by written consent in lieu of a special meeting on July 29, 2020, in accordance with the DGCL. Accordingly, your consent is not required and is not being solicited in connection with the approval of the Actions.

10/16/2020

<https://www.sec.gov/Archives/edgar/data/1293310/000121465920007208/g811200def14c.htm>

The Record Date for determining stockholders entitled to receive this Information Statement is July 29, 2020, the date that the Consenting Stockholders approved the Actions by written consent. As of the close of business on the Record Date, we had 210,499,810 shares of common stock outstanding and entitled to vote on the matters acted upon in the action by written consent of our Consenting Stockholders.

Pursuant to Section 228 of the DGCL, we are required to provide prompt notice of the taking of the corporate actions described above without a meeting of stockholders to all stockholders who did not consent in writing to the Actions. This Information Statement serves as the notice required by Section 228 of the DGCL.

In accordance with the rules and regulations of the Securities and Exchange Commission ("SEC"), the Actions will not become effective until at least 20 calendar days after we send this Information Statement to our stockholders of record as of the Record Date.

Furthermore, the Board retains sole discretion to implement or abandon each of (i) Action No. 1 to amend Article IV of the Charter to increase the number of authorized shares of our common stock and (ii) Action No. 2 to amend Article IV of the Charter to effect a reverse stock split, in each case based on its determination of whether effecting such action is advisable and in the best interests of the Company and its stockholders. The Board might, for instance, choose to abandon the Charter Amendment if it determines that, following implementation of a reverse stock split as further described in Action No. 2, the Company will have a number of authorized but unissued shares of common stock available for issuance that is sufficient to conduct the Company's business as currently contemplated. Therefore, these actions may not occur notwithstanding the approval provided by the Consenting Stockholders.

THIS INFORMATION STATEMENT IS FIRST BEING SENT OR GIVEN ON OR ABOUT AUGUST 14, 2020 TO THE HOLDERS OF OUR COMMON STOCK AS OF JULY 29, 2020 AND IS BEING DELIVERED TO INFORM YOU OF THE CORPORATE ACTIONS DESCRIBED HEREIN BEFORE SUCH ACTIONS TAKE EFFECT IN ACCORDANCE WITH RULE 14C-2 OF THE SECURITIES EXCHANGE ACT OF 1934 (THE "EXCHANGE ACT").

WE ARE NOT ASKING YOU FOR A PROXY AND YOU ARE REQUESTED NOT TO SEND US A PROXY. EXISTING STOCKHOLDERS WILL RETAIN THEIR EXISTING COMMON STOCK.

The entire cost of furnishing this Information Statement will be borne by the Company. We will request brokerage houses, nominees, custodians, fiduciaries and other like parties to forward this Information Statement to the beneficial owners of our voting securities held of record by them, and we will reimburse such persons for out-of-pocket expenses incurred in forwarding such material.



Humanigen

Via Fed Ex

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

To Whom It May Concern:

On behalf of Humanigen, Inc. ("Humanigen") attached is Humanigen's application.

Humanigen, Inc. is a clinical-stage biopharmaceutical company developing its portfolio of next-generation cell and gene therapies for the treatment of cancers via its novel, GM-CSF neutralization and gene-knockout platforms. As a leader in GM-CSF pathway science, Humanigen believes they have the ability to transform CAR-T therapy and a broad range of other T-cell engaging therapies, including both autologous and allogeneic cell transplantation.

Humanigen is a "Virtual Manufacturer". Their product is manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. Therefore, at no time does Humanigen physically manufacture or distribute product. Humanigen's product is not a controlled substance. Accordingly, Humanigen is not required to obtain a DEA registration.

I hope this narrative is helpful as you review Humanigen's application. If you have a question regarding this application, please contact me at (614) 620-6898 or via email at krista.jones@twolabs.com. Please also address all written communication to me. My address is 210 Victorian Dr, Commercial Point, OH 43116.

Thank you in advance for your consideration.

Krista Jones
Licensing Analyst
PharmaLicense



BRIAN C. SINGER, Pharm.D., M.B.A.

Westford Ladera Ranch, CA 92694 | _____

SUMMARY

Highly accomplished biopharmaceutical/medical device sales leader. Exceptional ability building high performance teams and developing winning strategies with seamless execution that outperform set objectives in a wide range of complex markets from start-up to big pharma across 10 therapeutic categories (*detailed list at the end of resume*). Inspirational leader focused on the team, patient and customer. An energizer to any organization; living the corporate values and objectives to drive positive outcomes.

- Specialty/Biologics/Medical Device
- Sales Leadership (1st/2nd/3rd line)
- Sales/Market Access/Marketing
- 9X National Award Recognition
- Brand Strategy and Launch (10+)
- New Business Development
- Start-up/Expansion/Re-structuring
- Recruitment/Training/Development

PROFESSIONAL EXPERIENCE

DBV TECHNOLOGIES

Sep. 2018 – July 2020

Regional Business Director (Ladera Ranch, CA)

- Start-up clinical-stage immunologic biopharmaceutical company focused on developing, manufacturing and commercializing biologic food allergy treatments in children
- Built a commercial footprint, operations and sales team for the anticipated launch of the first product candidate (Viaskin Peanut)
- Company was eventually unable to bring the product to market

TEVA PHARMACEUTICALS/CooperSurgical

Nov. 2010 – Feb. 2018

West Area Sales Director- (Ladera Ranch, CA)

- Led team of 5 regional managers and 47 sales professionals in the Women's Health medical device, buy and bill, specialty pharmacy, prescription and OTC markets
- President's Award winner 2012, 2013, 2014 and 2016; TEVA Hall of Fame Inductee 2014
- Grew Paragard sales by 51% to \$85MM compared to the nation at 33% (2013-2016)
- Negotiated medical device contracting for accounts (\$100K - \$1M); directed reimbursement solutions, opened new accounts/markets and elevated operational excellence
- Launched LoSeasonique, Quartette and Plan B One Step

SCHERING-PLOUGH PHARMACEUTICALS/Merck

Dec. 1997 – Jan 2010

National Sales Director- (Kenilworth, NJ): 2 years

- Built a new Respiratory sales division of 5 Regional Directors, 48 District Managers and 520 Sales Professionals in the Asthma, COPD, Allergy and Infectious Disease markets with sales of \$1.2B
- Created field force alignment, recruitment plan, training, IC plan, sales strategy and led collaborative cross-functional steering and planning committee's
- Launched Asmanex and grew to #2 in market; achieved market leadership with Foradil
- Co-designed national marketing campaigns for Asmanex, Foradil and Proventil HFA
- Project lead for contracted sales force of 2 directors, 20 managers and 300 representatives

West Regional Sales Director- (Ladera Ranch, CA): 4.5 years

- Led a team of 13 District Managers and 150 Sales Professionals in the Cardiovascular, Respiratory, Infectious Disease and Erectile Dysfunction markets with sales of \$170MM
- Led new-category Vytorin launch in cardiology; recruiting 5 managers and 50 sales reps
- Led promotional partnerships with Merck, Glaxo, Altana and MSP
- National recognition for strong productivity, best execution of brand strategy and leading a high-performance culture; mentor to new Regional Directors

West Managed Care Director- (Mission Viejo, CA): 2 years

- Led team of 14 account managers to drive sales within key managed care accounts; including health plans, PBM's, medical groups, IPA's, employers, hospitals and state government
- President's Award winner 2003 and KOSMC Award winner 2002 (National Cross Functional Team Award- reversed lagging Hepatitis C franchise business)
- Negotiated brands in Respiratory, Cardiovascular, Oncology and Biologics (\$1M - \$50M annually)
- Launched Zetia, PEG Intron and Clarinex

Senior Managed Care Account Manager- (Phoenix, AZ): 1.5 years

- President's Award winner 2000
- Negotiated national contract with net sales of \$111M for Respiratory, Cardiovascular, Oncology and Biologics portfolio

Health Management Consultant- (Phoenix, AZ): 2 years

- Top 5% Biologics National Sales winner 1999
- Launched Rebetrone, Nasonex, Prandin and Tequin

FHP/PACIFICARE HMO

Jun. 1994 – Nov. 1997

Regional Pharmacy Manager- Pharmacy Department (Phoenix, AZ)

- Responsible for development, implementation and maintenance of the prescription drug benefit

EDUCATION

University of Arizona (Doctorate of Pharmacy, Pharm.D.)	Tucson, AZ
University of California, San Diego (Clinical Pharmacy Residency)	San Diego, CA
University of Phoenix (Masters of Business Administration, MBA)	Phoenix, AZ

DIVERSE MARKET AND THERAPEUTIC EXPERIENCE

- | | |
|--|--|
| • CARDIOVASCULAR (<i>Vytorin, Zetia, Imdur, Nitro-Dur, Niaspan, Aggrenox</i>) | • RESPIRATORY (<i>Asmanex, Vanceril, Foradil, Proventil HFA</i>) |
| • ONCOLOGY (<i>Intron A, Temodar</i>) | • ALLERGY (<i>Nasonex, Vancenase, Clarinex Family, Claritin Family</i>) |
| • GASTROINTESTINAL (<i>PEG-Intron, Intron A, Rebetrone, Rebetrone</i>) | • INFECTIOUS DISEASE (<i>Avelox, Cedax, Cipro XR, Tequin</i>) |
| • WOMEN'S HEALTH (<i>Paragard, Seasonique, LoSeasonique, Quartette, Enjuvia, Plan B One Step</i>) | • DIABETES (<i>Prandin</i>) |
| • UROLOGY (<i>Levitra</i>) | • DERMATOLOGY (<i>Elocon, Lotrisone</i>) |

Product in Italic- Launched the Product

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 <u>N/A</u>) Check <u>box</u> 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 by all types of ownership

Facility Name: Provention Bio, Inc.

Physical Address: 55 Broad Street, 2nd Floor

City: Red Bank State: NJ Zip Code: 07701

Telephone Number: 908-356-0514 Fax Number: N/A

Toll Free Number: _____

E-mail: licensing@proventionbio.com Website: proventionbio.com

Facility Manager: Jason Hoitt

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: <u>Specialty Pharmacies and Specialty Distributors</u> | | | |

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?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

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

Jason Hoitt

Print Name of Authorized Person


Date

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
 Parent Company if any: _____
 Corporation Name: Provention Bio, Inc.
 Mailing Address: 55 Broad Street, 2nd Floor
 City: Red Bank State: New Jersey Zip: 07701
 Telephone: 908-336-0360 Fax: _____
 Contact Person: Jason Hoitt

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: 10/4/2016
 Registration number issued: 6172593
 Stock Exchange: PRVB

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
P.O. Box 369, Trenton, New Jersey 08625-0369

0742728

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 accompany such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

55 BROAD ST, 2ND FL RED BANK, NJ 07701-

Reg. No. PROVENTION BIO, INC.
5005863 55 BROAD ST, 2ND FL
RED BANK, NJ 07701-

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 2/4/2021

Registration Number: 5005863

Registered as: Wholesale

Parent Company Name: PROVENTION BIO, INC.

Trade Name:

Original Issue Date: 12/18/2020

Expiration Date: 01/31/2022

Current Issue Date: 12/18/2020

Disciplines: No

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVENTION BIO, 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 EIGHTH DAY OF FEBRUARY, 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 "PROVENTION BIO, INC." WAS INCORPORATED ON THE FOURTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



6172593 8300

SR# 20210374630

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202464944

Date: 02-08-21



Description of Operations

Provention Bio, Inc. is a Virtual Manufacturer. Provention Bio, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors & Specialty 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:

Ajinomoto Althea, Inc.
11040 Roselle Street
San Diego, CA 92121
FDA Establishment Number: 3004575449

Contact Person: Peter Clarke, Senior Vice President, Operations
Contact Number: 908-336-0360

Ajinomoto manufactures Provention Bio, Inc.'s product and packages finished product. At no time does Ajinomoto own the product, contract with Provention Bio, Inc.'s customers, invoice, nor sell a Provention Bio, Inc. product. Provention Bio, Inc.'s products are not Controlled Substances.

Labeler Code/NDC:

73650

Tzield NDC 73650-316-14

Third Party Logistic information:

For distribution into the commercial supply channels, Integrated Commercialization Solutions, LLC acts as Provention Bio, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Provention Bio, Inc.'s product to Specialty Distributors & Specialty Pharmacies throughout the United States. Integrated Commercialization Solutions, LLC's address is:

Integrated Commercialization Solutions, LLC
420 International Boulevard, Suite 500
Brooks, KY 40109
Contact: Edward Kawamura at 615-828-0069

Provention Bio, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.



Company Information

Provention Bio, Inc.
 55 Broad Street, 2nd Floor
 Red Bank, New Jersey 07701
 Phone: 908-336-0360
 Website: proventionbio.com
 E-mail: licensing@proventionbio.com

FEIN: 81-5245912
 State of Formation: DE
 Date Incorporated: 10/04/2016
 File Number: 6172593

Ownership Information

Provention Bio, Inc. is a Publicly Traded company on the {NASDAQ stock exchange under the symbol PRVB.

Officers

Ashleigh Palmer, Chief Executive Officer

Business Address: 55 Broad Street, 2nd Floor, Red Bank, New Jersey 07701
 Business Phone: 908-336-0360

Jason Hoitt, Chief Commercial Officer

Business Address: 55 Broad Street, 2nd Floor, Red Bank, New Jersey 07701
 Business Phone: 908-336-0360

Eleanor Ramos, Chief Medical Officer

Business Address: 55 Broad Street, 2nd Floor, Red Bank, New Jersey 07701
 Business Phone: 908-336-0360

Francisco Leon, Chief Scientific Officer

Business Address: 55 Broad Street, 2nd Floor, Red Bank, New Jersey 07701
 Business Phone: 908-336-0360

Andrew Drechsler, Chief Financial Officer

Business Address: 55 Broad Street, 2nd Floor, Red Bank, New Jersey 07701
 Business Phone: 908-336-0360

Heidy King-Jones, Chief Legal Officer

Business Address: 55 Broad Street, 2nd Floor, Red Bank, New Jersey 07701
 Business Phone: 908-336-0360



Product List

Tziel (teplizumab) NDC 73650-316-14

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549**

FORM 10-K/A

(Amendment No. 2)

☒ 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 001-38552

PROVENTION BIO, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)

81-5245912
(I.R.S. Employer
Identification No.)

P.O. Box 666 Oldwick, New Jersey 08858
(Address of registrant's principal executive offices)

(908) 336-0360
(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 Shares, \$0.001 par value	PRVB	The Nasdaq Global Select Market

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 definition 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 12b-2 of the Act). Yes ☐ No ☒.

The aggregate market value of the common stock held by non-affiliates of the Registrant as of June 28, 2019, the last business day of the Registrant's last completed second quarter, based upon the closing price of the common stock as reported by The Nasdaq Capital Market on such date was approximately \$387.8 million.

On April 1, 2020, there were 47,712,636 shares of the registrant's common stock, \$0.0001 par value, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE:

None.

EXPLANATORY NOTE

This Amendment No. 2 on Form 10-K/A (this "Amendment No. 2") amends the Annual Report on Form 10-K for the fiscal year ended December 31, 2019 (the "2019 Annual Report") of Provention Bio, Inc. filed with the Securities and Exchange Commission ("SEC") on March 12, 2020, as amended by Amendment No. 1 to the 2019 Annual Report filed with the SEC on April 8, 2020. In this Amendment No. 2, unless the context indicates otherwise, the designations "Provention Bio," the "Company," "we," "us" or "our" refer to Provention Bio, Inc.

This Amendment No. 2 is being filed solely to include revised Exhibits 31.1 and 31.2, which replace the previously filed versions of those exhibits, to include certain statements required by Item 601(b)(31) of Regulation S-K in the introductory portion of paragraph 4, inadvertently omitted by the Company when previously filed. This Amendment consists solely of the preceding cover page, this explanatory note, the exhibit index, signature page and paragraphs 1, 2, 4 and 5 of each of the revised certifications filed as exhibits to this Amendment No. 2. Because no financial statements are included with this Amendment, paragraph 3 of such certifications has been omitted.

Except as described above, no other amendments are being made to the Annual Report. This Amendment No. 2 does not reflect events occurring after the March 12, 2020 filing of the 2019 Annual Report or modify or update the disclosure contained in the 2019 Annual Report in any way other than as required to reflect the amendments discussed above and reflected below. Accordingly, this Amendment No. 2 should be read in conjunction with the 2019 Annual Report and our other filings with the SEC.

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 thereunto duly authorized.

Registrant:

Provention Bio, Inc.

Date: August 6, 2020

By: /s/ Andrew Drechsler
 Andrew Drechsler
 Chief Financial Officer
 (Authorized Officer and Principal Financial Officer)

Pursuant to the requirements of the Securities Exchange Act of 1934, this Report has been signed below by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

<u>Signature</u>	<u>Title</u>	<u>Date</u>
<u>/s/ Ashleigh Palmer</u> Ashleigh Palmer	Chief Executive Officer (Principal Executive Officer), Director	August 6, 2020
<u>/s/ Andrew Drechsler</u> Andrew Drechsler	Chief Financial Officer (Principal Financial Officer, Principal Accounting Officer)	August 6, 2020
<u>/s/ Jeffrey Bluestone</u> Jeffrey Bluestone	Director	August 6, 2020
<u>/s/ Avery Catlin</u> Avery Catlin	Director	August 6, 2020
<u>/s/ Sean Doherty</u> Sean Doherty	Director	August 6, 2020
<u>/s/ Wayne Pisano</u> Wayne Pisano	Director	August 6, 2020
<u>/s/ Nancy Wysenski</u> Nancy Wysenski	Director	August 6, 2020

INDEX TO EXHIBITS**Exhibit
Number****Exhibit Title**

- 31.1 [Certification of the Chief Executive Officer pursuant to Rule 13a-14\(a\) or Rule 15\(d\)-14\(a\) \(filed herewith, Exhibit 31.1\).](#)
- 31.2 [Certification of the Chief Financial Officer pursuant to Rule 13a-14\(a\) or Rule 15\(d\)-14\(a\) \(filed herewith, Exhibit 31.2\).](#)
-



February 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 Provention Bio, Inc. ("Provention"), attached is Provention Bio, Inc. ("Provention")'s application for Wholesale Distributor.

Provention has purposefully created a pipeline of investigational candidates that target upstream autoimmune pathways and even viral triggers with the goal of intercepting and preventing life-threatening and debilitating immune-mediated diseases, including type 1 diabetes (T1D), celiac disease, and lupus.

Provention Bio, Inc. ("Provention") 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 Provention Bio, Inc. ("Provention")'s office. Provention Bio, Inc. ("Provention")'s product is not a controlled substance. Provention Bio, Inc. ("Provention") is not required to obtain a DEA registration. At the time of this filing, Provention Bio, Inc. ("Provention") only holds a license in their home state of New Jersey.

I hope this narrative is helpful as you review Provention Bio, Inc. ("Provention")'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.

A handwritten signature in blue ink that reads 'Theresa Carey'.

Theresa Carey
Licensing Analyst
PharmaLicense

PROFESSIONAL EXPERIENCE

PROVENTION BIO, NJ

January 2019 - Present

Chief Commercial Officer

- Build and lead top tier global commercial organization:
 - Commercial strategy, marketing, market access, sales, patient services, commercial operations & analytics, alliance management, patient advocacy
- Prepare to launch first product in the company's history and the first ever therapeutic to intercept the autoimmune process to delay or prevent type 1 diabetes
- Oversee disease state and screening awareness initiatives
- Evaluate and partner teplizumab outside of the U.S.
- Present and interact with investors & sell-side analysts

DOVA PHARMACEUTICALS, Durham, NC (Acquired by SOBI)

December 2018 - November 2019

Chief Commercial Officer

- Leadership of global commercial organization: commercial strategy, sales, marketing, market access, commercial operations/analytics, alliance management, patient services
 - Responsible for full commercial P&L
- Reset commercial strategy and restructured commercial organization, (~90 people), early 2019
 - Complete restructure of commercial leadership team
- Re-launch of DOPTLET in thrombocytopenia associated with chronic liver disease indication
- Pre-launch and launch strategy/execution for chronic immune thrombocytopenia indication, mid-2019
- Global commercial strategic planning and partner selection
 - Participation in the diligence efforts surrounding sale of Dova to Sobi
- Present at various global investor conferences, interact with analysts and investors via quarterly earnings calls, investor conferences, non-deal road shows, 1:1 meetings

INSMED INCORPORATED, Bridgewater, NJ

June 2017 - December 2018

VP, Head of U.S. Sales

- Member of Commercial Leadership Team
- Lead team of 85 sales professionals across the U.S.
- Responsible for all selling efforts for ARIKAYCE in the U.S. & Puerto Rico
 - Accelerated approval via the limited population pathway
- Completed sizing and deployment analysis for U.S. sales team to ensure launch readiness
- Recruited U.S. sales organization in 4 months, attracting top talent from rare pulmonary and infectious disease areas
- Trained and deployed team to engage in profiling and disease state awareness 6 months pre-launch
- Developed national sales strategy, incentive compensation plan, training and operational details for company's first launch

SAREPTA THERAPEUTICS, Cambridge, MA

October 2013 - May 2017

Head of U.S. Sales, (7/15 - 5/17)

- Responsible for all selling efforts related to EXONDYS51 in the United States & Puerto Rico
 - Approval under accelerated approval pathway, (9/19/16)
- Served on Commercial Leadership Team reporting to Chief Commercial Officer
- Completed sizing analysis to determine appropriate needs for U.S. field team for launch of first exon skipping product in ultra-orphan disease (Duchenne Muscular Dystrophy)
- Strategically recruited top talent with rare disease experience in the neuromuscular space
- Established field sales team goals and objectives for pre-launch disease education and account profiling
- Created workflow for sales team collaboration with case managers and matrix field organization
- Built sales operations needs/function
 - Incentive compensation & data reporting based on limited distribution model
- Top 5 rare disease launch

Senior Director, Medical Affairs, (10/13 - 7/15)

- Global Medical Affairs Lead
- Led medical education strategy and execution in neuromuscular disease

- Developed core scientific platform messaging
- Oversaw CME sponsorships and sponsored medical education activities
- Developed scientific congress strategy and tactical activities to maximize attendance at major meetings in DMD, (ICNMD, MDA Annual Meeting, World Muscle Society, Child Neurology Society, AAN)
- Engaged Global Key Opinion Leader
 - Developed and executed KOL engagement strategic plan
- Developed and executed global advisory board strategy
 - Global, National and Regional advisory board programs for DMD
- Chaired Promotional Review Committee (med/legal review)
 - Developed structure and SOP for Sarepta cross functional review committee
 - Oversaw committee meetings and processes
- NDA Task Force
 - Developed key data analysis plan and messaging for planned NDA
- Publications and Abstract Review Committee Member
- Advisory Committee Working Group Member

VERTEX PHARMACEUTICALS, Boston, MA
Area Sales Director, East, (4/11 - 10/13)

July 2010 - October 2013

- Directed selling efforts for launch of Incivek and focused HCV disease state and market development activities for the Eastern U.S.
- Led, coached and developed a team of 7 Regional Sales Managers and 61 Therapeutic Specialists
 - Six team members promoted during first year
- Created and implemented a targeted leadership development program for Vertex field teams, including talent identification, mentorship, leadership development and in-house rotational programs

Director, HCV Marketing, (7/10 - 7/11)

Key Contributor Grant 2011

Platinum VOCAP Award

Medical Media & Marketing Small Pharma Brand Team of the Year

- Worked cross-functionally with broad group of internal stakeholders on strategic launch plan, developed and executed integrated strategies to build awareness, increase diagnosis and ensure appropriate treatment with telaprevir
- Developed Vertex KOL engagement strategy in HCV, focused primarily on Hepatology, Gastroenterology and Infectious Disease customers
- Launched inaugural Vertex Professional Speaker Bureau, both unbranded pre-launch and Incivek-specific at approval
 - Inclusive of peer-peer strategy, SOP generation, content development, KOL identification, recruitment, bureau maintenance, ROI
- Developed and executed overall HCV advisory strategy
 - Global, national, regional and key congress advisory programs (~20 programs)
- Led congress strategy and cross-functional planning teams for key meetings (AASLD, EASL, APASL, DDW)
- Served as commercial lead/liaison for Canadian launch of Incivek
 - Cross-functional team worked with regulatory on Canadian monograph negotiation strategy, hired agency of record, ensured continuity of positioning and messaging platform with US market
 - Led congress and advisory strategy for CASL/CDDW with Canadian KOL
 - Built out Canadian commercial team

GILEAD SCIENCES, Foster City, CA
Director, Regional Sales, (1/08 - 7/10)

April 2004 - July 2010

RD Leadership Award 2008

Key Contributor Grants 2008, 2009, 2010

- Managed Viread HBV selling efforts and focused HBV market development in the New York City Region
- Maintained highest volume regional Hepsera market leadership prior to Viread HBV launch
- Exemplary sales skills coaching and career development resulted in 4 direct reports promoted in 2 years
- Successful recruitment and integration of new Therapeutic Specialists as backfills for promotions and sales force expansion that added 6 headcount to the NY market
- Managed regional budget of ~\$850K to within 1%
- Performance rating - exceeds expectations (2) - 2008, 2009

Product Manager, (1/06 - 1/08)

- Developed working relationships with national-level KOL and key accounts in hepatitis B

- Developed and executed Gilead KOL planning during AASLD 2006/2007, including CEO Welcome Reception and more than 30 executive 1:1 meetings
- Managed promotional speaker bureau, including development and implementation of live speaker training meeting for 100 faculty members
- Developed and implemented annual advisory program, including two large-scale events with 50-80 attendees and a series of 12 focused meetings
- Managed Physician Visitor Program at Foster City Campus (22 visitors)
- Led HBV market expansion strategy and efforts, including managing relationship with cultural agency and agency of record
- Developed personal and non-personal tactics, including unbranded in-language journal ads, advertorials, detail aid, patient brochure and treatment algorithm
- Implemented and maintained adherence programs for both insured and cash paying patients

Therapeutic Specialist, (4/04 - 1/06)

Gilead President's Club 2004

Key Contributor Grant

- Specialty selling efforts directed at a diverse customer base including a variety of physician specialties, formulary committee members, pharmacy directors, nurses and other influential personnel; Exceeded assigned revenue forecast for each promoted product
- Hepatitis Business Development Team: Created innovative strategies that contributed to overall market growth and Hepsera utilization, including collaboration with outside partner companies and organizations

SCHERING ONCOLOGY/BIOTECH, Kenilworth, NJ
Hepatitis Sales Representative

May 2003 - March 2004

ASTRAZENECA LP, Boston, MA
Pharmaceutical Sales Specialist

October 2001 - May 2003

NEW ENGLAND MEDICAL CENTER, Boston, MA
Research Assistant

June 1999 - August 2001

- Conducted diagnostic serological testing for Lyme Disease of patient samples from the New England Medical Center, Centers for Disease Control, National Institutes of Health and other outside physicians, utilizing both Elisa and Western Blot assays and intrathecal antibody testing for neurological effects of Lyme Disease
- Under the guidance of Dr. Allen Steere, conducted independent research project to clone the fibronectin binding protein on the outer surface of *Borrelia burgdorferi*, the causative agent of Lyme Disease, via techniques such as the Polymerase Chain Reaction; used this clone to develop new serologic testing for Lyme Disease

EDUCATION

College of the Holy Cross, Worcester, MA, Bachelor of Arts - Pre-Med/Spanish

Universidad de las Islas Baleares, Junior Year Abroad

Columbia University, New York, NY, Business Careers Initiative

SKILLS

Fluent in Spanish

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 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 by 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: Viatis Inc
 Corporation Name: Upjohn US I 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**

P.O. Box 369, Trenton, New Jersey 08625-0369

0742535

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 accompany 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. UPJOHN US 1 LLC
5005861 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
FEI 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.

Delaware

The First State

Page 1

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.



7176360 8300

SR# 20207400624

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203704562

Date: 09-22-20

Subject: RE: [EXTERNAL] Additional Information Requested - Upjohn US 1 LLC - 117455616

Huber, Lainunpui <Lainunpui.Huber@fda.hhs.gov>
to Loebach, Paul M; Sunshine, Warren; Lins, Kathleen M

Wed, Oct 14, 3:42 PM

 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/NHRC Labeler code request" and enter the Labeler Code assigned (58151) in the field for "Labeler Code", and Submit SPL.

Thanks,
Pui 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, Lainunpui <Lainunpui.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

Product	Generic Name	Upjohn ABC	Strength	Pack	Presentation
CADJET, TABLETS	amlodipine, atorvastatin	58151-2150-1	5 mg/10 mg	Bottle of 30	Tablets
CADJET, TABLETS	amlodipine, atorvastatin	58151-2170-1	5 mg/20 mg	Bottle of 30	Tablets
CADJET, TABLETS	amlodipine, atorvastatin	58151-2190-1	5 mg/40 mg	Bottle of 30	Tablets
CADJET, TABLETS	amlodipine, atorvastatin	58151-2260-1	5 mg/80 mg	Bottle of 30	Tablets
CADJET, TABLETS	amlodipine, atorvastatin	58151-2160-1	10 mg/10 mg	Bottle of 30	Tablets
CADJET, TABLETS	amlodipine, atorvastatin	58151-2180-1	10 mg/20 mg	Bottle of 30	Tablets
CADJET, TABLETS	amlodipine, atorvastatin	58151-2250-1	10 mg/40 mg	Bottle of 30	Tablets
CADJET, 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
CELEBREX, CAPSULES	celecoxib	58151-6520-5		Unit dose blister	
CELEBREX, CAPSULES	celecoxib	58151-6520-8		Carton of 100 unit dose blisters	
CELEBREX, CAPSULES	celecoxib	58151-1525-1		Bottle of 100	
CELEBREX, CAPSULES	celecoxib	58151-1525-5	200 mg	Bottle of 500	Capsules
CELEBREX, CAPSULES	celecoxib	58151-1525-8		Unit dose blister	
CELEBREX, CAPSULES	celecoxib	58151-1525-9		Carton of 100 unit dose blisters	
CELEBREX, CAPSULES	celecoxib	58151-6530-1	400 mg	Bottle of 60	Capsules
CELEBREX, CAPSULES	celecoxib	58151-6530-8		Unit dose blister	
CELEBREX, CAPSULES	celecoxib	58151-6530-9		Carton of 100 unit dose blisters	
DETROL LA, EXTENDED-RELEASE CAPSULES	tolterodine	58151-5190-1		Bottle of 30	
DETROL LA, EXTENDED-RELEASE CAPSULES	tolterodine	58151-5190-2	2 mg	Bottle of 90	Extended-Release Capsules
DETROL LA, EXTENDED-RELEASE CAPSULES	tolterodine	58151-5190-3		Bottle of 500	
DETROL LA, EXTENDED-RELEASE CAPSULES	tolterodine	58151-5192-1	4 mg	Bottle of 30	Extended-Release Capsules
DETROL LA, EXTENDED-RELEASE CAPSULES	tolterodine	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
DILANTIN, CAPSULES	phenytoin sodium	58151-0007-8		Unit dose blister	
DILANTIN, CAPSULES	phenytoin sodium	58151-0007-9		Carton of 100 unit dose blisters	Capsules
DILANTIN, CAPSULES	phenytoin sodium	58151-3740-1	30 mg	Bottle of 100	
DILANTIN, CAPSULES	phenytoin sodium	58151-0369-1		Bottle of 100	
DILANTIN, CAPSULES	phenytoin sodium	58151-0369-2	100 mg	Bottle of 1000	Capsules
DILANTIN, CAPSULES	phenytoin sodium	58151-0369-8		Unit dose blister	
DILANTIN, CAPSULES	phenytoin sodium	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
EFFEXOR XR, EXTENDED-RELEASE CAPSULES	venlafaxine	58151-0833-1	75 mg	Bottle of 90	Extended-Release Capsules
EFFEXOR XR, EXTENDED-RELEASE CAPSULES	venlafaxine	58151-0833-2	150 mg	Bottle of 90	Extended-Release Capsules
EFFEXOR XR, EXTENDED-RELEASE CAPSULES	venlafaxine	58151-0836-1		Bottle of 30	
EFFEXOR XR, EXTENDED-RELEASE CAPSULES	venlafaxine	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
INSPIRA, TABLETS	epirolone	58151-1710-1	25 mg	Bottle of 30	Tablets
INSPIRA, TABLETS	epirolone	58151-1710-2		Bottle of 90	
INSPIRA, TABLETS	epirolone	58151-1720-1	50 mg	Bottle of 30	Tablets
INSPIRA, TABLETS	epirolone	58151-1720-2		Bottle of 90	

LIPTOR, TABLETS	atorvastatin	58151-0155-1 58151-0155-8 58151-0155-9	10 mg	Bottle of 90 Unit dose blister Carton of 100 unit dose blisters	Tablets
LIPTOR, TABLETS	atorvastatin calcium	58151-1156-1 58151-1156-8 58151-1156-9	20 mg	Bottle of 90 Unit dose blister Carton of 100 unit dose blisters	Tablets
LIPTOR, TABLETS	atorvastatin calcium	58151-2157-1 58151-2157-8 58151-2157-9	40 mg	Bottle of 90 Unit dose blister Carton of 100 unit dose blisters	Tablets
LIPTOR, TABLETS	atorvastatin calcium	58151-0158-1 58151-0158-2 58151-0158-8 58151-0158-9	80 mg	Bottle of 90 Bottle of 500 Unit dose blister Carton of 64 unit dose blisters	Tablets
LYRICA, CAPSULES, CV	pregabalin	58151-1012-1 58151-2013-1	25 mg	Bottle of 90	Capsules
LYRICA, CAPSULES, CV	pregabalin	58151-2013-8 58151-2013-9	50 mg	Bottle of 90 Unit dose blister Carton of 100 unit dose blisters	Capsules
LYRICA, CAPSULES, CV	pregabalin	58151-3014-1 58151-3014-8 58151-3014-9	75 mg	Bottle of 90 Unit dose blister Carton of 100 unit dose blisters	Capsules
LYRICA, CAPSULES, CV	pregabalin	58151-1015-1 58151-1015-8 58151-1015-9	100 mg	Bottle of 90 Unit dose blister Carton of 100 unit dose blisters	Capsules
LYRICA, CAPSULES, CV	pregabalin	58151-2016-1 58151-2016-8 58151-2016-9	150 mg	Bottle of 90 Unit dose blister Carton of 100 unit dose blisters	Capsules
LYRICA, CAPSULES, CV	pregabalin	58151-3017-1 58151-1019-1 58151-2018-1	200 mg 225 mg 300 mg	Bottle of 90 Bottle of 90 Bottle of 90	Capsules Capsules 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	Convenience Package 4 Bottle of 25 tablets each	Sublingual Tablets
NITROSTAT, SUBLINGUAL TABLETS	nitroglycerin	58151-1419-1	0.6 mg	Bottle of 100 tablets	Sublingual Tablets
NITROSTAT, SUBLINGUAL TABLETS	nitroglycerin	58151-1520-1	2.5 mg	Bottle of 90	Tablets
NORVASC, TABLETS	amlodipine besylate	58151-1530-1	5 mg	Bottle of 90 Unit dose blister Carton of 100 unit dose blisters	Tablets
NORVASC, TABLETS	amlodipine besylate	58151-1530-8 58151-1530-9 58151-1530-2	10 mg	Bottle of 300 Bottle of 90 Unit dose blister	Tablets
RELPAK, TABLET	eletriptan	58151-1540-1 58151-1540-8 58151-1540-9	20 mg	Carton of 100 unit dose blisters	Tablets
RELPAK, TABLET	eletriptan	58151-2340-6 58151-2340-7 58151-4190-1	40 mg 20 mg	Blister of 6 tablets Blister of 6 tablets Bottle of 90	Tablets
REVATIO, TABLETS	sildenafil	58151-0338-1	10 mg/12.5 mL	Two blisters of 6 tablets in each carton. (Carton of 12 tablets)	Tablets
REVATIO, INJECTION	sildenafil	58151-0336-1	10 mg/mL (when reconstituted)	Vial Individually packaged in a carton	Injection
REVATIO, ORAL SUSPENSION	sildenafil	58151-4200-1	25 mg	Powder for oral suspension-bottle	Oral Suspension
VIAGRA, TABLETS	sildenafil	58151-4210-1		Bottle of 30	Tablets

VIAGRA, TABLETS	sildenafil	58151-4210-2 58151-4210-9 58151-4220-1 58151-4220-2	50 mg	Carton of 30 (1 tablet per Single Pack) Bottle of 30 Bottle of 100	Tablets
VIAGRA, TABLETS	sildenafil	58151-4220-2	100 mg	Carton of 30 (1 tablet per Single Pack)	Tablets
XALATAN, OPHTHALMIC SOLUTION	latanoprost	58151-4303-1	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 58151-0029-2	0.25 mg	Bottle of 100 Bottle of 500	Tablets
XANAX, TABLETS, CIV	alprazolam	58151-0055-1 58151-0055-2	0.5 mg	Bottle of 100 Bottle of 500	Tablets
XANAX, TABLETS, CIV	alprazolam	58151-0090-1	1 mg	Bottle of 100	Tablets
XANAX, TABLETS, CIV	alprazolam	58151-0090-2	2 mg	Bottle of 500	Tablets
XANAX, XR, EXTENDED-RELEASE TABLETS, CIV	alprazolam	58151-0094-1	0.5 mg	Bottle of 100	Tablets
XANAX, XR, EXTENDED-RELEASE TABLETS, CIV	alprazolam	58151-0057-1	1 mg	Bottle of 60	Extended-Release Tablets
XANAX, XR, EXTENDED-RELEASE TABLETS, CIV	alprazolam	58151-0059-1	2 mg	Bottle of 60	Extended-Release Tablets
XANAX, XR, EXTENDED-RELEASE TABLETS, CIV	alprazolam	58151-0066-1	3 mg	Bottle of 60	Extended-Release Tablets
ZOLOFT, TABLETS	sertraline	58151-0068-1 58151-4960-1	25 mg	Bottle of 30	Tablets
ZOLOFT, TABLETS	sertraline	58151-4900-1 58151-4900-8 58151-4900-9	50 mg	Bottle of 30 Unit dose blister Carton of 100 unit dose blisters	Tablets
ZOLOFT, TABLETS	sertraline	58151-4910-1 58151-4910-8 58151-4910-9	100 mg	Bottle of 30 Unit dose blister Carton of 100 unit dose blisters	Tablets
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

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Exceptional financial & business acumen, with experience leveraging insights
to expand organizational capabilities

EXPERIENCE

2006 - **PFIZER INC.**, New York, NY

present ***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

(State or other jurisdiction of incorporation or organization)

83-4364296

(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)

<u>Title of each class</u>	<u>Securities registered pursuant to Section 12(b) of the Act:</u>	<u>Name of each exchange on which registered</u>
None	<u>Trading Symbol(s)</u>	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

	Period From February 14, 2019 (Date of Incorporation) to December 31, 2019
(actual dollars and shares)	
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

	Period From February 14, 2019 (Date of Incorporation) to December 31, 2019
(actual dollars)	
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				Retained Earnings	Accum. Other Comp. Income/(Loss)	Upjohn Inc. Shareholder's Equity
	Shares	Par Value	Add'l Paid-In Capital	Due from Shareholder			
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
<u>Operating Activities</u>	
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	—
<u>Investing Activities</u>	
Net cash provided by investing activities	—
<u>Financing Activities</u>	
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	\$ —
<u>Supplemental Cash Flow Information</u>	
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.

<u>Signature</u>	<u>Title</u>	<u>Date</u>
/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

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)

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)

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**

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.

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
FEI 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.

4BB

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 by all types of ownership

Facility Name: US Compounding, Inc.

Physical Address: 1270 Dons Lane

City: Conway State: AR Zip Code: 72032

Telephone Number: 501-327-1222 Fax Number: 501-499-8383

Toll Free Number: 800-718-3588

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

Facility Manager: Rob Hopkins, Chief Operations Officer

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: Veterinary 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?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

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

Yes ☒ No ☐ 62295

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: Letco med.
Address: 1316 Commerce Drive, Decatur, AL 35601

Name: PCCA
Address: 9901 S. Wilcrest Drive, Houston, TX 77099

Name: Medisca
Address: 661 Route 3 Unit C, Plattsburgh, NY 12901

Name: MWI Animal Health
Address: 3041 W. Pasadena Drive, Boise, ID 83705

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: PH02133 / OUT00001

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.

Corinne M. Graham (Licensing Dept. Supervisor)

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

Corinne M Graham

Print Name of Authorized Person

09DEC20

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: Adamis Pharmaceuticals Corporation
 Corporation Name: Adamis Pharmaceuticals Corporation
 Mailing Address: 11682 EL Camino Real, Suite 300
 City: San Diego State: CA Zip: 92130
 Telephone: 858-997-2400 Fax: 501-499-8383
 Contact Person: Rob Hopkins (CFO)

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: 23 MAR 2007
 Registration number issued: 82-0429727 (FEW)
 Stock Exchange: \$.0001 per share

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: PH02133 / OUT00001

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.

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): April 11, 2016

ADAMIS PHARMACEUTICALS CORPORATION
(Exact Name of Registrant as Specified in Charter)

Delaware
(State or other jurisdiction
of incorporation)

0-26372
(Commission File Number)

82-0429727
(IRS Employer
Identification No.)

11682 El Camino Real, Suite 300
San Diego, CA
(Address of Principal Executive Offices)

92130
(Zip Code)

Registrant's telephone number, including area code: (858) 997-2400

(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 (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))

INTRODUCTORY NOTE

On April 12, 2016, Adamis Pharmaceuticals Corporation (the “Company” or “Adamis”) announced that its acquisition of U.S. Compounding, Inc., an Arkansas corporation (“USC”), has been completed pursuant to the terms of the Agreement and Plan of Merger, dated as of March 28, 2016 (the “Merger Agreement”), with USC and Ursula MergerSub Corp., an Arkansas corporation and a wholly owned subsidiary of the Company (“Merger Sub”), which was previously disclosed in the Company’s Report on Form 8-K filed with the Securities and Exchange Commission on March 29, 2016 (the “Prior Form 8-K”). Pursuant to the terms of the Merger Agreement, Merger Sub merged with and into USC (the “Merger”), with USC surviving as a wholly owned subsidiary of the Company.

All of the outstanding shares of common stock of USC have been converted into the right to receive a total of approximately 1,618,544 shares of Adamis common stock; and as described further below, in connection with the Merger and the transactions contemplated by the Merger Agreement, the Company assumed approximately \$5,722,500 principal amount of debt obligations and related loan agreements of USC and certain related entities, as described further below.

The acquisition of USC is intended by the Company to expand the Company’s product portfolio, provide immediate revenues to the Company, and significantly increase the Company’s manufacturing, sales and marketing capabilities, which the Company believes will assist in the future in commercializing the Company’s pipeline of products if they are approved for marketing by applicable regulatory authorities, and diversify the Company’s future revenue mix.

Pursuant to the terms of the Merger Agreement, 300,000 shares of the Company’s common stock issued to the principal former stockholders of USC (the “Indemnifying Stockholders”) will be held in escrow for a period of three years after the closing date in order to satisfy the indemnification obligations of the Indemnifying Stockholders under the Merger Agreement for breaches of USC’s representations, warranties, covenants and certain other matters. In addition, Eddie Glover and Kristen Riddle, the chief executive officer and president, respectively, of USC, entered into individual milestone agreements pursuant to which 750,000 shares of the Company’s common stock issued to such stockholders will be withheld, with such shares to vest and be released annually over a period of three years after the closing date provided that such stockholder continues to be employed by USC or the Company (with certain exceptions) as of the applicable vesting date.

Item 1.01 Entry into a Material Definitive Agreement

Loan Agreements and Loan Documents

As described above and further below, pursuant to the terms of the Merger Agreement and related agreements, the Company acquired or shortly after the closing of the Merger will acquire from certain third party entities the building and real property on which USC’s principal offices and facilities are located, and USC acquired certain laboratory equipment used in connection with USC’s operations, in consideration of the Company’s agreement to become an additional borrower and to assume the obligations under the loan agreements and related loan documents relating to such assets.

In addition, in consideration for the transfer of such assets and for the consent of the lender under such loan documents to the transactions contemplated by the Merger Agreement, pursuant to the Loan Amendment Agreement described below the Company agreed to become an additional borrower and assume the obligations under two loan agreements described above and also the two existing loan agreements, a working capital loan and an equipment loan, and related loan documents evidencing loans previously made to USC (all of the above loan agreements and loan documents, sometimes referred to collectively as the “Existing Loan Documents”). The lender in all of the above loans and loan agreements was First Federal Bank and/or its successor Bear State Bank (“Lender” or “Bank”).

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): April 11, 2016

ADAMIS PHARMACEUTICALS CORPORATION

(Exact Name of Registrant as Specified in Charter)

Delaware
(State or other jurisdiction
of incorporation)

0-26372
(Commission File Number)

82-0429727
(IRS Employer
Identification No.)

11682 El Camino Real, Suite 300
San Diego, CA
(Address of Principal Executive Offices)

92130
(Zip Code)

Registrant's telephone number, including area code: **(858) 997-2400**

(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 (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))

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600, Little Rock, Arkansas 72201

2020 - 2021 RETAIL PHARMACY LICENSE

US Compounding, Inc.

located at:

1270 Dons Lane, Conway, AR 72032

License #: AR20503

Expires: 12/31/2021

Original License Date: 04/11/2005

This is to certify that the Pharmacy named above is licensed under the provisions of the Arkansas Pharmacy Practice Act, other Arkansas statutes, and Arkansas Pharmacy Regulations

Pharmacist in Charge: Celeste Daniele Davis, PD13222

This permit is not transferable and must be prominently displayed

License #: AR20503

Facility ID: 102878

Arkansas State Board of Pharmacy

Mailing Address: US Compounding, Inc.
P.O. Box 2709
Conway, AR 72033

Reason Mailed:

Change of Pharmacist in Charge
Renewal

The address above is the mailing address where all correspondence from the board will be sent, including renewal information. All changes to contact information can be made online at www.pharmacyboard.arkansas.gov under "License Maintenance." Use the license number and facility ID above to log in. In-state pharmacies can also update employees online.



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

US COMPOUNDING, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 30, 2004.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 5th day of March 2021.

John Thurston
John Thurston
 Secretary of State
 Online Certificate Authorization Code: c915033508f0aba
 To verify the Authorization Code, visit sos.arkansas.gov



Ownership Info

Adamis Pharmaceuticals, Corporation
11682 El Camino Real, Suite 300
San Diego, CA. 92130

FEIN#: 82-0429727

Adamis is publicly traded on NASDAQ (NASDAQ Symbol: ADMP)

Officers

Dennis Carlo, CEO
Los Tinos
Rancho Santa Fe, CA. 92067

David Marguglio, SVP, Corporate Development
Blazing Star Lane
San Diego, CA 92130

Robert Hopkins, CFO
S. Nardo Avenue
Solana Beach, CA. 92075

Ronald E. Antes II, Director of Quality and Regulatory Affairs
Grandview Heights
Conway, AR 72032

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): December 1, 2020

ADAMIS PHARMACEUTICALS CORPORATION

(Exact Name of Registrant as Specified in Charter)

Delaware
(State or other jurisdiction
of incorporation)

0-26372
(Commission File Number)

82-0429727
(IRS Employer
Identification No.)

11682 El Camino Real, Suite 300
San Diego, CA
(Address of Principal Executive Offices)

92130
(Zip Code)

Registrant's telephone number, including area code: (858) 997-2400

(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 (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))

Securities registered pursuant to Section 12(b) of the Exchange Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
<u>Common Stock</u>	<u>ADMP</u>	<u>NASDAQ</u> Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

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



Nevada State Board Of Pharmacy

1

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/01/2020

Amount: \$ 525.00

Permit #: PH02133

US COMPOUNDING

PO Box 2709

Conway AR 72033

(ID Card)

NEVADA STATE
BOARD OF
PHARMACY

Permit #
PH02133
Active

Pharmacy

Expires: 10/31/2022

US COMPOUNDING

PO Box 2709

Conway AR 72033

Trim ID Card to fit your wallet

IDENTIFICATION ONLY

DOES NOT MEET POSTING REQUIREMENTS

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacy

Expires: 10/31/2022

STATUS: Active

Permit Type: Pharmacy

Permit #: PH02133

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

US COMPOUNDING

PO Box 2709

Conway AR 72033

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

1

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

US COMPOUNDING, INC.
PO Box 2709
Conway AR 72033

Date: 09/01/2020
Amount: \$ 525.00
Permit #: OUT00001

(ID Card)

Trim ID Card to fit your wallet

 NEVADA STATE BOARD OF PHARMACY Permit # OUT00001 Active	Out Sourcing Facility Expires: 10/31/2022 US COMPOUNDING, INC. PO Box 2709 Conway AR 72033
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Cut Here

Permit Type: Out Sourcing Facility
Permit #: OUT00001

**NEVADA
STATE BOARD OF PHARMACY
Out Sourcing Facility**

Expires: 10/31/2022
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

US COMPOUNDING, INC.
PO Box 2709
Conway AR 72033

NONTRANSFERABLE
POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

CERTIFICATE of ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

US Compounding
CONWAY, ARKANSAS

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS
THROUGH COMPLIANCE WITH ACHC'S NATIONALLY-RECOGNIZED STANDARDS FOR
ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

PHARMACY

PCAB ACCREDITATION

*For patient specific prescription compounding of
Non-Sterile Compounding, Ref. USP <795>
Sterile Compounding, Ref. USP <797>*

FROM June 2, 2018 THROUGH June 1, 2021



CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

A SERVICE OF ACHC

Robert O. Hopkins

1 Lake St
Libertyville, IL 60048

Summary of Qualifications

Results oriented **Executive Management Leader** with a distinguished career building organizations, developing management teams and significantly improving operational performance. Demonstrated exceptional leadership abilities with the capacity to build, train and mentor highly productive finance and operational management teams. Change agent with outstanding strategic vision, leadership, communication and organizational skills, which have proven to be critical assets in developing a positive work environment, managing people, and exceeding company goals. Possesses a unique blend of expertise in financial knowledge, growth strategy development, strategic business planning, coordinating operations and establishing/leveraging existing partnerships.

More than 30 years of progressive leadership and management experience involving:

Business Development

- Entrepreneurship
- Change Agent Catalyst
- Turn-Around Leadership
- Partnership Development
- Mergers/Acquisitions

Finance

- Budget
- Risk Management
- Capital Markets
- Portfolio Optimization
- Cost Containment

Operations Management

- Operations Analysis
- Organizational Design/Development
- Process Performance Improvements
- Project Management Portfolio
- Team Building

Accounting

- Extensive Audit Experience
- Public Filings
- Mentoring and Coaching

Professional Experience

ADAMIS PHARMACEUTICALS CORPORATION (ADMP), San Diego, CA **2007 – present**

Chief Financial Officer

Responsible for all financial aspects of a public company.

ACUMEN ENTERPRISES, Temecula, CA **2005 – 2007**

Consultant/Chief Operating Officer

Utilized Business Development, Finance, Operations, and experience to assist company's start up efforts.

CIRCLE TRUST COMPANY, Darien, Connecticut **2004 – 2005**

Chief Operating Officer

Responsible for corporate reorganization after acquisition of troubled Trust Company. Identified divisions that were financially underperforming. Increased marketing focus on basic trust services by development of outside sales staff.

CHATHAM CAPITAL CORP, La Jolla, California **2000 – 2004**

Executive Vice President – Chief Financial Officer (Corporate)

Managed financial operations for a corporation that held seven hospitals, an extensive life sciences operation and a number of semi autonomous business units within its portfolio. Revamped revenue cycle, developed accounting/finance personnel, and implemented cash management practices. Improved scheduling system that maximized physician/surgeon through put. Renegotiated debt financing that both reduced interest rates and released asset restrictions.

VERITEL CORP, Chicago, Illinois**1999 – 2000****Chief Financial Officer**

Led turnaround of troubled biometric software company with heavy debt and issues raising capital. Bank lines were being called with no replacement lines in place. Assisted with recruitment of key software engineers.

MARINER POST-ACUTE NETWORK, Atlanta, Georgia**1997 – 1999****Senior Vice President – Finance**

Responsible for financial management of a 12 long-term acute care hospital division. Part of acquisition team that grew division from 4 hospitals to 12. The acquisition was one of five corporate acquisitions for the year and the only one that met projected financial targets.

Education

Lake Forest Graduate School of Management, Lake Forest, Illinois
Master of Business Administration

Indiana State University, Terre Haute, Indiana
Bachelor of Science, Finance

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 _____)
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 by all types of ownership

Facility Name: Vericel Corporation

Physical Address: 64 Sidney Street

City: Cambridge State: MA Zip Code: 02139

Telephone Number: 617-588-5555 Fax Number: 617-588-5554

Toll Free Number: N/A

E-mail: statelicensing@vcel.com Website: https://www.vcel.com

Facility Manager: Michael Halpin

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 ☐ 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: University Medical Center-Las Vegas

Address: 1800 W Charleston Blvd, Las Vegas, NV 89102

Name: Sunrise Hospital And Medical Center

Address: 3186 S Maryland Pkwy, Las Vegas, NV 89109

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

Michael Halpin
Print Name of Authorized Person

01/21/2021
Date

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: MIParent Company if any: Publicly TradedCorporation Name: Vericel CorporationMailing Address: 64 Sidney StreetCity: Cambridge State: Massachusetts Zip: 02139Telephone: 617-588-5555 Fax: 617-588-5554Contact Person: Patrick Warren

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: 3/24/1989Registration number issued: CIK: 0000887359Stock Exchange: VCEL

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.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114



CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0096948	10/26/2020	10/26/2021	Drug Manufacturers & Distributors
SCHEDULES VI			

ISSUED TO

VERICEL CORPORATION
64 SIDNEY STREET
CAMBRIDGE, MA 02139
ATTN: MICHAEL G HALPIN CHIEF OPERATING OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

800270



CONTROLLED SUBSTANCES REGISTRATIONS

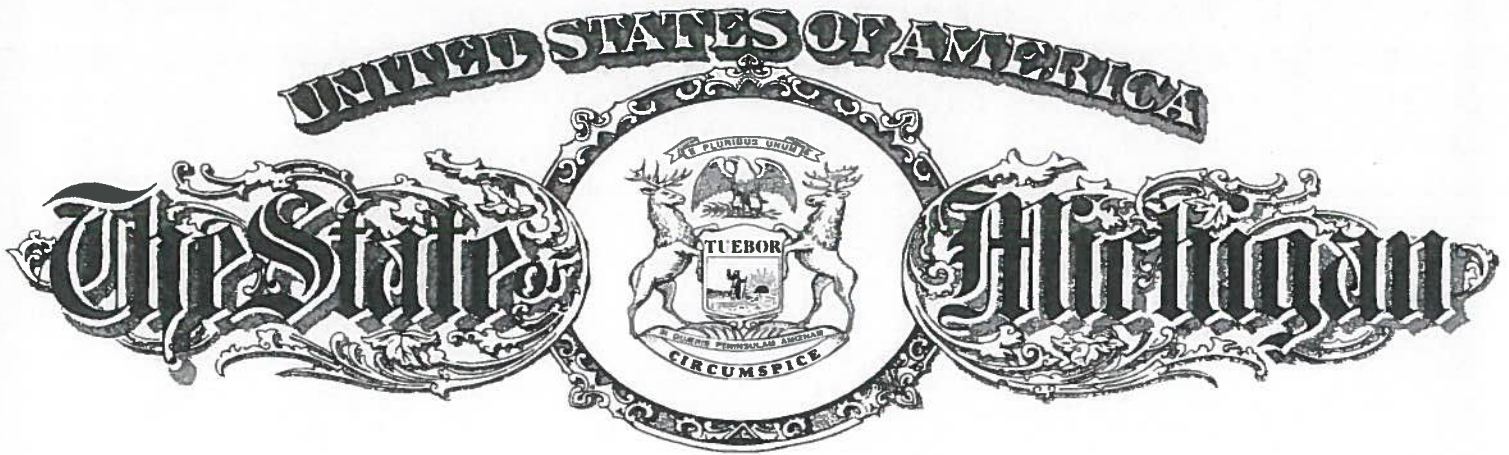
In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0096948	10/26/2020	10/26/2021	Drug Manufacturers & Distributors
SCHEDULES VI			

ISSUED TO

VERICEL CORPORATION
64 SIDNEY STREET
CAMBRIDGE, MA 02139
ATTN: MICHAEL G HALPIN CHIEF OPERATING OFFICER

NEW



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

VERICEL CORPORATION

was validly incorporated on March 24, 1989 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation **is in good standing in Michigan** as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 21020525908

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, **this 22nd day of February, 2021.**

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



Description of Operations

Vericel Corporation ("Vericel") is a Self-Distributing Manufacturer of FDA-Approved Prescription Biologics (cell therapies and specialty biologics) and FDA-Approved Medical Devices. Vericel's products are manufactured and distributed from their facility in Cambridge, MA and will be shipped to various hospitals and specialty pharmacies throughout the United States. Vericel's products are not controlled substances.

Manufacturing & Distribution Location

Vericel Corporation
64 Sidney Street
Cambridge, MA 02139
617.588.5555

FDA Registrations

FDA Establishment Identification Number: 3002836339
Expiration Date: 12/31/2021

Biologics Establishment Identification Number: 3002836339
Expiration Date: 12/31/2021

Device Registration: 1226230
Current Registration Year 2021

Labeler Code:

69866

Vericel's hours of operation are 7:30 am – 5:00pm EST, Monday through Sunday

**Company Information**

Vericel Corporation
64 Sidney Street
Cambridge, MA 02139
617.588.5555
<https://www.vcel.com>
statelicensing@vcel.com

FEIN: 94-3096597
State of Formation: Michigan
Date Incorporated: March 24, 1989
File Number: 800549034

Ownership Information

Vericel Corporation is a Publicly Traded company on the NASDAQ stock exchange under the symbol VCEL.

Officers

Dominick C. Colangelo, President & CEO

Michael G. Halpin, Chief Operating Officer

Dr. Jonathan M Hopper, Chief Medical Officer

Sean C. Flynn, Vice President, General Counsel & Secretary

Designated Representative

Michael G. Halpin, Chief Operating Officer

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Establishment Registration & Device Listing

FDA Home • Medical Devices • Databases



New Search

Back To Search Results

Establishment:
Vericel Corporation
64 Sidney St
CAMBRIDGE, MA 02139
Registration Number: 1226230
FEI Number: 3002836339
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
Vericel
64 Sydney Street
Cambridge, MA US 02139
Owner/Operator Number: 10051107

Official Correspondent:
Anastacia Bilek
64 Sydney Street
Cambridge, MA 02139
Phone: 1-617-5885776

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Verified
3/10/21
MS

Page Last Updated: 02/22/2021

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | العربية

National Drug Code Directory

SHARE

Current through February 25, 2021

You have searched Finished drug products

Search Results: '69866'

[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	Pharm Class
MACI	69866-1030-1	15000000 1/1, 15 cm ² /1	IMPLANT	INTRA-ARTICULAR	BLA125603	Vericel Corporation	69866-1030	autologous cultured chondrocytes	AUTOLOGOUS CULTURED CHONDROCYTES, PORK COLLAGEN	CELLULAR THERAPY	01/11/2017	N/A	BLA	1 POUCH in 1 BOX (69866-1030-1) > 1 CONTAINER in 1 POUCH > 1 IMPLANT in 1 CONTAINER	Autologous Cultured Cell (EPC), Cells, Cultured, Autologous Chondrocytes [CS]
MACI	69866-1030-2	15000000 1/1, 15 cm ² /1	IMPLANT	INTRA-ARTICULAR	BLA125603	Vericel Corporation	69866-1030	autologous cultured chondrocytes	AUTOLOGOUS CULTURED CHONDROCYTES, PORK COLLAGEN	CELLULAR THERAPY	01/11/2017	N/A	BLA	1 POUCH in 1 BOX (69866-1030-2) > 2 CONTAINER in 1 POUCH > 1 IMPLANT in 1 CONTAINER	Autologous Cultured Cell (EPC), Cells, Cultured, Autologous Chondrocytes [CS]

Showing 1 to 2 of 2 entries

Previous 1 Next

Handwritten: 1/11/2017

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) [+](#)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through February 08, 2021

You have searched Finished drug products

Search Results: '69866'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

CSV Excel

Display 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
 MACI	69866-1030-1	15000000 1/1, 15 cm2/1	IMPLANT	INTRA-ARTICULAR	BLA125603	Vericel Corporation	69866-1030	autologous cultured chondrocytes	AUTOLOGOUS CULTURED CHONDROCYTES; PORK COLLAGEN	CELLULAR THERAPY	01/11/2017
 MACI	69866-1030-2	15000000 1/1, 15 cm2/1	IMPLANT	INTRA-ARTICULAR	BLA125603	Vericel Corporation	69866-1030	autologous cultured chondrocytes	AUTOLOGOUS CULTURED CHONDROCYTES; PORK COLLAGEN	CELLULAR THERAPY	01/11/2017

Showing 1 to 2 of 2 entries

Previous Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](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 \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](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
3/10/21
MS



Product List

FDA Approved Prescription Drugs

<u>Proprietary Name</u>	<u>Substance Name</u>	<u>Application #</u>	<u>Labeler Code</u>	<u>Product NDC(s)</u>	<u>Product Type</u>
MACI®	Autologous Cultured Chondrocytes	BLA125603	69866	69866-1030-1 69866-1030-2	Cellular Therapy
Carticel®	Autologous Cultured Chondrocytes	BLA103661	69866	69866-1025-1* Inactive	Cellular Therapy

FDA Approved Medical Devices

<u>Proprietary Name</u>	<u>Description</u>	<u>Application #</u>	<u>UDI</u>	<u>Device Class</u>
EPICEL®	Cultured Epidermal Autographs	HDE H990002	W41020AU201P0001	HDE Device Class
Cartilage Biopsy Transport Kit	Container, specimen mailer and storage, temperature controlled, utilized for MACI®	510(K) Exempt	00860004093015	Class 1
Skin Biopsy Transport Kit	Container, specimen mailer and storage, temperature controlled, utilized for EPICEL®	510(K) Exempt	00860004093008	Class 1

Curriculum Vitae

Michael G. Halpin

Work Address: 64 Sidney Street, Cambridge, MA 02139

Home Address: Deerhaven Road, Lincoln MA 01773

Work Phone: (617) 588-5662

Home Phone:

Mobile Phone:

E-mail: *mhalpin@vcel.com*

Professional Experience

06/15/2019 - Present: Chief Operating Officer, Vericel Corporation

- Provide leadership and oversight for all operational activities within Vericel Corporation.
- Responsible for oversight and management of Manufacturing, R&D, Engineering, Quality, and Regulatory Affairs activities.
- Responsible for overall operational compliance with cGMP and all other applicable regulations.
- Responsible for overall regulatory strategy and compliance for commercial products and products in development including partnership products.
- Responsible for managing operational budget and headcount as well as company performance against operational goals and metrics
- Head operations officer of the company responsible for working with the CEO, the Board of Directors, and other top executives to formulate and achieve current and long-term strategies and objectives.

04/2017 – 06/15/2019: Senior Vice President, Quality and Regulatory Affairs, Vericel Corporation

- Global leader providing leadership and oversight of the Vericel Corporation global quality and regulatory affairs organization.
- Responsible for global regulatory strategy from new product conception to post marketing, oversight and management of all regulatory functions supporting the company's clinical and manufacturing programs.
- Responsible for regulatory support for commercialized products; participation in the development of corporate strategy and policies; development of functional plans for managing regulatory activities according to strategic plans, including in-house and vendor resourcing plans; and ensuring monitoring of regulatory environment in order to assess need for adaptive change to regulatory strategies.
- Responsible for global quality activities including oversight and leadership of quality activities and staff, providing and updating an overall quality strategy for the company including maintaining compliance with internal and external regulatory

and quality requirements, and enhancing the effectiveness of the quality system as needed.

- Member of the executive leadership team (ELT).
- Responsible for staffing, developing and leading the quality and regulatory organizations as well as managing use of outside vendors as needed.
- Responsible for developing, managing and forecasting quality and regulatory cost center budgets including managing headcount, project prioritization and allocation, and department spending.

2016 – 04/2017: Vice President, NA Region Regulatory Head, Sanofi-Genzyme GBU Products

- North American regional regulatory head for Sanofi-Genzyme rare disease, multiple sclerosis, immuno-inflammatory, neurological, and ophthalmology products. Participate in Sanofi North American regulatory leadership team.
- Responsible for input and review of U.S. FDA regulatory strategy and compliance for marketed products and for review and approval of U.S. regulatory strategies for product under development including obtaining orphan drug designations and expedited review designations.
- Responsible for providing regulatory input and support for a variety of development projects ranging from commercial products to products under BLA review, project pre-BLA/NDA meetings and EOP2 meetings, projects in clinical trials ranging from phase 1 to phase 3, and projects requiring IND submissions and pre-IND meetings.
- Responsible for oversight and mentoring of 3 direct reports and for providing indirect dotted line oversight and mentoring of 16 reports with dual global/U.S. responsibility.

2011 – 2016: Vice President, Regulatory Affairs, Genzyme Corporation, A Sanofi Company

- Global regulatory responsibility for commercial Biosurgery and Renal products, cell and gene therapy products and product development as well as development activities around an anti-TGFβ monoclonal antibody, GCS inhibitors, and anti-NGF pathway therapeutics.
- Member of Senior Leadership Team for translational medicine activities within early product research and development.
- Actively participate in due diligence activities within R&D and within Biosurgery and Renal business units
- Participate on Biosurgery and Renal Business Leadership Teams

2007 – 2011: Vice President, Regulatory Affairs, Genzyme Corporation, Biosurgery Division

- Responsibilities expanded to include regulatory oversight of all Biosurgery products including the addition of Cell and Gene Therapy products.
- Provide regulatory leadership as a member of the Biosurgery business senior management team.
- FDA medical device advisory panel industry representative for general and plastic surgery devices panel 2009 -2011.

2005 – 2007: Senior Director, Regulatory Affairs, Genzyme Corporation, Biosurgery Division

Responsible for Global Regulatory Affairs function for Biosurgery division orthopedics and biosurgical specialty products. Additional responsibilities include:

- Providing direction for orthopedic product line including viscosupplements;
- Creation and management of a combined CMC/International Regulatory Affairs group dedicated to support of Biosurgery products.

2002-2005: Director, Regulatory Affairs, Genzyme Corporation, Biosurgery Division

Responsible for Regulatory Affairs function for Biosurgery division biosurgical specialty products. Principal Responsibilities include:

- Developing global regulatory strategy for new and existing biomaterial based general surgery Class III medical devices including adhesion barriers and dermal fillers;
- Supervising FDA 510(k), IDE, and all PMA submission activities for product approvals;
- Directing international regulatory affairs function for Biosurgery products
- Providing strategic regulatory guidance to product development teams, senior management, and regulatory staff ;
- Supervising European regulatory approvals including design dossier development and CE marking activities;
- Establishing and maintaining effective communication with senior management and regulatory agencies to ensure regulatory requirements are defined and adequately met.

1996 – 2002: Site Quality Assurance and Regulatory Affairs Manager, Abbott Laboratories, MediSense Products Division

Responsible for quality assurance, compliance, complaint investigation and regulatory affairs for consumer and professional diagnostics business with a customer base of 2.5 million product users. Primary goals included,

- Establishing, implementing, and maintaining manufacturing and design facility quality system that is compliant with applicable FDA regulations, ISO standards, corporate and division requirements;
- Acting as the management representative for the facility;
- Directly interacting with all internal and external auditing agencies including regulatory agencies, 3rd party assessors and corporate and division auditors;
- Assuring and monitoring quality assurance during product manufacture and for investigation and trending of complaints received from customers;
- Supervising international and U.S. regulatory product submissions and interactions with regulatory agencies regarding Glucose testing systems and pregnancy test kits;
- Implementing and managing the internal audit program and the corrective and preventive action program;
- Supervising and monitoring MDR review and FDA MDR reporting; and
- Directing all quality assurance and regulatory affairs functions at facility including a staff of 45 employees.

1994 – 1996: Manager, Clinical and Regulatory Affairs, MediSense, Inc.

Responsible for completion of all clinical trial activity and regulatory submission activity associated with in-vitro diagnostic glucose testing systems. Major responsibilities included,

- Supervision of clinical research staff;
- Conduct of clinical trials to support FDA and EU CE mark submissions;
- Submission of 510(k) submissions to support Biosensor glucose sensing technology including reagent and electronic software driven hardware; and
- Global regulatory assessment of labeling and engineering changes for software driven electronic medical devices.

1992 – 1994: Manager, Clinical Affairs, C.R. Bard, Vascular Systems Division

Managed clinical research activities associated with class II and class III implantable cardiovascular medical devices. Responsibilities included,

- Managing clinical research staff for clinical studies on albumin coated and PTFE vascular grafts;
- Analyzing clinical data, authoring clinical section and summary of safety and effectiveness of PMA submission;
- Writing protocols and case report forms for clinical studies;
- Responding to clinical trial and BIMO inspection questions from FDA;

1988 – 1992: Clinical Research Specialist, Abiomed, Inc.

Responsible for clinical research and regulatory activity associated with Class III cardiovascular heart assist devices including ascending aorta intra-aortic balloon pump and bi-ventricular heart assist device. Activities included,

- Authoring IDE progress reports;
- Performing clinical site evaluation, start up, monitoring, and close out visits;
- Performing Surgeon, OR nurse, and ICU nurse training on product insertion/implantation/monitoring/explant;
- Performing clinical site training on products and investigation activities;
- Performing data and statistical analysis and writing clinical and non-clinical sections of PMA submission;
- Supporting PMA Advisory panel preparation activities; and
- Performing international registrations.

1986 – 1988: Clinical Research Engineer, St. Joseph Hospital/ Creighton University

Responsible for clinical investigation and engineering activities to support clinical trial activities with the Novacor left ventricular assist device. Specific responsibilities included,

- Training site staff on IDE requirements and clinical protocol;
- Supporting documentation associated with IDE clinical trial responsibilities;
- Supporting Department of Surgery research programs in non-invasive vascular lab and upper GI laboratory;
- Co-authoring grant applications for research funding; and
- Overseeing renovation of research laboratory facilities.

Recent Publications, Presentations, and Coursework:

Presentations:

- Global Regulation of Advanced Therapies [U.S. Industry Perspective]; 51st DIA Annual Meeting – June 14-18, 2015, Washington, DC
- Sharing FDA Approval Experiences in Cell Therapy; 3rd Forum on Biopharmaceutical Regulatory Systems, Special Focus on Cell Therapy Products – November 1-2, 2011, Seoul Korea
- Advanced Therapy: Industry Point of View; Recent Advancement of Advanced Therapy in the Asian Pacific Region; Session 355 RA 2 – Regulatory Affairs, BT; 45th DIA Annual Meeting – June 21-25, 2009, San Diego CA
- An Industry Perspective on the EU and U.S Regulatory Requirements for Autologous Cell Therapy Solutions for Cartilage Repair. M. Halpin (US); Session 2.3 Regulatory Issues in Cartilage Repair; 8th World Congress of the International Cartilage Repair Society - May 23-26, 2009, Miami, FL.

Publication:

- FDA Regulatory Pathways for Knee Cartilage Repair Products; Sports Medicine Arthroscopic Review 2008;16:202-207.

Courses:

- Executive Development program for Senior Regulatory Professionals: Leadership & Strategy 18-21 June 2007; Kellogg School of Management, Northwestern University.
- Program on Negotiation for Senior Executives – March 14-15, 2005; Program on Negotiation at Harvard Law School.

Education

M.E., Biomedical Engineering, University of Virginia, Charlottesville, VA - 1985
Masters Project: Three dimensional gel analysis of protein gel electrophoresis images
B.A., Biochemistry, University of Virginia, Charlottesville, VA - 1983
Minor: Biology
H.S. Diploma: Lake Braddock Secondary School, Burke, VA - 1979

Affiliations

- Drug Information Association
- Regulatory Affairs Professional Society
- RAC US certification(2008 – 2010)
- Advamed
 - Combination Products Working Group, 2006
 - PMA working group, 2005
 - Vascular graft guidance document task force, 1993
- American Society for Quality (through 2004)

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

TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission File Number 001-35280

VERICEL CORPORATION

(Exact name of registrant as specified in its charter)

Michigan

(State or other jurisdiction of incorporation or organization)

94-3096597

(I.R.S. Employer Identification No.)

64 Sidney Street
Cambridge, MA 02139

(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: (800) 556-0311

Securities registered pursuant to Section 12(b) of the Act:

Title of Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock (No par value)	VCEL	NASDAQ

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 o 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 o 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 o

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 o

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, 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. o

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 registrant's Common Stock, no par value per share ("Common Stock"), held by non-affiliates of the registrant (based on the closing sales price of the Common Stock as reported on the NASDAQ Capital Market) on June 30, 2019 was approximately \$827,617,275. This computation excludes shares of Common Stock held by directors, officers and each person who holds 5% or more of the outstanding shares of Common Stock, since such persons may be deemed to be affiliates of the registrant. This determination of affiliate status is not necessarily a conclusive determination for other purposes.

As of February 21, 2020, 44,945,133 shares of Common Stock, no par value per share, were outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Document

Proxy Statement for the Annual Meeting of Shareholders scheduled for April 29, 2020

Form 10-K Reference

Items 10, 11, 12, 13 and 14 of Part III

VERICEL CORPORATION
ANNUAL REPORT ON FORM 10-K
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The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Health Professions Licensure
 Drug Control Program
 239 Causeway Street, Suite 500
 Boston, MA 02114

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

Tel: 617-973-0949

TTY : 617-973-0988

www.mass.gov/dph/boards

February 19, 2021

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To Whom It May Concern:

Please be advised that **VERICEL CORPORATION (MA0096948)**, located at **64 SIDNEY STREET, CAMBRIDGE MA, 02139** has an active MCSR as a Virtual Drug Manufacturer and is in good standing. The current registration has an issue date of **10/26/2020** and expires on **10/26/2021**.

This Facility was last Reviewed by the Drug Control Program on **10/26/20** and has met all the requirements for the **Virtual Drug Manufacturer Controlled Substances Registration**.

As of the date on this letter, there has been no disciplinary action issued by the Drug Control Program for this registrant.

Should you have any questions or concerns regarding the above information, please contact us at 617-973-0949.

Traci Westgate
 Director, MCSR

Online Licensure Verification Services: <https://www.mass.gov/service-details/registration-verification-for-mcsr>. 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. Facilities 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.

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	☐ 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 by all types of ownership

Facility Name: Wasatch Rx LLC

Physical Address: 9132 S 700 E

City: Sandy State: UT Zip Code: 84070

Telephone Number: 801-987-8239 Fax Number: 801-878-4912

Toll Free Number: N/A

E-mail: license@wasatchrx.com Website: N/A

Facility Manager: Benjamin D Pettit

Professional qualifications and experience of facility manager: 15 years of pharmaceutical experience in sales, shipping, compliance and maintenance.

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: _____

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

Benjamin D Pettit

Print Name of Authorized Person

10/5/2020
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Utah

Parent Company if any: _____

Mailing Address: 9132 S. 700 E.City: Sandy State: UT Zip: 84070Telephone: 801-987-8239 Fax: 801-987-8240Contact Person: Jane Burns

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 Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

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

3) What was the price paid per share? _____

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 corporationList 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.

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: Benjamin D Pettit
 Business Name: Wasatch Rx LLC
 Current Business Address: 9132 S 700 E
 City: Sandy State: UT Zip Code: 84070
 Telephone: 801-987-8239 Fax: 801-878-4912

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.

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".

Wasatch Rx LLC Ownership

<u>Owner list</u>	<u>Percentage of ownership</u>	<u>Title</u>	<u>Address</u>	<u>Phone Number</u>	<u>SSN #</u>
Benjamin D Pettit	100%	Owner	.one Hollow Drive Sandy, UT 84095		

Certificate of License Renewal

Control Number: 8055754-1710-20190805

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 (tollfree in Utah only).

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

Certificate of License Renewal

Control Number: 8055754-1710-20190805

RENEWAL DATE: 08/05/2019

EXPIRATION DATE: 09/30/2021

ISSUED TO: Wasatch Rx LLC



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAILS(S)

8055754-1710	Pharmacy - Class C
--------------	--------------------

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.

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: 12/09/2020

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Wasatch Rx LLC

Classification of License Issued: Pharmacy - Class C

License Number: 11534485-1710

Obtained By: Application

Current Status: Active

Original Date of Licensure: 12/05/2019

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
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 12/12/2019

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Wasatch Rx LLC

Classification of License Issued: Pharmacy - Class C

License Number: 11534485-1710

Obtained By: Application

Current Status: Active

Original Date of Licensure: 12/05/2019

Expiration Date: 04/05/2020

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.

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phone: (801)530-6628 • toll-free in Utah: (866)275-3675 • fax: (801)530-6511 • investigations fax: (801)530-6301



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>

12/10/2020
8048006-016012102020-1381612

CERTIFICATE OF EXISTENCE

Registration Number: 8048006-0160
Business Name: WASATCH RX LLC
Registered Date: July 12, 2011
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



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>

10/22/2019
8048006-016010222019-1396599

CERTIFICATE OF EXISTENCE

Registration Number: 8048006-0160
Business Name: WASATCH RX LLC
Registered Date: July 12, 2011
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

Ben Pettit

Objective To initiate and launch an aggressive professional medical sales career in the medical wholesale industry

Education Bachelor of Science Weber State University
Technical Sales Major, Emphasis in Psychology.

Experience

2011-Present **Wasatch Rx LLC** South Jordan, UT
President, Owner CFO

- Initiated company to professionally market pharmaceuticals to companies in need
- Built business from ground up to operate in many states around the country
- Successfully started new divisions and operations in sales
- Designed employee handbook, and software for company usage
- Created and taught new sales employees for the entirety of companies development

2002-2011 **Farnes Enterprises** Woods cross, UT
Regional Manager, Pharmaceutical Purchaser

- Built the diabetic market for the company from the ground up to over \$15,000,000 annually in revenue
- Succeeded in creating successful positions for dozens of other sales positions
- Designed the employee sales handbooks
- Awarded first in every sales award by the company and number 1 in sales every year employed
- Generated over half of the company's overall sales for the last 3 years.
- Expanded the sales department to all 50 states and now in Canada and Mexico as well
- Opened the pharmaceutical and online domestic departments
- Created and taught new sales employees for the last four years
- Managed the entire sales force for four years

1999-2002 **BP Industries** Farmington, UT
Co-Owner

- Generated and coordinated company sales proposals and appointments with potential clients
- Supervised 15 employees and the expansion of the cleaning industry
- Negotiated with top grossing clients to ensure the close of the sale
- Built all initial business from ground up
- Trained new employees and conducted training session meetings

1998-2002 **Fiesta Baja** Farmington, UT
Supervisor/Manager

Ben Pettit

- Supervised all employees
- Interviewed and hired all prospective employees
- Accomplished flawless employee and management reviews
- Achieved companies' production peak during term as manager.
- Created and designed company and employee progress reports and multi-media ad campaigns.

Interests

Motorcycling, Running, Basketball, Boating, and most all Books.

References

- | | | |
|-----------|---|-----------------|
| 2002-2011 | Farnes Enterprises | Woods cross, UT |
| | Regional Manager, Pharmaceutical Purchaser | |
| | Phone number 801-750-9990 | |
| 1999-2002 | BP Industries | Farmington, UT |
| | Co-Owner | |
| | Phone number 801-725-2122 | |
| 1998-2002 | Fiesta Baja | Farmington, UT |
| | Supervisor/Manager | |
| | Phone number 801-451-7038 | |

List of Employees Who Handle Drugs at Wasatch Rx Facility

Last Name	First Name	Title	Location
Burns	Jane	HR & Compliance Director	UT
Call	Jonathan	Sales Account Manager	UT
Cranney	Lindsey	Administrative Assistant Manager	UT
Davis	Cole	Shipping and Receiving Specialist	UT
Davis	Gage	Shipping and Receiving Specialist	UT
Ellsworth	Lani	Administrative Assistant	UT
Homsombath	Alison	Administrative Assistant	UT
King	Kylee	Senior Administrative Assistant	UT
Lovell	Jacob	Shipping and Receiving Specialist	MI
Olsen	Jared	Warehouse and Logistics Manager	UT
Pettit	Ben	Director of Operations, Owner	UT
Rambo	Anthony	Regional Warehouse Manager	MI
Williams	Bren	Sales Account Manager	UT

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. 34BSBIL6038

Application/License No. _____

Wasatch RX, LLC, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

9132 South 700 East, Sandy, UT 84070, as
Address of Applicant/Principal

PRINCIPAL, and Hartford Fire Insurance Company, 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

690 Asylum Avenue Hartford, CT 06155 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 October 5, 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.

34BSBIL6038

THIS BOND is subject to the following conditions:

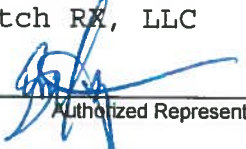
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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
5th day of October, 2020.

APPLICANT/PRINCIPAL

Wasatch RX, LLC


Authorized Representative

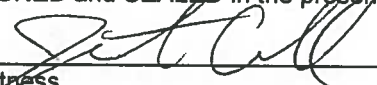
SURETY COMPANY

Hartford Fire Insurance Company

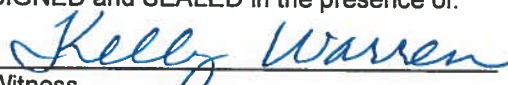

Surety Company's Representative

Adam Snow, Attorney-in-fact
print name

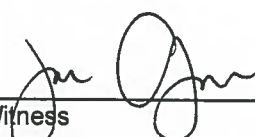
SIGNED and SEALED in the presence of:


Witness

SIGNED and SEALED in the presence of:

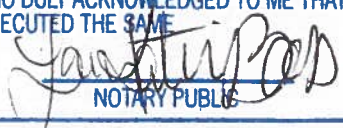

Witness


Witness


Witness

Countersigned by:

Nevada Resident Agent

STATE OF UTAH
COUNTY OF: Salt Lake
ON THE 5th DAY OF November 2020
PERSONALLY APPEARED BEFORE ME Benjamin R. Bennett
Benjamin R. Bennett SIGNER(S) OF THE ABOVE
INSTRUMENT, WHO DULY ACKNOWLEDGED TO ME THAT
HE/SHE/THEY EXECUTED THE SAME

NOTARY PUBLIC



NOTARY PUBLIC
Lauren Katie Bass
702301
Commission Expires
September 10, 2022
STATE OF UTAH

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
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 Name: BEEHIVE INSURANCE AGENCY INC
Agency Code: 34-470178

- ☒ 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 Adam Snow

its 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. 34BSBIL6038

Naming Wasatch RX, LLC as Principal,
and Nevada State Board of Pharmacy as Oblige,

in the amount of See Bond Form(s) on behalf of Company in its 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 23, 2016 the Companies have caused these presents to be signed by its Assistant 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.



Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)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 (s)he signed his/her name thereto by like authority.



Jessica Ciccone

Jessica Noelle Ciccone
My Commission #FF029702
Expires June 20, 2021

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 October 5, 2020.

Signed and sealed in Lake Mary, Florida.



Keith D. Dozois

Keith D. Dozois, Assistant Vice President

4EE

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: PH01913)
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: Corner Drug LLC

Physical Address: 1041 S Grass Valley Rd

City: Winnemucca, NV State: Zip Code: 89445 Telephone:

775-625-2777 Fax: 775-625-2723 Toll Free Number:

E-mail: nevada.cornerdrug@gmail.com

Website: olsenscornerdrugstore.com

Managing Pharmacist: David Simsek License Number: 11073

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.



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

Matthew Christensen

Print Name of Authorized Person

3-8-2021

Date

Board Use Only

Date Processed: _____

Amount: 500

Check # 0732212191

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: PO Box 823

City: Yerington State: NV Zip: 89447

Telephone: 775-463-2345 Fax: 775-463-9135

Contact Person: Matthew Christensen

For any corporation non publicly traded, disclose the following:

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

a) Matthew Christensen N Main St Yerington, NV 89447
Name Business Address

b) Emily Christensen N Main St Yerington, NV 89447
Name Business Address

[illegible][illegible]

- 2) Provide the number of shares issued by the corporation. LLC none issued
- 3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: none %:

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 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: NV20201900682

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Matthew Christensen
Responsible Person of Corner Drug 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

Matthew Christensen
Print Name of Authorized Person

12-18-2020
Date

Managing Pharmacist

Pharmacist Name: DAVID SIMSEK

License #: 11073

Pharmacy Name: CORNER 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?	☐	☒

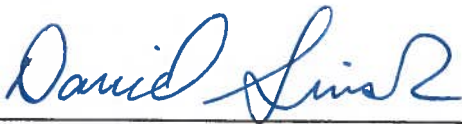
If you marked YES to any of the numbered questions above, please include the following information

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

SECRETARY OF STATE



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 standing Revised Statutes which are either presently in a status of good standing or were in good 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, **Corner Drug 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 09/25/2020, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/18/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202012181290601

You may verify this certificate
online at <http://www.nvsos.gov>

Corner Drug LLC

P.O. Box 823
Yerington, Nevada 89447

Officers and Directors:
Matthew Christensen
Emily Christensen

Membership Interest in the Company	
Chairman & Secretary	50.0%
Treasurer	<u>50.0%</u>
Total:	100.00%

1

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

Date 3-8-2021

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 herein 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
Corner Drug LLC 1041 S Grass Valley Rd Winnemucca, NV 89445
Name and Address of Business for Which Designated Representative Is Requested
Olsens Corner Drug Store
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Christensen Last Name Matthew First Name Raymond Middle Name

N/A Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

S West St Present Residence Address-Street or RFD Yerington City NV 89447 State/Zip

1041 Grass Valley Rd Present Business Address Winnemucca City NV 89445 State/Zip

Owner Present Position with the Pharmacy or Wholesaler 1-4-2021 to Present Dates

Phone: Residence Weatherford, Custer, OK Business 775-625-2777

42 Date of Birth Weatherford, Custer, OK Place of Birth (City, County, State)

42 Age Male Sex

Brown Color of Eyes Brown Color of Hair Fair Complexion 200lbs Weight med 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. N/A Date

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial me

MARITAL INFORMATION-Continued

A. **Current Marriage** 5-5-2001 Bountiful, Davis, UT
Spouse's full name (Maiden) Emily Larissa Johnson Date 5-5-2001 City, County and State Bountiful, Davis, UT
Date of Birth 5-5-2001 Place of Birth Salt Lake, Salt Lake, UT
Resident address S West st Yerington NV 89447
Street City State Zip
Telephone: Residence - Business 775-463-2345
Spouse's employer Rex Drug Co Occupation Bookkeeper
Address of employer 24 N Main st Yerington NV 89447
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
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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
Amanda Christensen		Logan, UT	S West St Yerington, NV 89447
Spencer Christensen		Reno, NV	S West St Yerington, NV 89447
Devin Christensen		Stockton, CA	S West St Yerington, NV 89447
Joseph Christensen		Carson City, NV	S West St Yerington, NV 89447
Loredana Christensen		Reno, NV	S West St Yerington, NV 89447

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 me

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			pharmacist
James E. Christensen		Kay Way Yerington, NV 89447	
Mother			
Sandra C. Christensen (Robinson)		Kay Way Yerington, NV 89447	Homemaker
Father-in-Law			pharmacy technician
Kris W. Johnson		Hall Ln Yerington, NV 89447	retired
Mother-in-Law			Retail sales
Patricia Johnson (Lubbers)		Hall Ln Yerington, NV 89447	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
Jesse E Christensen		SE 245th pl Maple Valley, WA 98038	Artist
Spouse			
Jessica Laws		SE 245th pl Maple Valley, WA 98038	Receptionist
Peter A Christensen		Foothill dr Winnemucca, NV 89445	Mechanic
Spouse			
Nicole Price		Foothill Dr Winnemucca, NV 89445	Message Therapist
Kathryn E Christensen		Kay Way Yerington, NV 89447	Graphic Design
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Yerington Elementary	Yerington, NV	1984-1993	Yes ☒ No ☐
High School	Yerington High school	Yerington, NV	1993-1997	Yes ☒ No ☐
College	Utah State University	Logan, UT	2000-2002	Yes ☐ No ☒
University	University of Nevada Reno	Reno, NV	2004-2006	Yes ☐ No ☒
Other	University of the Pacific	Stockton, CA	2006-2009	Yes ☒ No ☐

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained University of the Pacific

Applicant's initial ML

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 Lyon State Nevada Date registered 1997

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
Brian Aderhold	Brother-in-law	use of Interstate UT Facilities to transmit information about a minor	UT	1-31-2006

Applicant's initial ml

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
-----------------------------	-------------------	------	-----------------

June 2009 - Present	S West st	Yerington	NV 89447
July 2006 - June 2009	2138 Grand Canal Blvd #303	Stockton	CA 95207
March 2003 - July 2006	318 N Whitene	Yerington	NV 89447
May 2002 - Feb 2003	735 N 600 E	Logan	UT 84321
Aug 2001 - May 2002	755 E 700 N	Logan	UT 84321
May 2001 - Aug 2001	3502 Polk Ave	Ogden	UT 84403
Aug 2000 - May 2001	8426 Mountain View tower	Logan	UT 84321
May 2000 - Aug 2000	310 Kay Way	Yerington	NV 89447
May 1998 - May 2000	Via Corsaro, 8411 Pareo Inglese 950305. Agata Li Battisti		Italy
Aug 1993 - Apr 1998	310 Kay Way	Yerington	NV 89447

Applicant's initial

ML

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.

June 2009-Present	Rex Drug Co 24 N Main St Yerington NV 89407	13,500
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist then PIC	PIC	James Christensen
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
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

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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 Michael Boxley	Home	Terrell Ln	Wellington NV	89447		7
Employer Retired	Business					
Name Greg Remp	Home	S. Mountain View St	Yerington NV	89447		17
Employer Retired	Business					
Name Grant Moulton	Home	E 1880 S st	George, UT	84770		11
Employer Self-Relief pharmacist	Business					
Name John Allred	Home	Hwy 208	Yerington, NV	89447		12
Employer retired	Business					
Name Toni Inserra	Home	Yerington, NV	89447			9
Employer SLMC - Hospital	Business	213 S Whitacrest	Yerington, NV	89447	775-463-2301	

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

Nevada, Pharmacy technician 2004-2008

Nevada, Intern pharmacist 2006-2009

Nevada, Pharmacist 2009- Present

11. Have you ever applied for a city, county or 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:

In 2011 I appeared before the Nevada Board of pharmacy in case number 10-0438-RPH-N

Applicant's initial

ml

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 ☐
In 2011 Matthew Christensen appeared before the NV BOP case # 10-043B-RPH-N

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 3-9-2021

Applicant's initial mc

STATE OF Nevada

SS.

COUNTY OF Lyon

I, Rebecca A Smith, 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 or 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,

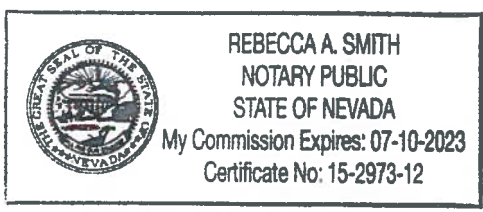
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of March 2021

[Signature]
Notary Public

(seal)



Applicant's initial ml

ADDITIONAL INFORMATION

G. D. Matthew Christensen appeared before the
Nevada Board of Pharmacy in 2011 case # 10-043B-RPH-N

Applicant's initial

ml

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3-8-2021

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 herein 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
Corner Drug LLC 1041 S Grass Valley Rd Winnemucca, NV 89445 Nature of License
Olsens Corner Drug Store Name and Address of Establishment for Which License Is Requested
If Applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Christensen Last Name Matthew First Name Raymond Middle Name
N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

S West St City Yerington State/Zip NV 89447
Present Residence Address-Street or RFD

1041 Grass Valley Rd City Winnemucca, NV State/Zip 89445
Present Business Address

Owner Dates 1-4-2021 - Present
Occupation

Phone: Residence 775-625-2777
Business Weatherford, Custer, OK
Date of Birth 42 Place of Birth (City, County, State)

Age 42 Social Security Number or ITIN Male Sex
Brown Color of Eyes Brown Color of Hair Fair Complexion 200lbs Weight Med 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 N/A Date

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial me

MARITAL INFORMATION-Continued

A. Current Marriage

Date 5-5-2001 Bountiful, Davis, UT
 Spouse's full name (Maiden) Emily Larissa Johnson City, County and State
 SS# or ITIN _____
 Date of Birth _____ Place of Birth Salt Lake, Salt Lake, UT
 Resident address S West st Yerington NV 89447
 Street City State Zip
 Telephone: Residence _____ Business 775-463-2345
 Spouse's employer Rex Drug Occupation Book Keeper
 Address of employer 24 N Main st Yerington NV 89447
 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
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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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
Amanda Christensen	-	Logan, UT	S. West st Yerington, NV 89447
Spencer Christensen	5	Reno, NV	S. West st Yerington, NV 89447
Devin Christensen	7	Stockton, CA	S West st Yerington, NV 89447
Joseph Christensen	-	Carson City, NV	S West st Yerington, NV 89447
Loredana Christensen	1	Reno, NV	S West st Yerington, NV 89447

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

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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			
James E. Christensen		Kay Way Yerington, NV 89447	Pharmacist
Mother			
Sandra C. Robinson		Kay Way Yerington, NV 89447	Homemaker
Father-in-Law			
Kris W. Johnson		Hall Ln Yerington, NV 89447	pharmacy technician retired
Mother-in-Law			
Patricia Lubbers		Hall Ln Yerington, NV 89447	retail sales 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
Jesse E Christensen		SE 243th Pl Maple Valley, WA 98038	Artist
Spouse			
Jessica Laws		SE 243th Pl Maple Valley, WA 98038	Receptionist
Peter A Christensen		Foothill dr Winnemucca, NV 89445	Mechanic
Spouse			
Nicole M. Price		Foothill dr Winnemucca, NV 89445	Message Therapist
Kathryn E. Christensen		Kay Way Yerington, NV 89447	Graphic Design
Spouse			

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Yerington Elementary	Yerington, NV	1984-1993	Yes ☒ No ☐
High School Yerington High school	Yerington, NV	1993-1997	Yes ☒ No ☐
College Utah State University	Logan, UT	2000-2002	Yes ☐ No ☒
University University of Nevada Reno	Reno, NV	2004-2006	Yes ☐ No ☒
Other University of the Pacific	Stockton, CA	2006-2009	Yes ☒ No ☐

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained University of the Pacific

Applicant's initial

ML

Page 3

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 Lyon State Nevada Date registered 1997

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
------	--------------	--------	----------	------

Brian Aderhold	Brother-in-law	use of Interstate Facilities to transmit information about a minor	UT	1-31-2006
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Applicant's initial

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

1

- 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
June 2009 - Present	S West St	Yerington	NV 89447
July 2006 - June 2009	2138 Grand Canal Blvd #303	Stockton	CA 95207
March 2003 - July 2006	318 N Whitacre	Yerington	NV 89447
May 2002 - Feb 2003	735 N 600 E	Logan	UT 84321
Aug 2001 - May 2002	755 E 700 N	Logan	UT 84321
May 2001 - Aug 2001	3502 Polk Ave	Ogden	UT 84403
Aug 2000 - May 2001	8426 Mountain View tower	Logan	UT 84321
May 2000 - Aug 2000	310 Kay Way	Yerington	NV 89447
May 1998 - May 2000	Via corsano 84 "Parco Inglese" 95030 S. Agata Li Bagni		Italy
Aug 1993 - Apr 1998	310 Kay Way	Yerington	NV 89447

Applicant's initial

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9. CHARACTER REFERENCES:

1

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 <u>Michael Boxley</u>	Home	<u>Terrell Ln</u>	<u>Wellington NV</u>	<u>89444</u>		<u>7</u>
Employer <u>Retired</u>	Business					
Name <u>Greg Rempp</u>	Home	<u>S. Mountain View</u>	<u>Yerington NV</u>	<u>89447</u>		<u>17</u>
Employer <u>Retired</u>	Business					
Name <u>Grant Moulton</u>	Home	<u>E 1880 S</u>	<u>St George UT</u>	<u>84790</u>		<u>11</u>
Employer <u>Self - Relief pharmacist</u>	Business					
Name <u>John Allred</u>	Home	<u>Hwy 208</u>	<u>Yerington NV</u>	<u>89447</u>		<u>12</u>
Employer <u>retired</u>	Business					
Name <u>Toni Insema</u>	Home	<u>Yerington, NV</u>				<u>9</u>
Employer <u>SLMC - Hospital</u>	Business	<u>213 S. Whitcomb St</u>	<u>Yerington, NV</u>	<u>89447</u>	<u>775-463-2301</u>	

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
<u>Rex Drug Safety Deposit Box</u>	<u>Wells Fargo</u>	<u>Yerington, NV</u>	<u>Matthew + Emily Christensen</u>

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

Nevada, pharmacy technician 2004 - 2008

Nevada, Intern pharmacist 2006 - 2009

Nevada, Pharmacist 2009 - Present

12. Have you ever applied for a city, county or 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

ml

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
Jan 2021 - Present	Corner Drug LLC 1041 S Grass valley Rd	Winnemucca, NV 89445
Title	Description of Duties	Name of Supervisor
Owner	managing the business	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2018 - Present	Bountiful Pharmacy LLC 24 N Main St	Yerington, NV 89447
Title	Description of Duties	Name of Supervisor
Owner	managing the business	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 2003 - Present	Rex Drug Co 24 N Main St	Yerington, NV 89447
Title	Description of Duties	Name of Supervisor
Board Member	helping with the day to day operations	James Christensen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sep 2001 - Oct 2002	Convergys Corp 1525 N 600E	Moved
Title	Description of Duties	Name of Supervisor
Customer service advocate	collections department sprint PCS	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2001 - Aug 2001	Smiths Food + drug 1485 Harrison Blvd	Moved
Title	Description of Duties	Name of Supervisor
Cashier	check out cashier at grocery store	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2001 - Aug 2001	Little Ceasars 1287 Wall Ave	Moved
Title	Description of Duties	Name of Supervisor
assistant manager	open store, deposit money, prep food	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
March 1997 - March 1998	Solaris Food + Drug 176 W Gettysburg Ave	Moved
Title	Description of Duties	Name of Supervisor
cashier	checkout cashier at grocery store	David Talbot
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Apr 1998 - May 2000	unemployed due to Religious mission in Italy	
Title	Description of Duties	Name of Supervisor
May 2000 - June 2001	unemployed during first year of University	

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

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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:

In 2011 Matthew Christensen appeared before the Nevada Board of pharmacy in case # 10-643B-RPH-N

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 ☒

In 2011 Matthew Christensen appeared before the NV BOP in case # 10-043B-RPH-N

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 3-9-2021

Applicant's initial me

STATE OF Nevada

ss.

COUNTY OF Lyon

I, Rebecca A. Smith, 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 cause 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 or 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,

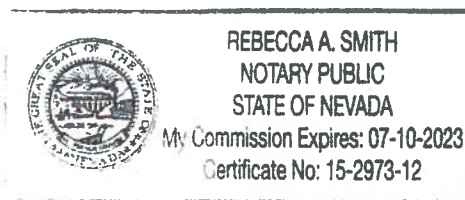
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 9th day of March, 2021

Rebecca A. Smith
Notary Public

(seal)



Applicant's initial ml

ADDITIONAL INFORMATION

G. D. Matthew Christensen appeared before the
Nevada Board of Pharmacy in 2011 case # 10-043B-RPH-N

Applicant's initial

me

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3-8-21

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
Corner Drug & LLC 1041 Strauss Valley Rd Winneemucca, NV
Olsen's Corner Drug 89445
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Christensen Emily Larissa
Last Name First Name Middle Name
Johnson
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
S West St Yerington NV 89447
Present Residence Address-Street or RFD City State/Zip
24 N Main St Jan 2003 - Present Yerington NV 89447
Present Business Address Dates City State/Zip
Bookkeeper Jan 2003 - Present Yerington NV 89447
Occupation Dates City State/Zip
Phone Residence Business 75-463-2345
Salt Lake City, Salt Lake, UT
Date of Birth Place of Birth (City, County, State)
39 F
Age Social Security Number or ITIN Sex
Gray Brown light 130 Small 5'3"
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 _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial ep

A. **Current Marriage** 5-5-2001 Bountiful, Davis, UT
Date City, County and State
 Spouse's full name (Maiden) Matthew Raymond Christensen SS# or ITIN
 Date of Birth _____ Place of Birth Weatherford, OK
 Resident address 5 West St Yerington NV 89447
Street City State Zip
 Telephone: Residence _____ Business 775-909-4855
 Spouse's employer Bountiful Pharmacy LLC Occupation Pharmacist
 Address of employer 1250 Nevada St. #2 Silver Springs NV 89429
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
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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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
Amanda Christensen	2	Logan, UT	5 West St
Spencer Christensen	3	Reno, NV	Yerington, NV 89447
Devon Christensen		Stockton, CA	11
Joseph Christensen		Carson City, NV	11
Lorelana Christensen		Reno, NV	11

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.

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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

Kris W. JohnsonHall Lane Yer. NV 89447 ^{pharmacy} Retired technician

Mother

Patricia (Lubbers) JohnsonHall Lane Yer. NV 89447 Retired Retail Sales

Father-in-Law

James E. ChristensenKay Way Yer. NV 89447 Retired pharmacist

Mother-in-Law

~~James~~ Sandra C. R. Christensen (Robinson)Kay Way Yer. NV 89447 Retired Homemaker**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
---------------	------------	---------	------------

Katie M. JohnsonEraven Way Eagle Mtn. UT 84005 Senior busin analyst

Spouse

Brian AdernoldEraven Way Eagle Mtn. UT 84005 Dumptruck DriverSteven Ray JohnsonHall Lane Yer. NV 89447 Security

Spouse

Brian A Johnson9th Ave Fairbanks, AK 99701 writer

Spouse

Nathan D. JohnsonHall Lane Yer. NV 89447 Retail Manager

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Lincoln Elementary</u>	<u>Great Falls, MT</u>		<u>Yes</u> ☐ No ☐
High School <u>Great Falls High School</u>	<u>Great Falls, MT</u>		<u>Yes</u> ☐ No ☐
College University <u>Utah State University</u>	<u>Logan, UT</u>		Yes ☐ <u>No</u> ☐
Other _____			Yes ☐ No ☐

Type of degree obtained, if any N/ACollege or university where obtained N/AApplicant's initial lee

5 MILITARY INFORMATION:

1

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
----------------	-----	--------	-------------------------	-----------------	------------------

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
------	--------------	--------	----------	------

Brian Aderhold	Brother-in-law	use of Interstate Facilities to transmit information about a minor	utah	11/31/06
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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
--------------------------	-------------------	------	-----------------

March 2009 - Present	15 Subst St	Merington	NV 89447
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July 2006 - Mar 2009	2138 Grand Canal Blvd #303	Stockton	CA 95207
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Mar. 2003 - July 2006	318 N Whitacre	Merington	NV 89447
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May 2002 - Feb 2003	735 N 600 E	Logan, UT	84321
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Aug 2001 - May 2002	755 E 700 N	Logan, UT	84321
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May 2001 - Aug 2001	3602 Polk Ave	Ogden UT	84403
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Aug 2000 - May 2001	7214 Mountain View Tower	Logan UT	84321
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Feb 1992 - Aug 2000	1416 6 th Ave N	Great Falls, MT	59401
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Applicant's initial

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Page 5

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
Jan 2003-Present	Rex Drug Co	
Title	Description of Duties	Name of Supervisor
Board member	helping with day to day operations 241 W Main St Yerington NV 89447	James Christensen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2018-Present	Bountiful Pharmacy LLC	
Title	Description of Duties	Name of Supervisor
managing member	managing business PO Box 823 Yerington NV 89447	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 2021-Present	Corner Drugo LLC	
Title	Description of Duties	Name of Supervisor
managing member	manage business PO Box 825 Yerington NV 89447	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sep 2001 - Dec 2001	Convergys	pregnancy
Title	Description of Duties	Name of Supervisor
customer service	Collection for Sprint PCS 1525 N 600 E Logan UT 84341	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Mar. 1998 - Aug 2000	Papa Johns	moved
Title	Description of Duties	Name of Supervisor
cashier	run register 431 W 10th Ave S Great Falls MT 59405	John C.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Dec 2001 - Jan 2003	Homemaker	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Aug 2000-Sep 2001	Student	
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 clp

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 <u>Greg Rempp</u>	Home	<u>Mountain View St</u>				<u>17</u>
Employer	Business	<u>Yerington NV 89447</u>				
Name <u>Cindy Clifton</u>	Home	<u>Kay Way Yerington NV</u>				<u>18</u>
Employer	Business	<u>89447</u>				
Name <u>Summer Merrill</u>	Home	<u>Hwy 208 Yer. NV 89447</u>				<u>8</u>
Employer <u>Lyon Co. Library</u>	Business	<u>20 Nevins Way Yer. NV 89447</u>			<u>775-463-6648</u>	
Name <u>La Resa Oarrington</u>	Home	<u>Joyce Ct Fallon, NV 89406</u>				<u>15</u>
Employer	Business					
Name <u>Kaylene Hunt</u>	Home	<u>Cherry Hills Ln Yer. NV 89447</u>				<u>10</u>
Employer <u>Lyon County School</u>	Business	<u>25 Be Par Way Yer. NV 89447</u>			<u>775-463-6800</u>	

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
<u>Box 100 Safe Deposit Box</u>	<u>Wells Fargo</u>	<u>Yerington NV</u>	<u>Matthew + Emily Christensen</u>

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

Pharmacy Technician in Training - Nevada - 1 year

12. Have you ever applied for a city, county or 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

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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 3-9-21

Applicant's initial ay

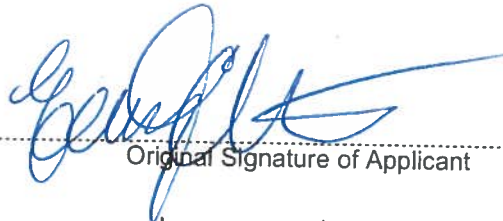
STATE OF Nevada

ss.

COUNTY OF Lyon

I, Rebecca A. Smith, 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 cause 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 or 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,

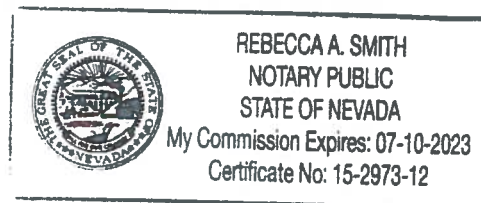
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 9th day of March 2021

Rebecca A. Smith
Notary Public

(seal)



Applicant's initial

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March 11, 2021

ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial del Page 10

4FF

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: Safeway Pharmacy #0188

Physical Address: 1031 Steamboat Parkway

City: Reno Nevada State: Zip Code: 89521 Telephone:

Phone: Pending Fax: Pending Toll Free Number:

N/A E-mail: rxlicenses@albertsons.com

Website: www.safeway.com

Managing Pharmacist: Jamie Lum License Number: 20430

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: Immunizations and Pet meds with prescription

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

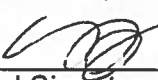
Within the last five (5) years:

- 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

Charlie Painter

Print Name of Authorized Person

Date

2/18/2021

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Albertsons Companies, Inc.Mailing Address: 250 E. Parkcenter BlvdCity: Boise State: Idaho Zip: 83706Telephone: 208-395-4301 Fax: 623-869-1887Contact Person: Mike Wallace

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 officer list

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/A3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 9am 8pmSaturday 9am 5pmSunday 10am 5pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV19861018574

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Charlie Painter

Responsible Person of SAFEWAY 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

Charlie Painter

Print Name of Authorized Person

2/18/2021
Date

Managing Pharmacist

Pharmacist Name: Jamie Lum

License #: 20430

Pharmacy Name: Safeway Pharmacy #0188

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.

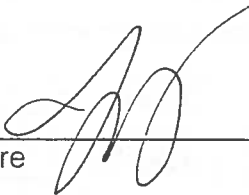
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject 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

2/11/2021

Safeway Inc.

FEIN 94-3019135

5918 Stoneridge Mall Road

Pleasanton, CA 94588

(208) 395-6200

Delaware Limited Corporation; Incorporated/Formed 7/23/1986

Ownership/Control Disclosure Document

Officers of Safeway Inc.			
Name	Title	Address	Phone
Juliette Pryor	Executive Vice President, General Counsel & Secretary	250 E. Parkcenter Blvd., Boise, ID 83706	(208) 395-6200
Robert B. Dimond	Executive Vice President & Chief Financial Officer	250 E. Parkcenter Blvd., Boise, ID 83706	(208) 395-6200
Omer Gajjal	Senior Vice President, Pharmacy, Health & Wellness	250 E. Parkcenter Blvd., Boise, ID 83706	(208) 395-6200
Gary R. Morton	Vice President, Treasurer & Assistant Secretary	250 E. Parkcenter Blvd., Boise, ID 83706	(208) 395-6200
Ownership Information	5% or Greater Ownership Interests	Address	FEIN
Albertsons Companies, Inc.	100% Owner of Safeway Inc.	250 E. Parkcenter Blvd., Boise, ID 83706	47-4376911

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFEWAY 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 FIFTH 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.



2096948 8300

SR# 20210026666

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202219675

Date: 01-05-21

CERTIFICATE OF AUTHORITY AND LIMITED POWER OF ATTORNEY

I, Mark Panzer, Senior Vice President, Pharmacy, Health & Wellness of Albertsons Companies, Inc., a Delaware corporation, by authority granted to me under a standing resolution duly adopted by the Board of Directors of Albertsons Companies, Inc. on March 1, 2018, hereby delegate authority and grant a limited power of attorney to **Charlie Painter**, for and on behalf of Albertsons Companies, Inc. and its consolidated subsidiaries (the "Company"), to do the following:

Make application to the various states and other governmental bodies for, and execute and deliver the documents necessary to acquire and maintain, all licenses, registrations, permits, and other documents relating to the provision of pharmacy services, as required by the issuing local, state, or federal governmental entity.

Notwithstanding this Certificate of Authority and Limited Power of Attorney, Charlie Painter remains subject to, and must comply with, any applicable approval and procedural requirements set forth in the Company's policies on legal review, approval and signing of agreements, as such policy may be amended from time to time.

This Certificate of Authority and Limited Power of Attorney shall continue in effect for Charlie Painter for so long as he remains in his present position (or any more senior position of authority) and maintains responsibility for the tasks or functions described herein, unless earlier modified or rescinded in writing.

07-24-2020 | 10:34:18 PDT

DocuSigned by:

Mark Panzer

4127816A90C64B5

Mark Panzer

Senior Vice President,

Pharmacy, Health & Wellness

I, Laura A. Donald, hereby certify that I am the Group Vice President, Corporate Law & Assistant Secretary of Albertsons Companies, Inc.; that the standing resolution duly adopted by the Board of Directors of Albertsons Companies, Inc. on March 1, 2018 is still, on this day, in full force and effect; that Mark Panzer is Senior Vice President, Pharmacy, Health & Wellness of Albertsons Companies, Inc.; and that Mark Panzer has full right and authority to execute the above Certificate of Authority and Limited Power of Attorney.

07-24-2020 | 11:04:39 PDT

DocuSigned by:

Laura Donald

7B2664C9B8F54DC

Laura A. Donald

Group Vice President, Corporate Law
& Assistant Secretary



PHARMACY DISCIPLINE REPORT

SAFEWAY

Safeway Inc.
Safeway Pharmacy 1528
460 SW Mt. Si Boulevard, North Bend, WA 98045
7/18/2017

On July 18, 2017 Safeway entered into a Memorandum of Agreement with the DEA for failure to notify the DEA in writing of the theft or significant loss of any controlled substance within the required time period (one business day of discovery). As a result of that agreement, Safeway #668 (no longer open) surrendered its license. Safeway #1528 was suspended for four months. The Corrective Action Plan with the DEA was for a period of three years and ended in July of 2020.

Albertsons Companies, Inc. • 250 E. Parkcenter Boulevard • Boise, Idaho 83706





PHARMACY DISCIPLINE REPORT



Safeway Inc.
Safeway Pharmacy 722
457 West Main Street, Trinidad, CO 81082
PDO 12-06
RE: Case No. 2020-3758
12/29/20

Effective December 29, 2020, Safeway Inc. dba Safeway Pharmacy #722, located in Trinidad, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping and inventory practices for controlled substances as found during a controlled substance audit on February 12, 2020 and during three past audits conducted between 2016 and 2017. As a result of the settlement, Safeway Pharmacy #722 is on probation for a period of two years and shall nominate a qualified, Board approved Practice Monitor to conduct random inspections and report to the Board within specific timelines. The Practice Monitor must also submit itemized invoices to the Pharmacy and Board for monitoring services. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.

Safeway Inc.
Safeway Pharmacy 2666
4548 Centerplace Drive, Greeley, Colorado 80634
PDO 510
RE: Case No. 2018-7425
10/22/2020

Effective October 22, 2020, Safeway Inc. dba Safeway Pharmacy #2666, located in Greeley, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping and inventory practices for controlled substances as found during a controlled substance audit on February 4, 2019. As a result of the settlement, Safeway Pharmacy #2666 is on probation for a period of three years and shall nominate a qualified, Board approved Practice Monitor to conduct random inspections and report to the Board within specific timelines. The Practice Monitor must also submit itemized invoices to the Pharmacy and Board for monitoring services. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.

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SWY PHARMACY DISCIPLINE REPORT, CONT.

Page 2

Safeway Inc.

Safeway Pharmacy 2817

232 G Street, Salida, CO 81201

PDO 109-4

RE: Case No. 2019-2057**9/10/2020**

Effective September 10, 2020, Safeway Inc. dba Safeway Pharmacy #2817, located in Salida, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping practices for controlled substances. As a result of the settlement, Safeway Pharmacy #2817 was ordered to pay a civil penalty in the amount of \$1,150 (\$1,000 plus an additional surcharge of 15% [\$150]), and received a letter of admonition from the Colorado State Board of Pharmacy. Inventory of all controlled substances shall be taken in either of the two instances (i) upon change of pharmacist manager or their designee, or (ii) transfer of ownership. Violations must be reported by the PIC to the Board in writing, and within specific timelines. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.

Safeway Inc.

Safeway Pharmacy 914

2321 W. Eisenhower Boulevard, Loveland, CO 80537

PDO 82-015

RE: Case No. 2020-1425**7/25/2020**

Effective July 25, 2020, Safeway Inc. dba Safeway Pharmacy #914, located in Loveland, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding one repeated deficiency found during an inspection from the past three consecutive inspections, involving vaccine administration records missing the site of administration and date of vaccine. As a result of the settlement, Safeway Pharmacy #914 was ordered to pay a civil penalty in the amount of \$575 (\$500 plus an additional surcharge of 15% [\$75]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.

Safeway Inc.

Safeway Pharmacy 1446

11051 S. Parker Road, Parker, CO 80134

PDO 180000003

RE: Case No. 2020-1085**3/25/2020**

Effective March 25, 2020, Safeway Inc. dba Safeway Pharmacy #1446, located in Parker, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding one repeated deficiency found during an inspection from the past three consecutive inspections, involving vaccine administration records missing the site of administration. As a result of the settlement, Safeway Pharmacy #1446 was ordered to pay a civil penalty in the amount of \$575 (\$500 plus an additional surcharge of 15% [\$75]). There are no restrictions being

SWY PHARMACY DISCIPLINE REPORT, CONT.

Page 3

placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.

Safeway Inc.

Safeway Pharmacy 514

642 NE 3rd Street, Bend, OR 97701

RP-0001016-CS

RE: Case No. 2017-0226**2/11/2020**

On February 11, 2020, Safeway Pharmacy #514 signed a consent order with the Oregon Board of Pharmacy for violations relating to various record keeping, drug storage, training, and Pharmacist-In-Charge requirements dating back to June of 2017. Safeway #514 was also cited for failure to have a complete e-kit as required for providing immunizations. As a result of this consent order, Safeway #514 is on probation for a period of two years and will pay a civil penalty in the amount of \$45,000 with \$40,000 stayed pending compliance with the consent order (the required \$5,000 has already been paid). Safeway #514 has also developed and implemented a Quality Assurance Plan (which has been approved by the Oregon Board of Pharmacy). The PIC will perform monthly compliance audits and the District Pharmacy Manager will submit quarterly reports on compliance with the Quality Assurance Plan to the Board office. There are no restrictions on Safeway #514's ability to fill prescriptions for any patient. We are confident that all issues discovered in 2017 have since been resolved.

Safeway Inc.

Safeway Pharmacy 3729

1231 S. Prairie Avenue, Pueblo, CO 81005

PDO 104-22

RE: Case No. 2019-2089**11/20/2019**

Effective November 20, 2019, Safeway Inc. dba Safeway Pharmacy #3729, located in Pueblo, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to timely submit an application detailing a change in pharmacist manager and fee. As a result of the settlement, Safeway Pharmacy #3729 was ordered to pay a civil penalty in the amount of \$1,150 (\$1,000 plus an additional surcharge of 15% [\$150]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.

SWY PHARMACY DISCIPLINE REPORT, CONT.

Page 4

Safeway Inc.

Safeway Pharmacy 878

7900 Fort Hunt Road, Alexandria, VA 22308

0201003087

9/9/2019

Effective September 9, 2019, Safeway Inc. dba Safeway Pharmacy #878, located in Alexandria, Virginia, entered into a Consent Order with the Virginia State Board of Pharmacy regarding remodeling the pharmacy without submitting an application to the Virginia Board of Pharmacy for approval. As a result of the settlement, Safeway Pharmacy #878 was ordered to pay a civil penalty in the amount of \$250. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Virginia. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.

Safeway Inc.

Safeway Pharmacy 1629

1265 Center Street NE, Salem, OR 97301

RP-0001739-CS

RE: Case No. 2019-0175**9/9/2019**

On September 9, 2019, Safeway Inc. dba Safeway Pharmacy #1629, located in Salem, Oregon, entered into a Consent Order with the Oregon Board of Pharmacy regarding poor record keeping practices. As a result, Safeway Pharmacy #1629 was ordered to pay a civil penalty in the amount of \$7,000 (\$10,000 with \$3,000 stayed pending no further similar violations for three years). There are no additional restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Oregon. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.

Safeway Inc.

Safeway Pharmacy 2656

2858 Vista Boulevard, Sparks, NV 89434

PH01820

RE: Case No. 17-008**6/5/2019**

On June 5, 2019, Safeway Pharmacy #2656 entered into a Stipulation and Order with the Nevada State Board of Pharmacy relating to controlled substance losses perpetrated by a staff pharmacist who was terminated. The PIC of Safeway #2656 was cited for failure to appropriately supervise the staff pharmacist. As a result of this Stipulation and Board Order, Safeway #2656 paid a fine in the amount of \$1,000, and the PIC received a letter of reprimand, paid a fine of \$250, and had to complete two continuing education units on the topic of managing pharmacist responsibilities.

SWY PHARMACY DISCIPLINE REPORT, CONT.

Page 5

Safeway Inc.

Safeway Pharmacy 424

795 S. Columbia River Highway, St. Helens, OR 97051

RP-0001060-CS

RE: Case No. 2017-0484**2/8/2019**

Effective February 8, 2019, Safeway Inc. dba Safeway Pharmacy #424, located in St. Helens, Oregon, entered into a Consent Order with the Oregon Board of Pharmacy regarding loss of controlled substances. As a result of the settlement, Safeway Pharmacy #424 is on probation for period of three years. There are no additional restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Oregon. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.

Safeway Inc.

Safeway Pharmacy 1528

460 SW Mt. Si Boulevard, North Bend, WA 98045

7/18/2017

On July 18, 2017 Safeway entered into a Memorandum of Agreement with the DEA for failure to notify the DEA in writing of the theft or significant loss of any controlled substance within the required time period (one business day of discovery). As a result of that agreement, Safeway #668 (no longer open) surrendered its license. Safeway #1528 was suspended for four months. The Corrective Action Plan with the DEA was for a period of three years and ended in July of 2020.

Safeway Inc.

Safeway Pharmacy 4905

6100 Hellyer Avenue, Suite 100, San Jose, CA 95138

PHY53416

RE: Case No. AC201500560500**12/22/2016**

Safeway Pharmacy #4905 ("#4905") is a compounding pharmacy located in San Jose, California and was the subject of recent disciplinary action by the California Board of Pharmacy, effective December 22, 2016. The Board's action was initiated based on #4905's compounding of domperidone, a product still being prescribed by physicians, but the subject of much industry confusion and lack of clarity by the FDA as to whether it could be lawfully compounded. As soon as the staff at #4905 learned of the confusion and ongoing debate surrounding this product, #4905 ceased compounding the product. Safeway Pharmacy #4905 entered into a stipulated settlement that includes a two-year probation with the California Board of Pharmacy. Safeway Pharmacy #4905 has engaged an independent consultant to ensure ongoing compliance with all compounding laws.

While on probation, #4905 received a non-disciplinary cite and fine in the amount of \$4,500 for "failure to perform required end product testing on non-sterile to sterile batch compounded products." Until December 23, 2016, the California Board of Pharmacy adopted the USP 797 definition of "batch." Safeway Pharmacy #4905 strictly followed USP 797 guidelines for non-sterile to sterile injectables. In January of 2017, new California compounding regulations

SWY PHARMACY DISCIPLINE REPORT, CONT.

Page 6

went into effect, which added new definitions and deviated greatly from USP 797 requirements. Under USP 797, a "batch" is more than one unit and has to contain at least 25 single-dose packages before end product testing is required. Under the new California rules (which are currently being revamped due to their confusing nature), a single multi-use vial for one patient is a "batch." Upon learning of this, we immediately changed our practices. Because this new Board action occurred while #4905 was on probation, its probation was extended while we awaited resolution of the new Board action. That Board action was resolved on January 23, 2020 and probation at Safeway #4905 has ended.

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 – March 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 – March 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.			
MG's voluntarily surrender of his controlled substance and practitioner dispensing registrations constitute disciplinary action.	N/A	MG may not prescribe controlled substances or dangerous drugs until he applies to the Board for issuance of a controlled substance and/or practitioner dispensing registration. He shall pay a \$3,217.50 attorney's fees and costs.	N/A
CF's license to practice medicine was placed on inactive status by the NSBME. CF is no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.	N/A	CF's controlled substance registration shall remain inactive until such time he petitions the Board for reinstatement and presents proof that his license to practice medicine from the NSBME is active and in good standing.	N/A
RPH DN diverted dangerous drugs for his personal use and furnished some of the diverted drugs to at least one other person.	N/A	DN's pharmacist certificate of registration is revoked. He shall pay a fine of \$5,000 and \$1,300 in attorney's costs and fees.	N/A

5A



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**PRAVEEN KORIVI, MD,
Certificate of Registration No. CS21374,**

Respondent.

CASE NO. 20-246-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 Praveen Korivi, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS21374, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about April 23, 2020, the Florida State Board of Medicine entered an order in Case No. 20-1903-552 and suspended Respondent's License No. ME0093253 to practice medicine in Florida on the basis that Respondent "is unable to practice medicine with reasonable skill and safety."

3. On or about November 17, 2020, Respondent requested that his License No. 14422 from the Nevada State Board of Medical Examiners (NSBME) be placed on inactive status pursuant to NRS 630.255 on the basis that he has ceased to engage in the practice of medicine in this State.

4. On November 19, 2020, Respondent surrendered his DEA Certificate of Registration No. FK5849419 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

5. By executing the DEA Surrender for Cause, Respondent 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.

6. On or about December 11, 2020, Board staff served Respondent with notice that the suspension of his License No. ME0093253 for cause by the Florida State Board of Medicine, his surrender of his DEA Certificate of Registration No. FK5849419 for cause, together with the inactive status of his NSBME License No. 14422, operated as an immediate suspension of his Certificate of Registration No. CS21374 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering, and/or prescribing controlled substances for Nevada patients.

FIRST CAUSE OF ACTION

Suspension of License to Practice Medicine in Florida

7. Due to the suspension of his License No. ME0093253 by the Florida State Board of Medicine based upon a determination that he is unable to practice medicine with reasonable skill and safety, Respondent is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(14).

SECOND CAUSE OF ACTION

Inactive License to Practice Medicine in Nevada

8. 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 possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f).

9. Due to the inactive status of his NSBME License No. 14422 based upon Respondent's representation that he has ceased to engage in the practice of medicine in this State,

Respondent is no longer a licensed practitioner qualified for registration to possess, administer, prescribe and/or otherwise dispense controlled substances under federal or state law, and his Certificate of Registration No. CS21374 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

THIRD CAUSE OF ACTION
Surrender of DEA Registration for Cause

10. By surrendering his DEA Certificate of Registration No. FK5849419 for cause, Respondent has admitted to failing to comply with the Federal requirements pertaining to controlled substances, has committed an act that would render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, is no longer authorized by Federal law to dispense controlled substances, and his Certificate of Registration No. CS21374 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

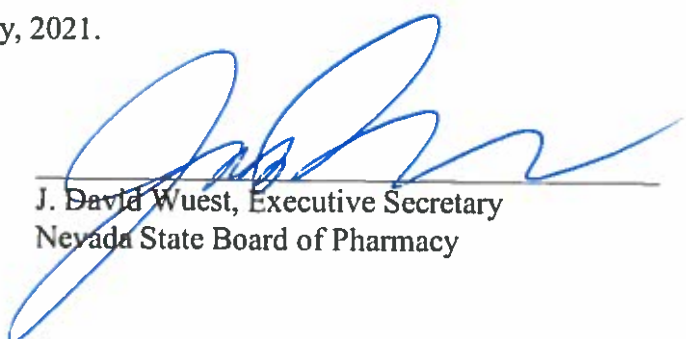
11. The suspension of Respondent's Certificate of Registration No. CS21374 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

FOURTH CAUSE OF ACTION
Commission of Acts that Render Registration Inconsistent with the Public Interest

12. Due to the suspension of his License No. ME0093253 by the Florida State Board of Medicine based upon a determination that Respondent is unable to practice medication with reasonable skill and safety, his surrender of his DEA Certificate of Registration No. FK5849419 for cause, together with the inactive status of his NSBME License No. 14422, Respondent has ceased to engage in the practice of medicine in this State, 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 his Certificate of Registration No. CS21374 is subject to revocation 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 15th day of February, 2021.



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,

CASE NO. 20-246-CS-S

Petitioner,

v.

**PRAVEEN KORIVI, MD,
Certificate of Registration No. CS21374,**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF HEARING**

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 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, April 14, 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

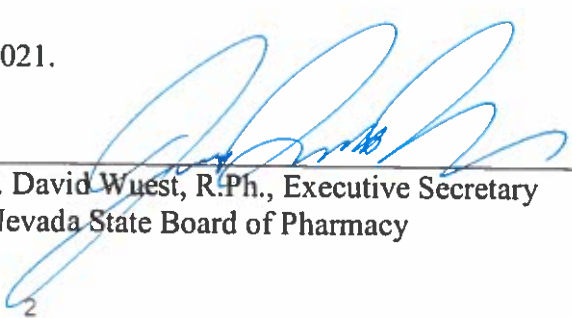
IV.

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 15th day of February, 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,

Petitioner,

v.

**PRAVEEN KORIVI, MD,
Certificate of Registration No. CS21374,**

Respondent.

CASE NO. 20-246-CS-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 his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/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, he/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 _____, 2021.

PRAVEEN KORIVI, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of February, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

PRAVEEN KORIVI, MD
8280 W. Warm Springs RD
Las Vegas, NV, 89113


SHIRLEY HUNTING

STATE OF FLORIDA
BOARD OF MEDICINE

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2019-30552
LICENSE NO.: ME0093253

PRAVEEN KORIVI, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, on April 3, 2020, via a duly noticed telephone conference call meeting, for the purpose of considering a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in this cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully advised in the premises,

IT IS HEREBY ORDERED AND ADJUDGED that the Settlement Agreement as submitted be and is hereby approved and adopted in toto and incorporated herein by reference with the following clarification:

The costs set forth in Paragraph 2 of the Stipulated Disposition shall be set at \$3,071.53.

Accordingly, the parties shall adhere to and abide by all the terms and conditions of the Settlement Agreement as clarified above.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 9 day of April, 2020.

BOARD OF MEDICINE

Claudia Kemp

Claudia Kemp, J.D., Executive Director
For Zachariah P. Zachariah, M.D., Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by **Certified Mail** and U.S. Mail to PRAVEEN KORIVI, M.D., 2304 East Fletcher Avenue, Tampa, Florida 33612; to Jacqueline R. A. Root, Esquire, 2701 North Rocky Point Drive, Suite 900, Tampa, Florida 33607; by email to Allison Dudley, Assistant General Counsel, Department of Health, at Allison.Dudley@flhealth.gov; and by email to Edward A. Tellechea, Chief Assistant Attorney General, at Ed.Tellechea@myfloridalegal.com; this 23rd day of April, 2020.

Bridget Coates
Deputy Agency Clerk

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

DOH Case No. 2019-30552

PRAVEEN KORIVI, M.D.,

Respondent.

SETTLEMENT AGREEMENT

Praveen Korivi, M.D., referred to as the "Respondent," and the Department of Health, referred to as "Department," stipulate and agree to the following Agreement and to the entry of a Final Order of the Board of Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of medicine pursuant to section 20.43, Florida Statutes, and chapters 456 and 458, Florida Statutes.

STIPULATED FACTS

1. At all times material hereto, Respondent was a licensed physician in the State of Florida, having been issued license number ME 93253.
2. The Department charged Respondent with an Administrative Complaint that was filed and properly served upon Respondent alleging violations of chapters 456 and/or 458 and the rules adopted pursuant thereto. A true and correct copy of the Administrative Complaint is attached hereto as Exhibit A.

3. For purposes of these proceedings, Respondent neither admits nor denies the allegations of fact contained in the Administrative Complaint.

STIPULATED CONCLUSIONS OF LAW

1. Respondent admits that, in his/her capacity as a licensed physician, he/she is subject to the provisions of chapters 456 and 458 and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts alleged in the Administrative Complaint, if proven, would constitute violations of chapters 456 and/or 458.

3. Respondent agrees that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

STIPULATED DISPOSITION

1. **Letter of Concern** – The Board shall issue a Letter of Concern against Respondent's license.

2. **Reimbursement of Costs** - Pursuant to section 456.072, Florida Statutes, Respondent agrees to pay the Department for the Department's costs incurred in the investigation and prosecution of this case ("Department costs"). Such costs exclude the costs of obtaining supervision or monitoring of the practice, the cost of quality assurance reviews, any other costs Respondent incurs to comply with the Final Order, and the Board's administrative costs directly associated with Respondent's probation, if any. Respondent agrees that the amount of Department costs to be paid in this case is ***Two Thousand Three Hundred Forty-Two Dollars and Seventeen Cents (\$2,342.17), but shall not exceed Four Thousand Three Hundred Forty-Two Dollars and***

Seventeen Cents (\$4,342.17). Respondent will pay such Department costs to: Payments, Department of Health, Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, FL 32314-6320, within thirty (30) days from the date of filing of the Final Order. **All costs shall be paid by cashier's check or money order.** Any change in the terms of payment of costs imposed by the Board **must be approved in advance by the Probation Committee of the Board.**

RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED IN THIS SETTLEMENT AGREEMENT. SPECIFICALLY, IF RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION WITHIN 45 DAYS OF THE DATE OF FILING OF THE FINAL ORDER THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE, RESPONDENT AGREES TO CEASE PRACTICE UNTIL RESPONDENT RECEIVES SUCH WRITTEN CONFIRMATION FROM THE BOARD.

3. Suspension - Respondent's Florida medical license is hereby SUSPENDED until such time as he demonstrates to the Board his ability to practice medicine with reasonable skill and safety. Such demonstration of skill and safety shall include an evaluation by the Physicians Resource Network (PRN). The Board reserves jurisdiction in this matter to impose additional terms and conditions, including a period of probation with terms and conditions to be determined by the Board at the time of reinstatement of Respondent's license to practice medicine. However, the term of suspension shall be

imposed prior to the Board's considering Respondent's petition for reinstatement. Respondent shall not practice medicine in Florida until he/she petitions the Board for reinstatement, appears before the Board, and has his/her license reinstated.

STANDARD PROVISIONS

1. **Appearance** - Respondent is required to appear before the Board at the meeting of the Board where this Agreement is considered.

2. **No Force or Effect until Final Order** - It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless the Board enters a Final Order incorporating the terms of this Agreement.

3. **Continuing Medical Education** - Unless otherwise provided in this Agreement Respondent shall first submit a written request to the Probation Committee for approval prior to performance of said CME course(s). Respondent shall submit documentation to the Board's Probation Committee of having completed a CME course in the form of certified copies of the receipts, vouchers, certificates, or other papers, such as physician's recognition awards, documenting completion of this medical course within one (1) year of the filing of the Final Order in this matter. All such documentation shall be sent to the Board's Probation Committee, regardless of whether some or any of such documentation was provided previously during the course of any audit or discussion with counsel for the Department. CME hours required by this Agreement shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the

Board's Probation Committee, such CME course(s) shall consist of a formal, live lecture format.

4. **Addresses** - Respondent must provide current residence and practice addresses to the Board. Respondent shall notify the Board in writing within ten (10) days of any changes of said addresses

5. **Future Conduct** - In the future, Respondent shall not violate chapter 456, 458 or 893, or the rules promulgated pursuant thereto, or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine to include, but not limited to, all statutory requirements related to practitioner profile and licensure renewal updates. Prior to signing this agreement, the Respondent shall read chapters 456, 458 and 893 and the Rules of the Board of Medicine, at chapter 64B8, Florida Administrative Code.

6. **Violation of Terms** - It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to chapters 456 and 458.

7. **Purpose of Agreement** - Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board and shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Agreement not be accepted

by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. **No Preclusion of Additional Proceedings** - Respondent and the Department fully understand that this Agreement and subsequent Final Order will in no way preclude additional proceedings by the Board and/or the Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached as Exhibit A.

9. **Waiver Of Attorney's Fees And Costs** - Upon the Board's adoption of this Agreement, the parties hereby agree that with the exception of Department costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek any attorney's fees or costs from the Department and the Board in connection with this matter.

10. **Waiver of Further Procedural Steps** - Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Agreement and the Final Order of the Board incorporating said Agreement.

[Signatures appear on the following page.]

SIGNED this 30th day of Dec, 2019.

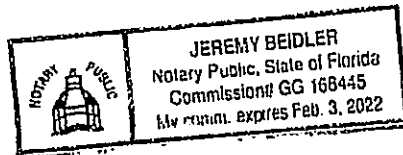
Praveen Kori
Praveen Kori, M.D.

STATE OF FLORIDA

COUNTY OF H. H. B. B. B.

BEFORE ME personally appeared Praveen Kori, M.D., whose identity is known to me or who produced FL DL (type of identification) and who, under oath, acknowledges that his/her signature appears above.

SWORN TO and subscribed before me this 30 day of Dec, 2019.



[Signature]
NOTARY PUBLIC

My Commission Expires:

APPROVED this 2nd day of January, 2020.

Scott A. Rivkees, M.D.
State Surgeon General

[Signature]

By: Kimberly Marshall
Assistant General Counsel
Department of Health

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2019-30552

PRAVEEN KORIVI, M.D.,

RESPONDENT.

_____ /

ADMINISTRATIVE COMPLAINT

Petitioner Department of Health (Department) files this Administrative Complaint before the Board of Medicine (Board) against Respondent Praveen Korivi, M.D., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes (2018), and Chapters 456 and 458, Florida Statutes (2018).
2. At all times material to this Complaint, Respondent was licensed to practice as a medical doctor within the State of Florida, having been issued license number ME 93253.
3. At all times material to this Complaint, Respondent's address of record was 2304 East Fletcher Avenue, Tampa, Florida 33612.

4. On or about June 18 through June 19, 2019, Respondent underwent an examination by Benjamin R. Phalin, Ph.D., (Dr. Phalin) a neuropsychologist.

5. Dr. Phalin diagnosed Respondent with major vascular neurocognitive disorder.

6. Dr. Phalin opined that Respondent is unable to practice medicine with reasonable skill and safety to patients.

7. On or about June 18 through June 21, 2019, Respondent underwent an examination by Scott A. Teitelbaum, M.D., (Dr. Teitelbaum) a physician that specializes in addiction medicine.

8. Dr. Teitelbaum diagnosed Respondent with major vascular neurocognitive disorder.

9. Dr. Teitelbaum opined that Respondent is unable to practice medicine with reasonable skill and safety to patients.

10. On or about June 19, 2019, Respondent underwent an examination by Jamie Smolen, M.D., (Dr. Smolen) a physician that specializes in addiction medicine.

11. Dr. Smolen diagnosed Respondent with severe neurocognitive disorder secondary to thalamic stroke.

12. Dr. Smolen opined that Respondent is unable to practice medicine with reasonable skill and safety to patients.

13. Section 458.331(1)(s), Florida Statutes (2018), subjects a medical doctor to discipline, including restriction, for being unable to practice medicine with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition.

14. Respondent is unable to practice medicine with reasonable skill and safety to patients due to his major vascular neurocognitive disorder.

15. Based on the foregoing, Respondent violated Section 458.331(1)(s), Florida Statutes (2018).

WHEREFORE, Petitioner respectfully requests that the Board enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

[SIGNATURE BLOCK ON NEXT PAGE]

SIGNED this 15th day of October, 2019.

Scott A. Rivkees, M.D.
State Surgeon General

FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: Annun Morris
DATE: OCT 15 2019

Gerald C. Henley, II
Gerald C. Henley, II, Esq.
Assistant General Counsel
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
(850) 558-9832 TELEPHONE
(850) 245-4684 FAX
Florida Bar No. 1005574
Gerald.Henley@flhealth.gov

PCP Meeting: October 10, 2019

PCP Members: Robert London, Shailesh Gupta, & Donald Mullins

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested. A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition any other discipline imposed.

**SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION**

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.

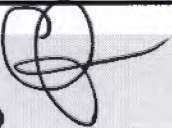
I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

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	
PRAVEEN KORIVI, M.D.	8280 WEST WARM SPRINGS RD LAS VEGAS, NV 89128	
DEA REGISTRATION NO.		
FK5849419		
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL		DATE
		11/19/2020

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
Claudio Fernandez  11/19/2020	DIVERSION INVESTIGATOR
NAME AND DATE	TITLE
Tanya Campos 11/19/2020	Diversion Investigator

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.



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

December 11, 2020

VIA CERTIFIED U.S. MAIL AND ELECTONIC MAIL TO goldenfinger@hotmail.com

Praveen Korivi, MD
8280 W Warm Springs Road
Las Vegas, NV 89113

2304 E Fletcher Avenue
Tampa, FL 33612

**Re: Suspension of Certificate of Registration No. CS21374
(Case No. 20-246-CS-S)**

Dear Dr. Korivi:

The Nevada State Board of Pharmacy (Board) has been notified that your License No. ME0093253 issued by the Florida State Board of Medicine was suspended for cause on April 23, 2020, that you surrendered your DEA Certificate of Registration No. FK5849419 for cause on November 19, 2020, and that your License No. 14422 from the Nevada State Board of Medical Examiners is inactive (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 these actions operate as an immediate suspension of your Certificate of Registration No CS21374 with the Board. You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering and/or prescribing controlled substances for Nevada patients. 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 foregoing 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

Enclosures

5B



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

Respondent.

Case No. 21-001-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(1) and/or 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 Frank P. Silver, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS04120, and a dispensing practitioner registration, Certificate of Registration No. PD00433, both issued by the Board.

FACTUAL ALLEGATIONS

2. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r)), related to failure to adequately supervise a medical assistant, and NRS 630.306(1)(b)(3), related to engaging in conduct that violates Board regulations for possessing and administering dangerous drugs.

3. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent acted as supervising physician and medical director of VIP Faces, located at 1900 East Desert Road, Las Vegas, Nevada, at the time of the events alleged herein.

4. As detailed in the NSBME's order in Case No. 20-4041-1, Sandra Bledsoe (Bledsoe) owned and operated VIP Faces. Bledsoe is not a licensed as a practitioner in Nevada.

5. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe to act under his authority to operate VIP Faces and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs, specifically to perform cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex, to patients who had not been examined by a practitioner.

6. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary.

7. As detailed in the NSBME's order in Case No. 20-4041-1, with Respondent's knowledge and authorization, Bledsoe and/or the staff of VIP Faces provided on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision.

8. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and administer dangerous drugs to patients without his supervision.

9. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to counsel patients regarding their medical treatment, including the administration of dangerous drugs.

APPLICABLE LAW

10. No person may purchase, access, store, possess, administer, furnish and/or

dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356.

11. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

12. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing any duties as the holder of a controlled substance 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).

14. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a *bona fide* therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)

and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

17. 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).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

18. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

19. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

20. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent aided and abetted Bledsoe and/or the staff of VIP Faces in unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Unlawful Administration of Dangerous Drugs Without Bona Fide Therapeutic Relationship

21. By permitting Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Violations of State Law

22. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS Chapter 630 as detailed in the NSBME's

order in Case No. 20-4041-1, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

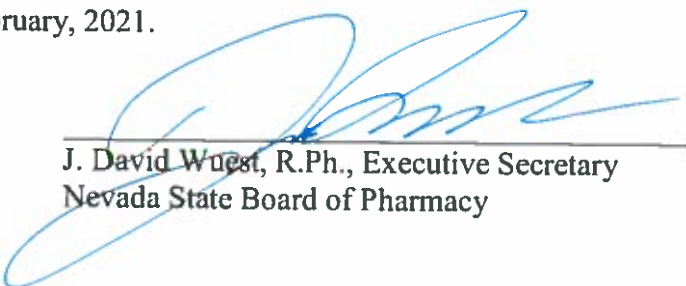
SIXTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-4041-1, and by violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1) as alleged herein, Respondent has committed acts that render his registrations to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, 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 certificates of registration of this respondent.

Signed this 15th day of February, 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 of two 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,

CASE NOS. 21-001-CS-S

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

Respondent.

**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 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, April 14, 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

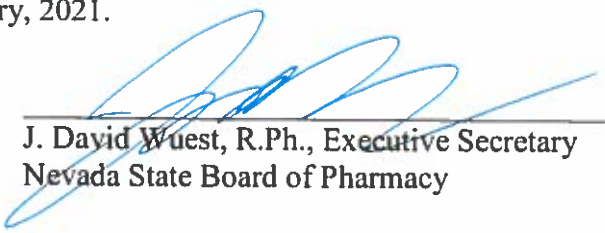
IV.

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 15th day of February, 2021.



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 17th day of February, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Frank Silver, MD
1900 E Desert Inn Rd
Las Vegas, NV 89169


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 21-001-CS-S
	)	
	)	
Petitioner	)	
	)	ANSWER AND
v.	)	NOTICE OF
	)	DEFENSE
FRANK P. SILVER, MD,	)	
Certificate of Registration	)	
No.s CS04120 and PD00433,	)	
	)	
<u>Respondent.</u>		

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:

That Dr. Silver formally objects 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:

1. That Dr. Silver has at all times in Nevada (since 1972) had an active (neither suspended nor revoked) medical license. He is in good standing and a valued physician with the Nevada State Board of Medical Examiners as evinced by the Attached Exhibit 1-letter dated February 23, 2021 from Mr. Robert Kilroy, Esq., General Counsel for Nevada State Board of Medical Examiners).
2. That, in answer to the Notice of Intended Action and Accusations, hereby denies and alleges as follows:
 - A. That Dr. Silver denies each and every allegation in the Notice of Intended Action and Accusation filed against him in this case.

- B. That Dr. Silver NEVER admitted to any violations contained in the Nevada Medical Board's complaint. Nevertheless, on advice of counsel and to put the matter behind him without incurring large attorney's fees in contesting the matter, Dr. Silver agreed to amicably resolve the matter pursuant to the Board's settlement agreement which only involved his paying a minimal fee, paying investigative fees, taking an additional three (3) CLE credits on Botox and fillers, and promising not to oversee a "medical spa-like facility in the future." (See Attached Exhibit 2, p. 4). Significantly, the settlement agreement reflects that even the Nevada State Medical Board allowed Dr. Silver to continue to administer Botox and other fillers within his own medical practice to his established patients. Moreover, the Board placed no limitations at all as to prescribing any medications and/or controlled substances and/or dangerous drugs to his patients when the case was settled and closed.
- C. That not only does Dr. Silver deny all allegations, but there are no known or named patients that ever complained to any board or any patient complaining of having a bad or adverse result due to any actions by Dr. Silver. Critically, the medical board's investigation into Dr. Silver was unfortunately due to the alleged actions of Sandra Bledsoe, a medical assistant during the year 2015. Further, in 2015, there were no laws prohibiting a medical assistant from injecting Botox or fillers into patients. The laws changed after 2015.
- D. That Dr. Silver asserts that if any alleged violation occurred in this case, which it did not, that the Statute of Limitations prevents this board from pursuing discipline in this matter. Furthermore, the doctrine of laches applies as Dr. Silver has been severely prejudiced by the long period of time, over six (6) years, from the time that the medical board investigators visited Dr. Silver's offices in 2015 until a complaint was filed in November of 2020. Again, over six (6) years has gone by since the alleged acts involved in the Pharmacy Board's Intention to Act in this matter occurred and because of the long period of time, files and or documents have been destroyed or taken by Sandra Bledsoe, the medical assistant.

This severely prejudices Dr. Silver and the doctrine of laches applies in this case.

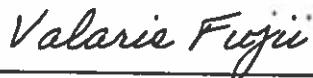
E. That Dr. Silver has practiced medicine in good standing with no issues for over fifty (50) years. Moreover, he has a current, valid, active medical license with no pending discipline with the Nevada State Board of Medical Examiners at the time of this answer.

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 28th day of Feb., 2021.


 Frank Silver, M.D.

Submitted by:



Valarie I. Fujii, Esq.

LAW OFFICE OF VALARIE I. FUJII & ASSOCIATES

"Justice For All"

704 S. 6th Street

Las Vegas, Nevada 89101

Phone: (702) 341-6464

Facsimile: (702) 734-6464

vip@Fujjilawlv.com

Exhibit 1

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director



February 23, 2021

Terri A. Robinson, Director
U.S. Citizenship and Immigration Services
U.S. Department of Homeland Security
P.O. Box 648004
Lee's Summit, MO 64002

Re: Frank P. Silver, M.D.

Greetings Director Robinson,

By way of introduction, I am Robert Kilroy, Esquire, and General Counsel to the Nevada State Board of Medical Examiners (Board) and to the Board's Investigative Committee, which was the charging party for the discipline imposed upon our licensee, Dr. Frank P. Silver (Licensee #2641).

The Board is in receipt of your "Notice of Intent to Revoke" letter, dated February 12, 2021, to Dr. Silver.

Upon review of 8 CFR 232.2(b), it appears that there is no specific language for requiring an "unrestricted" medical license for being eligible to qualify for the Civil Surgeon designation.

Dr. Silver does have an "Active-Conditions" because of the Settlement Agreement language that states he shall not engage in medical-spa related activities with unlicensed individuals, which is not a restriction per se. Rather, the aforementioned is a condition upon him, as well as all other licensees of this Board, that they (Board licensees) shall not engage in the aiding of the unlicensed to practice medicine.

Dr. Silver is currently in compliance and has promptly completed all his requirements, made all payments, and remains a valued medical provider for the State of Nevada.

Based on the aforementioned, please reconsider keeping Dr. Silver's designation as a Civil Surgeon, because he does maintain an active licensee in good standing with this Board.

Respectfully submitted,

Robert G. Kilroy, Esq., General Counsel

RGK/mb
cc: Frank Silver, M.D.

Exhibit 2

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint
Against
FRANK P. SILVER, M.D.,
Respondent.

Case No. 20-4041-1

FILED

DEC - 4 2020

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Frank P. Silver, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Valarie I. Fujii, Esq., of the Law Offices of Valarie I. Fujii & Associates, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on August 8, 1972 (License No. 2641).

2. On November 17, 2020, in Case No. 20-8462-1, the IC filed a formal First Amended Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant (Count I), and one (1) violation of NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations (Count II).

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 4. Respondent was properly served with a copy of this Complaint, has reviewed and
4 understands this Complaint, and has had the opportunity to consult with competent counsel
5 concerning the nature and significance of this Complaint.

6 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
7 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
8 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
9 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
10 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
11 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
12 Complaint, the right to representation by counsel, at his own expense, in the preparation and
13 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
14 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
15 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

16 6. Respondent understands that, under the Board's charge to protect the public by
17 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
18 license, including license probation, license suspension, license revocation and imposition of
19 administrative fines, as well as any other reasonable requirement or limitation, if the Board
20 concludes that Respondent violated one or more provisions of the Medical Practice Act.

21 7. Respondent understands and agrees that this Agreement, by and between
22 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
23 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
24 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
25 Board has the right to decide in its own discretion whether or not to approve this Agreement. If
26 the Board does not agree and approve this Agreement, then Respondent may rescind this
27 Agreement in its entirety. Respondent understands and agrees that if the Board approves this
28 Agreement, then the terms and conditions enumerated below shall be binding and enforceable

1 upon him and the Board.

2 **B. TERMS & CONDITIONS**

3 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
4 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
5 conditions:

6 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
7 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
8 forth in the Medical Practice Act.

9 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
10 Respondent acknowledges he is represented by counsel, and wishes to resolve the matters
11 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
12 matter materially changes prior to entering into this Agreement and for the duration of this
13 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
14 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
15 have a full consultation with and upon the advice of legal counsel.

16 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
17 and conditions, if the Board approves this Agreement, and all conditions, then Respondent
18 knowingly, willingly and intelligently waives all rights in connection with this administrative
19 matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under
20 the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the
21 APA, and any other legal rights that may be available to him or that may apply to him in
22 connection with the administrative proceedings resulting from the Complaint filed in this matter,
23 including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and
24 imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to
25 settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing
26 or any further proceedings and without the right to judicial review.

27 ///

28 ///

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Nevada State Board of Medical Examiners

9600 Gateway Drive

Reno, Nevada 89521

(775) 688-2539

1 4. Acknowledgement of Reasonable Basis to Proceed. As of the time of entering
2 into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent
3 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
4 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges
5 Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit
6 and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
7 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has
8 evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the
9 Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent
10 waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to
11 effectuate this Agreement.

12 5. Consent to Entry of Order. In order to resolve this Complaint pending against
13 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
14 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
15 the following terms and conditions are hereby agreed upon:

16 a. Respondent admits to Count I (NRS 630.306(1)(r), Failure to Adequately
17 Supervise Medical Assistant Medical Assistant), and Count II (NRS 630.306(1)(b)(3), Engaging in
18 Conduct That Violated Pharmacy Board Regulations).

19 b. Respondent will pay the costs and expenses incurred in the investigation
20 and prosecution of the above-referenced matter within six (6) months of the Board's acceptance,
21 adoption and approval of this Agreement, the current amount being three thousand one-hundred
22 and forty-five dollars and forty-four cents (\$3145.44), not including any costs that may be
23 necessary to finalize this Agreement. Respondent shall make six (6) monthly payments of
24 \$524.24, with the first payment due on December 18, 2020, and last payment tendered no later
25 than June 4, 2021.

26 c. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty
27 (60) days of the Board's acceptance, adoption and approval of this Agreement.

28 ///

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-3559

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims arising from the following Board Investigation #15-15840, from which involved Respondent's association with Bledsoe/VIP Faces from 2015-2018, shall be dismissed with prejudice.

g. Respondent shall take three (3) hours of continuing medical education (CME) related to best practices for injectable fillers within the next three (3) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

h. Respondent shall remain in his specialty of gynecology and infertility and with his pre-existing and established patients provide injectable fillers upon request; Respondent shall not engage in any medical spa related activities with any unlicensed individuals or entities.

6. Release From Liability. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

///

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall
2 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
3 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of
4 this Agreement, counsel for the IC may communicate directly with the Board staff and the
5 adjudicating members of the Board.

6 Respondent acknowledges that such contacts and communications may be made or
7 conducted ex parte, without notice or opportunity to be heard on his part until the public Board
8 meeting where this Agreement is discussed, and that such contacts and communications may
9 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
10 all information of every nature whatsoever related to this matter. The IC and its counsel agree that
11 Respondent and/or Counsel for the Respondent may appear at the Board meeting where this
12 Agreement is discussed and, if requested, respond to any questions that may be addressed to the
13 IC or the IC's counsel.

14 8. Effect of Acceptance of Agreement by Board. In the event the Board accepts,
15 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement
16 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed
17 and all remaining claims arising out of the Complaint shall be dismissed with prejudice. If Board
18 does not accept the settlement terms of this Agreement, then the Respondent may withdraw his
19 admissions(s) within this Agreement and may rescind the Agreement in its entirety.

20 9. Effect of Rejection of Agreement by Board. In the event the Board does not
21 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
22 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
23 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
24 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
25 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
26 this Agreement and from participating in disciplinary proceedings against Respondent, including
27 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
28 such member absent evidence of bad faith.

1 10. Binding Effect. If approved by the Board, Respondent understands that this
2 Agreement is a binding and enforceable contract upon Respondent and the Board.

3 11. Forum Selection Clause. The parties agree that in the event either party is
4 required to seek enforcement of this Agreement in district court, the parties consent to such
5 jurisdiction and agree that exclusive jurisdiction shall be in the Eighth Judicial District Court,
6 State of Nevada, Clark County.

7 12. Attorneys' Fees and Costs. The parties agree that in the event an action is
8 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
9 be entitled to recover reasonable attorneys' fees and costs.

10 13. Failure to Comply With Terms. Should Respondent fail to comply with any term
11 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
12 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
13 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
14 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
15 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
16 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).
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9600 Gateway Drive
Reno, Nevada 89521
(775) 684-2559

1 Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a
2 condition of this Agreement may subject Respondent to civil collection efforts.

3
4 DATED this 21 day of NOV, 2020.

5 INVESTIGATIVE COMMITTEE OF THE
6 NEVADA STATE BOARD OF MEDICAL EXAMINERS

7 By: 
8 Robert Kilroy, Esq., General Counsel
9 Attorney for the Investigative Committee

10
11 DATED this 24th day of November, 2020.

12 VALARIE I. FUJII & ASSOCIATES

13 Valarie Ise Fujii
14 By: Valarie I. Fujii, Esq.
15 Attorneys for Respondent

16
17 DATED this 28 day of November, 2020.

18 Frank P. Silver M.D.
19 Frank P. Silver, M.D., Respondent



Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST
FRANK P. SILVER, M.D.
SETTLEMENT AGREEMENT

Case No: 20-4041-1

Date: December 4, 2020

ADJUDICATING MEMBERS

Rachakonda D. Prahbu, M.D.
Victor M. Muro, M.D.
Weldon Havins, M.D., J.D.
Ms. Maggie Arias-Petrel
Bret W. Frey, M.D.

INDEX

1. FIRST AMENDED COMPLAINT
2. SETTLEMENT AGREEMENT

1

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 20-4041-1

Against:

FRANK P. SILVER, M.D.,

Respondent.

FILED

NOV 17 2020

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)¹ of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Frank P. Silver, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Complaint), stating the IC's charges and allegations as follows:

Respondent's Licensure Status

1. Respondent is currently licensed in active status (License No. 2641), and has been licensed by the Board since August 8, 1972. Respondent is a medical doctor specializing in gynecology and infertility. At all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

Statement of Nevada Law Applicable to "Medical Spas" and "Medical Doctors"

Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of Medicine

2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine without being licensed by the Board under NRS Chapter 630, or by another medical professional licensing board pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

///

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury and Aury Nagy, M.D.

3. Pursuant to NRS 630.020, the “practice of medicine” means either (1) to diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy, or (2) to apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions, or (3) to perform any of the acts described in subsections (1) and (2) by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States, or (4) to offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections (1) and (2).

4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and doing so is grounds for initiating disciplinary action or denying licensure.

5. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine is by delegating specific tasks to an adequately supervised and trained “medical assistant.” Pursuant to NRS 630.0129, a “medical assistant” means a person who (a) performs clinical tasks under the supervision of a physician or physician assistant; and (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; and the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

6. Pursuant to NRS 630.306(1)(r), a practitioner must supervise adequately a medical assistant, and failing to do so is grounds for initiating disciplinary action or denying licensure.

7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810(1), a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the delegating practitioner knows that the medical assistant possesses the knowledge, skill and

training to perform the task safely and properly; (b) the medical assistant is not required to be certified or licensed to perform that task; (c) the medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer; and (d) the employer of the medical assistant has complied with the requirements of subsection 2 as they relate to the task.

8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a medical assistant, except in a specific case of emergency in a rural area.²

9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a medical assistant is delegated a task which involves an “invasive procedure,”³ the delegating practitioner must be immediately available to exercise oversight in person while the medical assistant performs the task.

10. The term “medical director” is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes so-called “medical directors” to violate or circumvent the aforementioned statutes and regulations of the Medical Practice Act.

11. Accordingly, pursuant to NRS 630.400(1)(d), NRS 630.305(1)(e), and NRS 630.0129, and NAC 630.800 to NAC 630.840:

a. If a practitioner, whether by serving as a so-called “medical director” or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, then the practitioner may lawfully do so only by delegating tasks to an adequately supervised, competent and properly trained medical assistant.

² Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the delegating practitioner is physically located a significant distance from the location where the task is to be performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant. As used in NAC 630.820, “rural area” means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

³ The Medical Practice Act does not define “invasive procedure,” however, NAC 449.9733, pertaining to Medical Facilities, defines “invasive procedure” as “a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument,”

b. If a practitioner, whether by serving as a so-called “medical director” or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, and if the practitioner has not done so by delegating specific tasks to an adequately supervised, competent and properly trained medical assistant, then: (1) that unlicensed person has violated NRS 630.400(1)(d), by practicing medicine without a license; and (2) that practitioner has violated NRS 630.305(1)(e), and is subject to discipline for aiding and assisting the unlicensed practice of medicine.

c. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called “medical director” or by some other relationship or circumstance, then the practitioner remains professionally responsible for the safety and performance of each task, and remains professionally responsible for ensuring that the proper employment relationships exist, that the medical assistant is properly knowledgeable, trained and skilled, that the medical assistant is adequately supervised, and that the practitioner is nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then he or she must be immediately available to exercise oversight in person while the medical assistant performs the task.

d. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called “medical director” or by some other relationship or circumstance, and if the practitioner fails to adequately supervise that medical assistant as required under the circumstances, then that physician or physician assistant has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

Cosmetologists, “Medical Spas,” “Medical Estheticians,” & Unlicensed Practice of Medicine

12. Pursuant to NRS 644A.030, a licensed “cosmetologist” is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetological services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of electrolysis, depilatories, waxing, or sugaring, except for the permanent removal of hair with needles,

manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services. Likewise, pursuant to NRS 644A.065, a licensed “esthetician” is not authorized to practice medicine in any way. Instead, pursuant to NRS 644A.075, a licensed esthetician is licensed to engage in “[b]eautifying, massaging, cleansing or stimulating the skin of the human body by the use of cosmetic preparations, antiseptics, tonics, lotions or creams or any device, electrical or otherwise, for the care of the skin,” “[a]pplying cosmetics, eyelash extensions or eyelashes to any person, tinting eyelashes and eyebrows, eyelash perming and lightening hair on the body,” and “[r]emoving superfluous hair from the body of any person by the use of depilatories, waxing, tweezers or sugaring.”

13. Pursuant to NAC 644A.790 a cosmetologist and esthetician is further explicitly prohibited from performing “invasive procedures,” which is defined as “an act that affects the structure or function of the skin other than the uppermost layers of the skin,” and which for the sake of regulating the practice of cosmetologists and estheticians includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

14. There is no such license as “medical esthetician”⁴ or “medical cosmetologist” authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. The term “medical esthetician” is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes cosmetologists or estheticians to violate or circumvent the aforementioned statutes and regulations of the Nevada Medical Practice Act by referring to themselves as “medical estheticians” or “medical cosmetologists.”⁵

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⁴ Esthetician is sometimes spelled “aesthetician.” Nevada law in NRS Chapter 644A refers to “esthetician,” and, accordingly, this spelling is used throughout this Complaint.

⁵ In fact, use of the title “medical esthetician” or “medical cosmetologist” by individuals licensed by the Nevada State Board of Cosmetology (NSBC) is prohibited in Nevada. It is grounds for disciplinary action by the NSBC if a licensee uses the term “expert,” “advanced,” or “medical” in connection with the description of his or her practice. *See* NAC 644A.870(2).

15. Accordingly, a Nevada licensed cosmetologist or esthetician may not practice medicine in any way, or perform invasive medical procedures or medical services of any kind, except as a “medical assistant” to a Nevada licensed medical professional, i.e., either as the medical assistant of a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800 to NAC 630.830, as described above, or similarly as another type of professional “assistant,” “hygienist,” “technician,” or other such designation, who is delegated tasks by and under the direct supervision of another medical professional who is duly licensed pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

16. If a cosmetologist or esthetician practices or purports to practice medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic Devices

17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

18. Pursuant to NRS 454.201, a “dangerous drug” is “any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, the following, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: ‘Rx Only’; (2) procaine hydrochloride with preservatives and stabilizers (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State Board of Health for manufacture in this State but have not been approved as drugs by the Food and Drug Administration; or (3) any drug which, pursuant to the Board’s regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.”

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19. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal prescription or by a practitioner.

20. Pursuant to NRS 454.009, a "hypodermic" device is "any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection."

21. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her possession or under his or her control any hypodermic device (that is restricted by federal law to sale by or on the order of a physician), unless the person has acquired possession of such device in accordance with the provisions of NRS 454.480 to NRS 454.530, inclusive, that is, by sale from a licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

22. Accordingly, pursuant to NRS 454.009, NRS 454.201, NRS 454.316, NRS 454.321 and NRS 454.510, a Nevada licensed cosmetologist and/or aesthetician is not permitted by Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a medical assistant under the direct supervision of a Nevada licensed physician, physician assistant, or other licensed medical professional, and then only if otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

23. NAC 639.742(1) provides that a practitioner who wishes to dispense dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense dangerous drugs.

24. NAC 639.742(2) provides that if a facility from which the practitioner intends to dispense dangerous drugs is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Pharmacy Board for a license to do so.

25. NAC 639.742(3) provides, in pertinent part, that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745.⁶
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;
- (g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient.
- (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

⁶ NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727) 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall: (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include: (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address; (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug; (3) The directions for use; (4) The date the prescription was issued; and (5) A unique identifying number. (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480. (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. (d) Ensure that each package or container, in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801. (e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements. (f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section. 2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing. 3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is: (a) Maintained on paper, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location. (a) Maintained in a computer, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

26. NAC 639.742(4)(a) to NAC 639.742(b) provides, in part, that with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

27. NAC 639.945(1) provides, in pertinent part, that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
- (2) The name of the practitioner granting the permission;
- (3) The name of the person obtaining the permission;
- (4) The name of the drug dispensed; and
- (5) The name of the manufacturer or distributor of the drug

(c) Using secret formulas.

(d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license,

certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner of a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

28. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

29. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations, a bona-fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

30. Accordingly, any physician or physician assistant who—whether by serving as a so-called “medical director” of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any “medical spa” wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)–(3), (4)(a)–(b), or 639.945(1)–(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

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Respondent's Medical Directorship of Sandra Bledsoe

31. At all relevant times alleged herein, Respondent was an OB/GYN in Las Vegas, Nevada.

32. On or about July 15, 2015, Respondent entered into an agreement (Agreement) with an individual identified as Sandra Bledsoe (Bledsoe). This Agreement allowed Bledsoe to inject Botox, Juvaderm and B12 Vitamin Complex to cosmetic clients, and Respondent acted as supervising physician/Medical Director for VIP Faces, located at 1900 East Desert Inn Road, Las Vegas, Nevada 89169, which was located within the offices of the Desert Inn Women's Clinic. Desert Inn Medical Center owned and operated Desert Inn Women's Clinic at that time. This Agreement provided VIP Faces would pay Desert Inn Medical Center one thousand dollars (\$1,000.00) per month for utilization of two rooms for VIP Faces to perform cosmetic injections using Botox and Juvederm. Also, VIP Faces agreed to refer to Respondent weight loss patients if requested by the client. As Medical Director of VIP Faces, Respondent would examine some, but not all, of VIP Faces clients.

33. On February 24, 2016, the Board's investigators and investigators from the Pharmacy Board inspected VIP Faces located at 1900 E. Desert Inn Road, Las Vegas, NV. Bledsoe was not present during this inspection. However, Respondent was present and stated the following: that he was the supervising physician/Medical Director of VIP Faces, which was owned by Bledsoe, whom he had known for about a year. Unlike his other OB-GYN patients, Respondent did not have a physician-patient relationship with Bledsoe's VIP Faces cosmetic patients. Respondent also stated that he did not examine Bledsoe's cosmetic patients and saw them as they came out of VIP Faces rooms. Respondent did not establish a bona-fide medical relationship with Bledsoe's clients unless they requested other medical care, such as weight loss or gynecology. If a client requested a weight-loss program, then Respondent would examine the patient and prescribe Phentermine as part of their weight loss program. Inspectors found in a refrigerator one used vial of Botox one hundred (100) units with approximately fifty (50) units remaining and two more unopened boxes of Botox units. Respondent admitted that he allowed Bledsoe to act like a medical assistant in ordering products from drug makers Allergan and

McKesson utilizing Respondent's DEA number, but did not know exactly how much Bledsoe was ordering for VIP Faces' use or her own personal use.

34. Bledsoe routinely injected clients with Botox, and Juvederm without Respondent's medical supervision, and without Respondent's medical orders or instructions. Bledsoe also injected B-12 vitamin for clients after approval by Respondent. VIP Faces held itself out to the public as a "medical spa" "specializing" in injectable cosmetic procedures and "medical" weight-loss.

35. Respondent was not a manager, agent, officer or employee of VIP Faces.

36. Respondent had no ownership or member interest in VIP Faces, but he had a contractual authority, pursuant to the aforementioned Agreement. Respondent had a statutory duty to manage the medical-related affairs of VIP Faces in compliance with the Medical Practice Act.

37. Neither Bledsoe nor other independent contractors of VIP Faces were employed by Respondent during the time Respondent served as Medical Director of VIP Faces.

38. At all times relevant to the facts alleged herein, neither Bledsoe, nor her independent contractors of VIP Faces were licensed by any Nevada professional licensing board pursuant to NRS chapters 630 to 637, inclusive, 639 or 640 or licensed to practice medicine in the State of Nevada.

39. Other than Respondent as Medical Director no person in any way affiliated with VIP Faces held a medical license issued by the Nevada Medical Board.

40. Bledsoe was neither a Nevada licensed cosmetologist nor a Nevada licensed esthetician.

41. During Respondent's supervision as Medical Director pursuant to the Agreement, VIP Faces' records failed to indicate that Respondent adequately supervised, contacted or consulted Bledsoe.

42. Respondent has been licensed in active status (License No. PD00433) by the Pharmacy Board since September 12, 2013, to dispense prescription drugs at the following location: 1900 E. Desert Inn Road, Suite B, Las Vegas, Nevada 89169.

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43. Respondent prescribed prescription-strength Botox; the aforementioned drugs and hypodermic devices are available only by prescription, and are dangerous drugs as defined by NRS 454.201. However, Respondent failed to supervise the amounts ordered and received by VIP Faces, as Bledsoe solely controlled their possession.

44. As a result, Respondent, negligently through his lack of supervision, provided the aforementioned dangerous drugs and hypodermic devices in the sole possession, custody and control to Bledsoe.

45. During Respondent's agreement as Medical Director of VIP Faces, Bledsoe provided medical treatment, and/or prescriptions, and/or administered dangerous drugs, and/or utilized hypodermic devices, to VIP Faces' patients.

46. During Respondent's supervision pursuant to the Agreement, the conduct by Bledsoe constitutes the practice of medicine in Nevada.

47. During Respondent's supervision pursuant to the Agreement on the date of inspection, VIP Faces' medical records contained no entries for patient history, notes, examination findings, procedures performed, or therapeutic procedures performed by Respondent, unless the patient was referred by VIP Faces for weight loss or other gynecological procedures.

48. During Respondent's supervision pursuant to the Agreement, Bledsoe at her discretion, ordered Botox and Juvederm prescribed by Respondent for utilization at VIP Faces without adequate supervision by Respondent.

49. Botox and Juvederm were stored in a secure, locked room or cabinet to which the Respondent and Bledsoe had access to. Respondent did not supervise Bledsoe's access to these dangerous drugs and/or hypodermic devices.

50. Botox is introduced hypodermically, that is, subcutaneously.

51. During Respondent's supervision as Medical Director pursuant to the Agreement, Bledsoe injected the aforementioned dangerous drugs and utilized hypodermic devices without a dispensing license as required by the Pharmacy Board.

52. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent was not always present when Bledsoe injected the aforementioned dangerous drugs.

53. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent neither received personally nor accounted for personally the dangerous drugs and/or hypodermic devices utilized for injections administered by Bledsoe.

a. The dangerous drugs and the use of hypodermic devices were not dispensed in accordance with NAC 639.745. Respondent did not have a bona-fide therapeutic relationship with some of the VIP Faces patients at issue.

b. Respondent personally did not inject the drugs dispensed in VIP Faces' two rooms, Respondent failed to assure through supervision that they were dispensed only for medically necessary purposes and according to prevailing standards of care, nor did he assure that a certificate for each dispensing technician employed at the facility was displayed in the room or cabinet in which drugs were stored.

54. Respondent failed to adequately supervise Bledsoe to ensure that she possessed the knowledge, skill, and training to perform injections on clients and/or patients safely and properly.

COUNT I

NRS 630.306(1)(r): Failure to Adequately Supervise

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. NRS 630.306(1)(r) provides that a failure to supervise adequately a medical assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action against a licensee.

57. By the conduct described herein, Respondent failed to supervise adequately, or supervise properly Bledsoe, and any contractors of VIP Faces in their performance of medical tasks as Medical Director pursuant to the Agreement.

58. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT II

NRS 630.306(1)(b)(3): Engaging in Conduct That Violated Pharmacy Board Regulations

59. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

60. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action against a licensee.

61. By the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including, but not limited to NAC 639.742(1)–(3), (4)(a)–(b), 639.945(1)–(3).

62. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Nevada State Board of Medical Examiners determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Nevada State Board of Medical Examiners make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and,

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1 5. That the Nevada State Board of Medical Examiners take such other and further
2 action as may be just and proper in these premises.

3 Dated this 7 day of November, 2020.

4 INVESTIGATIVE COMMITTEE OF THE
5 NEVADA STATE BOARD OF MEDICAL EXAMINERS

6 By: 
7 Robert Kilroy, Esq., J.D., General Counsel
8 Attorney for the Investigative Committee
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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 17 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

M. Neil Duxbury

M. Neil Duxbury, Chairman

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 17th day of November, 2020, I served a file-stamped copy of the foregoing **FIRST AMENDED COMPLAINT**, via Electronic Mail to the following parties:

Valerie I. Fujii, Esq.
c/o Frank P. Silver, M.D.
Law Offices of Valerie I. Fujii & Associates
val@fujii-lawlv.com

DATED this 17th day of November, 2020.


Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

**In the Matter of Charges and Complaint
Against
FRANK P. SILVER, M.D.,
Respondent.**

Case No. 20-4041-1

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Frank P. Silver, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Valarie I. Fujii, Esq., of the Law Offices of Valarie I. Fujii & Associates, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on August 8, 1972 (License No. 2641).

2. On November 6, 2020, in Case No. 20-8462-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant (Count I), and one (1) violation of NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations (Count II).

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

1 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 4. Respondent was properly served with a copy of this Complaint, has reviewed and
4 understands this Complaint, and has had the opportunity to consult with competent counsel
5 concerning the nature and significance of this Complaint.

6 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
7 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
8 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
9 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
10 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
11 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
12 Complaint, the right to representation by counsel, at his own expense, in the preparation and
13 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
14 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
15 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

16 6. Respondent understands that, under the Board's charge to protect the public by
17 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
18 license, including license probation, license suspension, license revocation and imposition of
19 administrative fines, as well as any other reasonable requirement or limitation, if the Board
20 concludes that Respondent violated one or more provisions of the Medical Practice Act.

21 7. Respondent understands and agrees that this Agreement, by and between
22 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
23 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
24 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
25 Board has the right to decide in its own discretion whether or not to approve this Agreement. If
26 the Board does not agree and approve this Agreement, then Respondent may rescind this
27 Agreement in its entirety. Respondent understands and agrees that if the Board approves this
28 Agreement, then the terms and conditions enumerated below shall be binding and enforceable

1 upon him and the Board.

2 **B. TERMS & CONDITIONS**

3 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
 4 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
 5 conditions:

6 1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a
 7 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
 8 forth in the Medical Practice Act.

9 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**.
 10 Respondent acknowledges he is represented by counsel, and wishes to resolve the matters
 11 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
 12 matter materially changes prior to entering into this Agreement and for the duration of this
 13 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 14 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 15 have a full consultation with and upon the advice of legal counsel.

16 3. **Waiver of Rights**. In connection with this Agreement, and the associated terms
 17 and conditions, if the Board approves this Agreement, and all conditions, then Respondent
 18 knowingly, willingly and intelligently waives all rights in connection with this administrative
 19 matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under
 20 the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the
 21 APA, and any other legal rights that may be available to him or that may apply to him in
 22 connection with the administrative proceedings resulting from the Complaint filed in this matter,
 23 including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and
 24 imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to
 25 settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing
 26 or any further proceedings and without the right to judicial review.

27 ///

28 ///

4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order.** In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I (NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant), and Count II (NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations).

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within six (6) months of the Board's acceptance, adoption and approval of this Agreement, the current amount being three thousand one-hundred and forty-five dollars and forty-four cents (\$3145.44). not including any costs that may be necessary to finalize this Agreement. Respondent shall make six (6) monthly payments of \$524.24, with the first payment due on December 18, 2020, and last payment tendered no later than June 4, 2021.

c. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

///

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims arising from the following Board Investigation #15-15840, from which involved Respondent's association with Bledsoe/VIP Faces from 2015-2018, shall be dismissed with prejudice.

g. Respondent shall take three (3) hours of continuing medical education (CME) related to best practices for injectable fillers within the next three (3) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

h. Respondent shall remain in his specialty of gynecology and infertility and with his pre-existing and established patients provide injectable fillers upon request; Respondent shall not engage in any medical spa related activities with any unlicensed individuals or entities.

6. Release From Liability. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

///

7. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board.** In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice. If Board does not accept the settlement terms of this Agreement, then the Respondent may withdraw his admissions(s) within this Agreement and may rescind the Agreement in its entirety.

9. **Effect of Rejection of Agreement by Board.** In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Agreement and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

1 **10. Binding Effect.** If approved by the Board, Respondent understands that this
 2 Agreement is a binding and enforceable contract upon Respondent and the Board.

3 **11. Forum Selection Clause.** The parties agree that in the event either party is
 4 required to seek enforcement of this Agreement in district court, the parties consent to such
 5 jurisdiction and agree that exclusive jurisdiction shall be in the Eighth Judicial District Court,
 6 State of Nevada, Clark County.

7 **12. Attorneys' Fees and Costs.** The parties agree that in the event an action is
 8 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 9 be entitled to recover reasonable attorneys' fees and costs.

10 **13. Failure to Comply With Terms.** Should Respondent fail to comply with any term
 11 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 12 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 13 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
 14 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
 15 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
 16 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 21 day of NOV, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

DATED this 24th day of November, 2020.

VALARIE I. FUJII & ASSOCIATES

By: *Valarie Ise Fujii*
Valarie I. Fujii, Esq.
Attorneys for Respondent

DATED this 28 day of November, 2020.

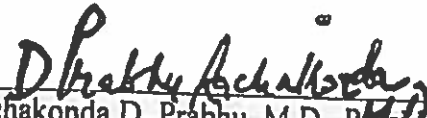

Frank P. Silver, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED, that the foregoing Settlement Agreement (Case No. 20-4041-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of December, 2020, with the final total amount of costs due of three thousand one hundred forty-five dollars and forty-four cents (\$3,145.44)

DATED this 4th day of December, 2020.


Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

5C



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ROSE PARIZO, APRN,
Certificate of Registration No. CS26820,**

Respondent.

Case No. 18-062-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/or 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 events alleged herein, Respondent Rose Parizo, APRN held a controlled substance registration, Certificate of Registration No. CS26820, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent was the medical director of Aesthetics Medspa and Training (Aesthetics), located at 6295 Sharlands Avenue #1, Reno, Nevada, at the time of the events alleged herein.

3. Jasmine Wells (Wells) owns and operates Aesthetics. Wells is licensed as an Esthetician (License No. A-3199). Wells is not licensed as a practitioner in Nevada.

4. Aesthetics employed Jessica Hope Smith, RN (Smith), Nevada License No. 831474.

5. Respondent permitted Wells and Smith to act under her authority as a practitioner to operate Aesthetics and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs, specifically to perform cosmetic injections of Botox, Kybella, Juvaderm, Hylenex, Cyanocobalamin, and other dangerous drugs, and to perform topical administration of Latisse, lidocaine and other dangerous drugs, to patients who had not been examined by a practitioner.

6. Respondent permitted Wells and Smith to administer the aforementioned dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without her direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary.

7. With Respondent's knowledge and authorization, Wells and Smith provided on-site medical treatment to patients, including the administration of the aforementioned dangerous drugs through cosmetic injections and topical administration, without direct practitioner supervision.

8. Respondent permitted Wells and Smith to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and administer dangerous drugs to patients without her supervision.

9. Respondent permitted Wells and Smith to counsel patients regarding their medical treatment, including the administration of the aforementioned dangerous drugs.

10. Respondent permitted unrestricted and unsecured access to her stock of dangerous drugs at Aesthetics and failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs.

APPLICABLE LAW

11. No person may purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356.

12. A practitioner can give a registered nurse (RN) limited authority to possess and administer dangerous drugs pursuant to NRS 454.213(1)(c), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, *at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse*, or pursuant to a chart order, for administration to a patient at another location.

NRS 454.213(1)(a) (*emphasis added*); *see also* NRS 639.100(1).

Any person who fraudulently represents himself or herself to be a practitioner is guilty of a misdemeanor. NRS 639.281(1).

13. All controlled substances and dangerous drugs which are in the possession of an advanced practice registered nurse must be kept in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. NAC 639.898(1).

14. It is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d).

15. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

16. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant

to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Performing any duties as the holder of a controlled substance 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).

18. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

19. Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a *bona fide* therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

21. 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).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

22. By permitting Wells and Smith to act under her authority as a practitioner to operate Aesthetics and to purchase, access, store, possess, administer, furnish and/or dispense

dangerous drugs to patients, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

23. By permitting Wells and Smith to act under her authority as a practitioner to operate Aesthetics and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients, Respondent performed her duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

24. By permitting Wells under her authority as a practitioner to operate Aesthetics and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients, Respondent aided and abetted Wells in unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Unlawful Administration of Dangerous Drugs Without Bona Fide Therapeutic Relationship

25. By permitting Wells and Smith to act under her authority as a practitioner to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without her direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent engaged in unprofessional conduct and conduct

contrary to the public interest as defined in NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Violations of State Law – Unlawful Administration of Dangerous Drugs

26. By permitting Wells and Smith to act under her authority as a practitioner to operate Aesthetics and permitting Wells and Smith to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without her direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SIXTH CAUSE OF ACTION

Violations of State Law – Aiding and Abetting Unlicensed Practice

27. By permitting Wells to act under her authority as a practitioner to operate Aesthetics and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients, Respondent aided and abetted Wells in unlicensed practice in violation of NRS 639.281(1) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

SEVENTH CAUSE OF ACTION

Violations of State Law - Failure to Properly Store and Secure Drugs

28. By permitting unrestricted and unsecured access to her stock of dangerous drugs at Aesthetics and failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs, Respondent violated NRS 639.282(1)(d), NAC 639.601(1) and NAC 639.898(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

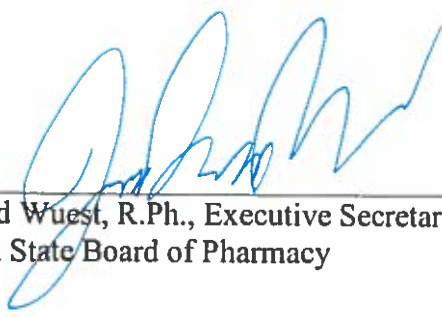
EIGHTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

29. By her actions as alleged herein, Respondent has committed acts that render her registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, 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 15th day of February, 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 of two 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,

CASE NOS. 18-062-CS-N

Petitioner,

v.

**ROSE PARIZO, APRN,
Certificate of Registration No. CS26820,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

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 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 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, April 14, 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

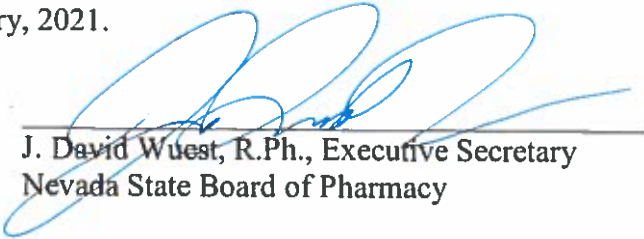
IV.

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 15th day of February, 2021.



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 17th day of February, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rose Parizo, APRN
639 Isbell Road Suite 380
Reno, NV 89509



SHIRLEY HUNTING

MAR 16 2021

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,) CASE NO. 18-062-CS-N

Petitioner,)

v.)

ROSE PARIZO, APRN,
Certificate of Registration No. CS26820)

Respondent.)

ANSWER AND NOTICE OF DEFENSE

Respondent ROSE PARIZO, APRN, through her representative, Kevin Lazar, Esq., of Ford, Walker, Haggerty & Behar, in answer to the Notice of Intended Action ("Notice"), states as follows:

By reference, Respondent incorporates "Exhibit A" to the Answer, which is a statement from Respondent to the Nevada Pharmacy Board regarding the allegations and admissions contained in the Notice and Answer. Respondent also incorporates "Exhibit B" to the Answer, which are reference letters from Respondent's supervisor in the Air Force, Militza T. Echeona RN MSN, Lt Col/Chief Nurse; Respondent's co-workers in the Air Force, Angela K. Smart, RN BSN, MAJ/NC/USAFR (Mil), and Erin A. Pate, MSN, RN, CCRN.

JURISDICTION

1. Admit.

FACTUAL ALLEGATIONS

2. Admit that Respondent was the medical director of Aesthetics Medspa at the time of the events alleged herein; however, Respondent voluntarily resigned from that position.

3. Respondent believes that the allegations contained herein are true, and hereby admits the same on information and belief.

4. Respondent believes that the allegations contained herein are true, and hereby admits

1 the same on information and belief.

2 5. Respondent admits that she permitted Smith to act under her authority as a
3 practitioner to access, store, possess, administer, furnish and/or dispense medications, specifically to
4 perform cosmetic injections of Botoz, Kybella, Juvaderm, Hylenex, Cyanocobalamin, and other
5 medications to patients that had not been examined by Respondent. Respondent also admits she
6 permitted Wells to act under her authority as a practitioner to operate Aesthetics and to purchase,
7 access, store, and possess medications. Respondent denies that Smith purchased medications or
8 operated Aesthetics. Respondent also denies that she permitted Wells to act under her authority as a
9 practitioner to administer or dispense any medications. Respondent admits that Wells did
10 administer Botox medications to volunteers when Wells was teaching Respondent and Smith how to
11 perform said procedures, but Wells did not administer medications to patients as part of her duties
12 and when Respondent was not present to the best of Respondent's knowledge.

13 6. Respondent admits the allegations as they pertain to Smith. Respondent denies the
14 allegations as they pertain to Wells. Respondent admits that Wells did administer Botox
15 medications to volunteers when Wells was teaching Respondent and Smith how to perform said
16 procedures, but Wells did not administer medications to patients as part of her duties and when
17 Respondent was not present.

18 7. Respondent admits the allegations as they pertain to Smith. Respondent denies the
19 allegations as they pertain to Wells. Respondent admits that Wells did administer Botox
20 medications to volunteers when Wells was teaching Respondent and Smith how to perform said
21 procedures, but Wells did not administer medications to patients as part of her duties and when
22 Respondent was not present to the best of Respondent's knowledge.

23 8. Respondent admits that she allowed Wells to purchase, access, store, and possess
24 medications. Respondent admits that she allowed Smith to access, store, possess, administer,
25 furnish and/or dispense medications and administer medications to patients without her direct
26 supervision at the time. Respondent would supervise Smith in other ways, but not directly with
27 every patient. Smith was to contact Respondent prior to administering medications if she had any
28 questions or concerns, or a patient with complex circumstances. Respondent denies that Wells

administered, furnished and/or dispensed and administered the medications. Respondent admits that Wells did administer Botox medications to volunteers when Wells was teaching Respondent and Smith how to perform said procedures, but Wells did not administer medications to patients as part of her duties and when Respondent was not present to the best of Respondent's knowledge. Respondent denies that Smith purchased the medications.

9. Respondent admits that she permitted Smith to counsel patients regarding their treatment, including the administration of the mentioned medications. Respondent denies that she permitted Wells to counsel patients regarding their medical treatment or administer the medications. Respondent admits that Wells did administer Botox medications to volunteers when Wells was teaching Respondent and Smith how to perform said procedures, but Wells did not administer medications to patients as part of her duties and when Respondent was not present to the best of Respondent's knowledge.

10. Respondent denies the allegations contained in this Paragraph.

APPLICABLE LAW

11. This Paragraph is a conclusion of law, and therefore requires no response.

12. This Paragraph is a conclusion of law, and therefore requires no response.

13. This Paragraph is a conclusion of law, and therefore requires no response.

14. This Paragraph is a statement/conclusion of law, and therefore requires no response.

15. This Paragraph is a statement/conclusion of law, and therefore requires no response.

16. This Paragraph is a statement/conclusion of law, and therefore requires no response.

17. This Paragraph is a statement/conclusion of law, and therefore requires no response.

18. This Paragraph is a statement/conclusion of law, and therefore requires no response.

19. This Paragraph is a statement/conclusion of law, and therefore requires no response.

20. This Paragraph is a statement/conclusion of law, and therefore requires no response.

21. This Paragraph is a statement/conclusion of law, and therefore requires no response.

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

22. Respondent states that all allegations contained in this Paragraph are conclusions of

1 law, and therefore do not require a response. To the extent that any of the allegations continued
2 herein are deemed to be allegations of fact, Respondent admits that she allowed Smith to act under
3 her authority as a practitioner to access, store, possess, administer, furnish and/or dispense
4 medications to patients. Respondent admits that she allowed Wells to act under her authority as a
5 practitioner to operate Aesthetics and to purchase, access, store, and possess medications.
6 Respondent denies that she allowed Smith to purchase medications. Respondent admits that Wells
7 did administer Botox medications to volunteers when Wells was teaching Respondent and Smith
8 how to perform said procedures, but Wells did not administer medications to patients as part of her
9 duties and when Respondent was not present to the best of Respondent's knowledge.

10 Respondent denies that she was a party to a fraudulent or deceitful practice or transaction
11 and/or that she engaged in unprofessional conduct. If the Board determines that Respondent was a
12 party to a fraudulent or deceitful practice or transaction and/or that she engaged in unprofessional
13 conduct, Respondent denies that she did so intentionally and/or knowingly. Respondent believed
14 that she was allowed to delegate certain assessment and treatment abilities with medications to
15 Smith as an RN based on similarities of patients and procedures, and that delegation was appropriate
16 when the patient did not have unique circumstances that would require Respondent's personal new
17 assessment and review prior to treatment. Respondent believes that Smith and Wells both had
18 certificates in the use of Botox and were therefore allowed to administer the same.

19 Respondent also believed that she was allowed to permit Wells to operate Aesthetics and
20 purchase, access, store, and possess the medications. Respondent believed that Wells as the owner
21 of Aesthetics could help purchase and store the medications. Any violations of NAC 639.945(1)(h)
22 by Respondent were not intentional and Respondent was not intentionally a party to fraudulent or
23 deceitful conduct and Respondent did not intentionally engage in unprofessional conduct.

24 SECOND CAUSE OF ACTION

25 **Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

26 23. Respondent states that all allegations contained in this Paragraph are conclusions of
27 law, and therefore do not require a response. To the extent that any of the allegations continued
28 herein are deemed to be allegations of fact, Respondent admits that she allowed Smith to act under

1 her authority as a practitioner to access, store, possess, administer, furnish and/or dispense
2 medications to patients. Respondent admits that she allowed Wells to act under her authority as a
3 practitioner to operate Aesthetics and to purchase, access, store, and possess medications.
4 Respondent denies that she allowed Smith to purchase medications. Respondent denies that she
5 allowed Wells to administer, furnish and/or dispense medications to patients. Respondent admits
6 that Wells did administer Botox medications to volunteers when Wells was teaching Respondent
7 and Smith how to perform said procedures, but Wells did not administer medications to patients as
8 part of her duties and when Respondent was not present to the best of Respondent's knowledge.

9 Respondent denies she acted in an incompetent, unskillful or negligent manner or engaged in
10 unprofessional conduct. If the Board decides that she did so, Respondent denies that she did so
11 intentionally or with knowledge. Respondent believed that she was allowed to delegate certain
12 assessment and treatment abilities with medications to Smith as an RN based on similarities of
13 patients and procedures, and that the delegation was appropriate when the patient did not have
14 unique circumstances that would require Respondent's personal assessment and review prior to
15 treatment. Smith was supposed to contact Respondent if she needed a consult or had any concerns.
16 Respondent believed that the patients were being well treated and receiving proper medical
17 treatment and believes that Smith had a certificate in the use of Botox. If Respondent violated the
18 provisions of the cited laws, she did so unintentionally and without knowledge of the fact that she
19 was doing so.

20 THIRD CAUSE OF ACTION

21 **Unprofessional Conduct – Aiding and Abetting Unlicensed Practice**

22 24. Respondent states that all allegations contained in this Paragraph are conclusions of
23 law, and therefore do not require a response. To the extent that any of the allegations continued
24 herein are deemed to be allegations of fact, Respondent admits that she allowed Wells under her
25 authority as practitioner to operate Aesthetics and to purchase, access, store, and possess
26 medications. Respondent denies that she allowed Wells to furnish and/or dispense medications to
27 patients or administer medications. Respondent admits that Wells did administer Botox medications
28 to volunteers when Wells was teaching Respondent and Smith how to perform said procedures, but

1 Wells did not administer medications to patients as part of her duties and when Respondent was not
2 present to the best of Respondent's knowledge.

3 Respondent denies that she aided and abetted unlicensed practice. If the Board decides
4 otherwise, Respondent denies that she violated this provision intentionally and/or knowingly.
5 Respondent believed that she was allowed to permit Wells to operate Aesthetics and purchase,
6 access, store, and possess the medications. Respondent believed that Wells as the owner of
7 Aesthetics could help purchase and store the medications. Respondent believed that Wells could
8 administer Botox in her presence, as Respondent believes that Wells obtained a certificate in the use
9 of Botox which allowed such administration. Respondent did not allow Wells to administer Botox
10 not in her presence.

11 **FOURTH CAUSE OF ACTION**

12 **Unprofessional Conduct – Unlawful Administration of Dangerous Drugs** 13 **Without Bona Fide Therapeutic Relationship**

14 25. Respondent states that all allegations contained in this Paragraph are conclusions of
15 law, and therefore do not require a response. To the extent that any of the allegations continued
16 herein are deemed to be allegations of fact, Respondent admits that she allowed Smith to act under
17 her authority as a practitioner to administer medications to patients with whom Respondent had not
18 established a bona fide therapeutic relationship before respondent had examined the patients and
19 without her direct supervision, and for whom Respondent had neither diagnosed or determined that
20 a medication was medically necessary. Respondent denies that she allowed Wells to administer
21 medications to patients. Respondent admits that Wells did administer Botox medications to
22 volunteers when Wells was teaching Respondent and Smith how to perform said procedures, but
23 Wells did not administer medications to patients as part of her duties and when Respondent was not
24 present to the best of Respondent's knowledge.

25 Respondent denies she engaged in the unlawful administration of dangerous drugs. If the
26 Board finds otherwise, Respondent denies that she did so intentionally and/or knowingly.
27 Respondent believed that she was allowed to delegate certain assessment and treatment abilities
28 with medications to Smith as an RN based on similarities of patients and procedures, and that
delegation was appropriate when the patient did not have unique circumstances that would require

1 Respondent's personal new assessment and review prior to treatment. Respondent believes Smith
2 had a certificate in the use of Botox and was allowed to administer the same. Smith was supposed
3 to contact Respondent if she needed a consult or had any concerns. Respondent would review the
4 medical charts and treatments after the fact to supervise the treatment that had already been
5 provided. Respondent did not knowingly or intentionally violate any law/rules.

6 **FIFTH CAUSE OF ACTION**

7 **Violations of State Law – Unlawful Administration of Dangerous Drugs**

8 26. Respondent states that all allegations contained in this Paragraph are conclusions of
9 law, and therefore do not require a response. To the extent that any of the allegations continued
10 herein are deemed to be allegations of fact, Respondent admits that she allowed Smith to act under
11 her authority as a practitioner to access, store, possess, administer, furnish and/or dispense
12 medications to patients. Respondent admits that she allowed Wells to act under her authority as a
13 practitioner to operate Aesthetics and to purchase, access, store, and possess medications.
14 Respondent denies that she allowed Smith to purchase medications. Respondent denies that she
15 allowed Wells to administer, furnish and/or dispense medications to patients. Respondent admits
16 that Wells did administer Botox medications to volunteers when Wells was teaching Respondent
17 and Smith how to perform said procedures, but Wells did not administer medications to patients as
18 part of her duties and when Respondent was not present to the best of Respondent's knowledge.

19 Respondent denies that she assisted or conspired to violate the law by allowing the unlawful
20 administration of dangerous drugs. If the Board decides otherwise, Respondent denies that she did
21 so intentionally and/or knowingly. Respondent believed that she was allowed to delegate certain
22 assessment and treatment abilities with medications to Smith as an RN based on similarities of
23 patients and procedures, and that delegation was appropriate when the patient did not have unique
24 circumstances that would require Respondent's personal new assessment and review prior to
25 treatment. Smith was supposed to contact Respondent if she needed a consult or had any concerns.
26 Respondent believed that the patients were being well treated and receiving proper medical
27 treatment. Smith has a certificate in the use of Botox, which Respondent believed provided her with
28 authority to administer the medication.

Respondent also believed that she was allowed to permit Wells to operate Aesthetics and purchase, access, store, and possess the medications. Respondent believed that Wells as the owner of Aesthetics could help purchase and store the medications. Respondent also believes that Wells had a certificate in the use of Botox. Any violations of NAC 639.945(1)(h) by Respondent were not intentional and Respondent was not intentionally a party to fraudulent or deceitful conduct and Respondent did not intentionally engage in unprofessional conduct.

SIXTH CAUSE OF ACTION

Violations of State Law – Aiding and Abetting Unlicensed Practice

27. Respondent states that all allegations contained in this Paragraph are conclusions of law, and therefore do not require a response. To the extent that any of the allegations continued herein are deemed to be allegations of fact, Respondent admits that she allowed Wells under her authority as practitioner to operate Aesthetics and to purchase, access, store, and possess medications. Respondent denies that she allowed Wells to furnish and/or dispense medications to patients or administer medications. Respondent admits that Wells did administer Botox medications to volunteers when Wells was teaching Respondent and Smith how to perform said procedures, but Wells did not administer medications to patients as part of her duties and when Respondent was not present to the best of Respondent's knowledge.

Respondent denies aiding and abetting unlicensed practice. If the Board decides otherwise, Respondent did not do so knowingly and/or intentionally. Respondent believed that she was allowed to permit Wells to operate Aesthetics and purchase, access, store, and possess the medications. Respondent believed that Wells as the owner of Aesthetics could help purchase and store the medications.

SEVENTH CAUSE OF ACTION

Violations of State Law – Failure to Properly Store and Secure Drugs

28. Respondent denies the allegations in Paragraph 28.

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EIGHTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

29. Respondent denies that her actions render her registration to prescribe controlled substances inconsistent with the public interest.

Respondent requests a hearing in the above matter.

Dated: March 16, 2021

FORD, WALKER, HAGGERTY & BEHAR



BY: _____
Kevin Lazar, Esq., Bar No. 9610
FORD, WALKER, HAGGERTY & BEHAR
8215 South Eastern Avenue, Suite 225
Las Vegas, Nevada 89123
(702) 724-2699; (702) 912-1352 Fax
Representative for Respondent,
ROSE PARIZO, APRN

I hereby declare under penalty of perjury that the foregoing Answer and Notice of Defense, and all facts stated herein are true and correct to the best of my knowledge.

Dated this ____16th____ of March, 2021

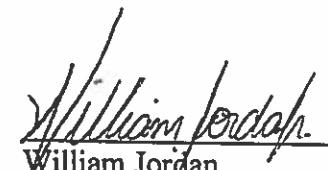
Signed: 

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CERTIFICATE OF SERVICE

The foregoing ANSWER TO NOTICE OF INTENDED ACTION was emailed on March 16, 2021:

Nevada State Board of Pharmacy
Brett Kandt, Esq.
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
bkandt@pharmacy.nv.gov
(775-850-1440)



William Jordan
An employee of FORD, WALKER, HAGGERTY
& BEHAR

EXHIBIT A

Nevada State Board of Pharmacy

Brett Kandt, Esq.

985 Damonte Ranch Parkway, Suite 206

Reno, Nevada 89521

bkandt@pharmacy.nv.gov

(775-850-1440)

March 16, 2021

RE: Notice of Intended Action and Accusation

Dear Nevada Pharmacy Board,

I am currently a Captain in the military serving as a mental health nurse and program manager in the Air Force and have been serving in the Air Force for the past 4 years. In the Air Force, I have worked in the staff development program and have personally overhauled a critical nurse education and skills tracking program, educating nurses, and performing audits. I love working with and helping people, especially in the mental health industry. My main goal is to obtain my psychiatric certification so that I can help make a further difference within our military mental health services. My background has been in mental health since 2005 and I am currently scheduled to attend the University of Cincinnati starting May 10, 2021 to obtain that psychiatric certification. It is my passion to help people in the mental health field, and specifically within the military, and it is very important to me that I be able to continue to help people in this way in the future.

I am in receipt of the Nevada Pharmacy Board's Notice of Intended Action and Accusation dated February 15, 2021. At no time did I intentionally or knowingly violate any Statute or Administrative Code. At the time that I was Medical Director of Aesthetics Medical Spa, I was hired to work part time by Jasmine Wells, owner of Aesthetics Medical Spa (a licensed aesthetician). It is my understanding that she obtained a training and certificate in the use of Botox. I believed that as owner of Aesthetics Medical Spa, she was permitted to have access to medications and order medications. I also believed that since she was trained in the use of Botox and had a certificate in the use of Botox, she was permitted to use Botox. With that being said, Wells only ever administered Botox to volunteers, as part of her training Nurse Wells and me on the administration of Botox. Other than this one situation Wells did not administer any medications to patients.

Jessica Hope Smith, RN, was also employed at Aesthetics Medical Spa. I allowed Nurse Smith access to medications and the ability to administer medications to patients. I believed that this delegation was allowed under my APRN license, and under my Certificate of Registration with the Nevada Pharmacy Board, because Nurse Smith is a registered nurse. It is also my understanding that she obtained a training and certificate in the use of Botox. I believed that as an RN who was trained in the use of Botox and had a certificate in the use of Botox, she was permitted to administer Botox. I did not meet and order specific treatment for many individual patients, but I believed that this was ok because most patients seeking Botox had similar complaints and conditions. It was my understanding that delegation was appropriate when the patient did not have unique circumstances

that would require my personal new assessment and review. Nurse Smith was directed to contact me if she needed a consult or had any concerns over the use of medications on any given patient, or any complications arose. As soon as I was made aware that my actions and delegations of authority may have been inappropriate, I ceased allowing said actions immediately, and voluntarily resigned my position at Aesthetics Medical Spa. If any of my actions were improper, I am truly sorry. Any improper actions were due to my misunderstanding, and not because I voluntarily or knowingly did or allowed anything improper.

I am attaching three (3) reference letters from my co-workers and boss in the Air Force that support that I have been a hard working mental health nurse and program manager in the Air Force, and that I have a high moral character and am extremely dedicated to providing and furthering mental health services in the Air Force. Please accept the same and my above explanation on my behalf.

Sincerely,

Rose A. Parizo, MSN, APRN.

Signed:



EXHIBIT B

March 1, 2021

Militza T. Echeona RN MSN
Lt Col/Chief Nurse
531 Waldren St. Bay A
Travis AFB CA

To: Whom It May Concern

I am writing this letter today on behalf of Rose Parizo, to express what an outstanding nurse she has been during the time that I have known her, while at the Travis AFB. I am currently the Chief Nurse at the medical squadron and have been in the military more than 18 years and since Captain Rose Parizo has joined the unit, I have been impressed with her kind nature, her hard work and dedication to the military. She has demonstrated a commitment to the military in her role as an officer, a mental health nurse, and as a program manager.

Captain Rose Parizo's work in the staff development program has shown that she is strongly committed to the military mission and vision and her contributions to that goal are many. Her role to ensure that all nursing personnel are ready to respond to the nation's call is critical to our process. I have personally witnessed all of the hard work and dedication she has made to this effort.

I am saddened by the situation she is in and hope that you would reconsider or lessen the charges that she potentially faces and take into consideration the impact this would have on us here in the military, the loss to her patients as well as the field of nursing. Thank you for taking the time to read this letter and if you have any questions please call at 530-383-1907.

//Signed//
Lt Col Militza T. Echeona

February 25, 2021

To Whom It May Concern:

I have known Rose Parizo for several years as a friend and colleague through our work in the United States Air Force Reserves. In the time I have known her, she has been a kind and caring friend. She is a compassionate and thoughtful person who takes pride in her work as a nurse and Nurse Practitioner. While mistakes may have been made, I am confident with education, Rose will ensure she does not make these mistakes again.

Rose's passion lays in caring for those with Mental Illness. Through her work, she has touched the lives of many patients. This experience has helped her realign her personal skill set with her passion, leading her to seek further education so that she can continue to provide a service to her patients and the Reno, NV medical community.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Pate'.

Erin A. Pate, MSN, RN, CCRN

February 27, 2021

Angela K. Smart, RN BSN
MAJ/NC/USAFR (Mil)
Clinical Educator (Civ)
1703 Dante Cir
Roseville CA 95678

To: Whom It May Concern

I am writing on behalf of Rose A. Parizo as a witness to her upstanding character. I have known Rose for nearly four years and have developed a solid professional relationship and personal friendship with her over these past challenging years in our military service together.

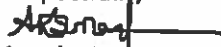
I initially met Rose upon my entry to our Air Force medical squadron. My first impressions were that she was warm, professional, and a knowledgeable expert in the Air Force Reserves and expert in her field of mental health. Having been in the military for over 13 years myself, I sought those who are trustworthy and whom I can confide in for purposes of professional growth and development, allowing a safe space to make mistakes and learn from them. Immediately, I identified Rose as one of those people. As I came to know her better, my first impressions were proven correct. I have sought her for both personal and professional guidance on many occasions. The Air Force is an entirely new language and culture, and our unit is critical as a medical deployment squadron that must be at the ready at all times. Rose not only maintained her own medical readiness in order to serve her country, with a six-hour response time, she also feverishly helped others achieve the same readiness status. She exudes the leadership abilities any fellow member would want one to have while serving alongside them during peace and war-time.

Over the last recent months, since becoming a supervisor, I have observed Rose fervently overhauling a critical nurse education and skills tracking program with persistence. The compliance on this program was at only 40%, and in need of attention. I witnessed Rose assume charge over this program and the 60 plus nurses connected to it, provide the education for their part, perform the necessary audits, and achieve 98% compliance singlehandedly. This is a testament to her honed leadership, interpersonal and written communication skills, and dedication to her profession!

As a comrade serving alongside Rose in the Air Force, she is in the top five personnel that I would want alongside me to tackle any large undertaking in our organization. It has been my honor and privilege to serve with her, and I hope and pray you will find the grace to allow her to continue to practice as a nurse as well as continue her highly critical role in our medical deployment squadron. I am deeply saddened that these legal charges could hold so much weight as to damage such a competent and expert nurse. Her future plans to advance her education in mental health as a nurse would be a critical loss to our communities and all patients yet to be treated with her expertise.

Thank you for taking the time to read this letter, and I ask you reconsider the charges on her behalf and on behalf of many other entities and patients that rely on her for care. Her future and future patients and communities would suffer a loss for more than just her individual career as it stands. If you have any questions or need any further details regarding Ms. Parizo's professional abilities, please contact me at (916) 899-7811 immediately.

Respectfully,


Angela K. Smart

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ROSE PARIZO, APRN,
Certificate of Registration No. CS26820,**

Respondent.

Case No. 18-062-N

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Rose Parizo, APRN, Certificate of Registration No. CS26820, by and through counsel, Kevin Lazar, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 15, 2021, 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.
2. On or about March 16, 2021, Respondent filed an Answer and Notice of Defense to the Accusation.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her 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).
5. 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 her rights to a

hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent admits that the factual allegations and charges set forth in the Accusation are plead with sufficient particularity, and further admits to the charges, *to wit*, that:

A. By permitting Jasmine Wells (Wells) as owner of Aesthetics Medspa and Training (Aesthetics) and Jessica Hope Smith, RN (Smith) to act under Respondent's authority as a practitioner to operate Aesthetics and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients, specifically to perform cosmetic injections and topical administration of dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without her direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), (i), (j) and (o);

B. By permitting Wells and Smith to act under her authority as a practitioner to operate Aesthetics and permitting Wells and Smith to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients, specifically to perform cosmetic injections and topical administration of dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without her direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1);

C. By permitting Wells to act under her authority as a practitioner to operate Aesthetics and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients, Respondent aided and abetted Wells in unlicensed practice in violation of NRS 639.281(1);

D. By permitting unrestricted and unsecured access to her stock of dangerous drugs at Aesthetics and failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs, Respondent violated NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.898(1); and

E. Respondent by her conduct has committed acts that render her controlled substance registration inconsistent with the public interest pursuant to NRS 453.231.

7. Respondent no longer has any professional affiliation or engages in professional practice with Aesthetics, and maintains that her failure as medical director of Aesthetics to put into practice policies and procedures to ensure that dangerous drugs were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with Nevada law was not willful or premeditated.

8. 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.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Rose Parizo, APRN, Certificate of Registration No. CS26820, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand for each of the violations set forth in the first through eighth causes of action in the Accusation;

B. Respondent shall pay a fine of Two-Thousand Dollars (\$2000.00) for the violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985

Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) of the effective date of this Order;

C. Respondent shall pay One-Thousand Five-Hundred Dollars (\$1500.00) to partially reimburse the Board for recoverable attorney’s fees and costs incurred in investigating and prosecuting this matter, payable by *cashier’s check* or *certified check* or *money order* made payable to “Nevada State Board of Pharmacy,” to be received by the Board’s Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) of the effective date of this Order;

D. Respondent shall establish new policies and procedures within her practice to ensure that:

i. A bona fide relationship between the patient and the practitioner ordering a controlled substance or dangerous drug before any controlled substance or dangerous drug is ordered or administered;

ii. The practitioner who examines the patient and orders the controlled substance or dangerous drug maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;

iii. To the extent the medication called for in an order are put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives control and possession of the medication to the non-practitioner and only gives the non-practitioner the specific medication in the specific quantity needed to fill the order; and

iv. All controlled substances and dangerous drugs are kept in a locked storage area with access restricted to authorized persons; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs.

10. Any failure by Respondent to comply with the terms of this Order 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 Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. 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 April 14, 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 this Stipulation, even if Respondent is not present at the meeting.

12. 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.

13. 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.

14. 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 set forth 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 April, 2021

Signed this ____ day of April, 2021

ROSE PARIZO, APRN,
Certificate of Registration No. CS26820

APPROVED AS TO FORM AND
CONTENT this ____ day of April, 2021

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

KEVIN LAZAR, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Rose Parizo, APRN, Certificate of Registration No. CS26820, in Case No. 18-062-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of April, 2021.

Helen Park, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**JASMINE WELLS AND AESTHETICS
MEDSPA AND TRAINING,**

Respondents.

Case No. 18-062-N

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

TO THE RESPONDENTS ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about October 26, 2020, a CITATION AND FINE was served upon Respondents Jasmine Wells and Aesthetics Medspa and Training alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent Jasmine Wells (Wells) owns and operates Respondent Aesthetics Medspa and Training (Aesthetics), located at 6295 Sharlands Avenue #1, Reno, Nevada.
2. Wells is licensed as an Esthetician (License No. A-3199). Wells is not licensed as a practitioner in Nevada.
3. Respondent Wells employed Rose Parizo, APRN (Parizo), Nevada License No. APRN002770, and Jessica Hope Smith, RN (Smith), Nevada License No. 831474 at the time of the events alleged herein.
4. Respondent Wells (and/or Smith at the direction of Wells) in the course of operating Aesthetics unlawfully purchases, accesses, stores, possesses, administers, furnishes and/or dispenses dangerous drugs, specifically to perform cosmetic injections of Botox, Kybella, Juvaderm, Hylenex, Cyanocobalamin, and other dangerous drugs, and to perform topical administration of Latisse, lidocaine and other dangerous drugs, to patients who have not been examined by Parizo or any other practitioner as defined in NRS 454.00958.

5. Respondent Wells (and/or Smith at the direction of Wells) unlawfully administers the aforementioned dangerous drugs to patients without direct practitioner supervision.

6. Respondent Wells (and/or Smith at the direction of Wells) engages in the unlawful use of Parizo's authority as a practitioner to provide on-site medical treatment to patients, including the administration of the aforementioned dangerous drugs through cosmetic injections and topical administration, without Parizo's direct supervision.

7. Respondent Wells (and/or Smith at the direction of Wells) unlawfully counsels patients regarding their medical treatment, including the administration of the aforementioned dangerous drugs.

8. Respondent engages in the unlawful use of Parizo's authority as a practitioner to purchase, possess and store an unsecured stock of dangerous drugs at Aesthetics and fails to properly segregate and/or dispose of adulterated and/or expired dangerous drugs.

9. On or about October 26, 2020, a CITATION AND FINE was served upon Respondents alleging violations of Nevada law as set forth herein.

10. On or about November 5, 2020, Respondents appealed the CITATION and requested a hearing before the Board.

APPLICABLE LAW

11. No person may purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356.

12. A practitioner can give a registered nurse (RN) limited authority to possess and administer dangerous drugs pursuant to NRS 454.213(1)(c), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, *at the direction of a* prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or *advanced practice registered nurse*, or pursuant to a chart order, for administration to a patient at another location.

NRS 454.213(1)(a) (*emphasis added*); *see also* NRS 639.100(1).

13. Any person who fraudulently represents himself or herself to be a practitioner is guilty of a misdemeanor. NRS 639.281(1).

14. All controlled substances and dangerous drugs which are in the possession of an advanced practice registered nurse must be kept in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. NAC 639.898(1).

15. It is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d).

16. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

FIRST CAUSE OF ACTION **Unlawful Possession of Dangerous Drugs**

17. By engaging in the unlawful use of Parizo's authority as a practitioner to purchase, possess and store an unsecured stock of dangerous drugs at Aesthetics and failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs, Respondents are violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS 639.282(1)(d), NAC 639.601(1) and NAC 639.898(1), and subject to a CITATION and FINE pursuant to NRS 639.2895.

SECOND CAUSE OF ACTION **Unlawful Administration of Dangerous Drugs**

18. By engaging in the unlawful use of Parizo's authority as a practitioner to operate Aesthetics and unlawfully provide on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections and topical administration, to patients who have not been examined by Parizo or any other practitioner, Respondents are

violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and subject to a CITATION and FINE pursuant to NRS 639.2895.

THIRD CAUSE OF ACTION
Unlicensed Practice

19. By operating Aesthetics and unlawfully providing on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections and topical administration, to patients who have not been examined by Parizo or any other practitioner, Wells is engaging in unlicensed practice, fraudulently representing herself to be a practitioner and violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 NRS 639.100(1), and/or NRS 639.281(1) and is subject to a CITATION and FINE pursuant to NRS 639.2895.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. 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.

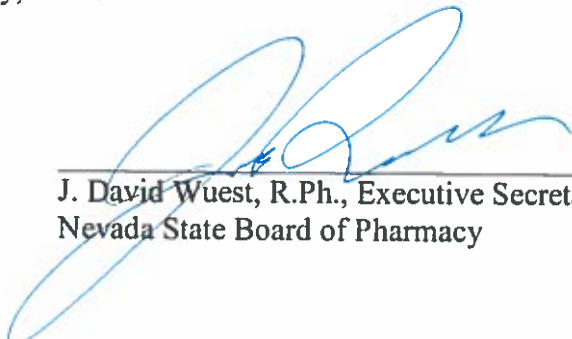
The Board has scheduled your hearing on this matter for Wednesday, April 14, 2021, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

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

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

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.

Signed this 15th day of February, 2021.



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 17th day of February, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jasmine Wells
Aesthetics Medspa and Training
6295 Sharlands Dr. Ste. C-1
Reno, NV 89523


SHIRLEY HUNTING



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

October 26, 2020

VIA CERTIFIED U.S. MAIL

Jasmine Wells
Aesthetics Medspa and Training
6295 Sharlands Drive – Suite C-1
Reno, NV 89523

1490 Ione Pass Trail
Reno, NV 89523

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada (18-062-N)

Dear Ms. Wells:

The Nevada State Board of Pharmacy (Board) has determined that Aesthetics Medspa and Training is dispensing dangerous drugs to patients in this State without a pharmacy license. This constitutes a violation of Nevada law, including, without limitation, NRS 454.221, NRS 454.316, NRS 639.100, NRS 639.230 and NRS 639.231.

Aesthetics Medspa and Training is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from dispensing dangerous drugs to patients in this State. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

Aesthetics Medspa and Training 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.

Aesthetics Medspa and Training 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 forgoing does not preclude a formal investigation or the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

Brett Kandt
General Counsel
Nevada State Board of Pharmacy



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NEVADA STATE BOARD
OF PHARMACY

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Ste 206
Reno NV 89521

Dear Nevada State Board of Pharmacy:

CASE NO. 18-062-N

Please consider this my reply to your October 26, 2020 letter directed to Aesthetics Medspa. I would like to formally request a hearing to go over these items. Alternatively, we could enter into a settlement agreement whereby I would pay a reduced fine and all other charges be dropped. In any settlement, I request no further investigation or proceedings.

I will go over each of your cited violations as I do not believe all apply under the circumstances.

1) NRS 454.221, NRS 454.316. These sections hold that if a "person" furnishes a drug or possesses a drug without a prescription, they would be in violation. Medspa is not a person, it is an entity (an LLC). This section can only be used against direct individuals. Secondly, the entity was notified by its medical director that she had the proper advanced license (authority by the Board) to dispense Latisse (the only drug that is being administered by the medical director that would require a special licensing for dispensing).

The entity could not purchase it for sale or possession without the medical director, as the medical director is the party who used her license to be able to buy the items that were later possessed or resold, again under the medical director's licensing.

2) NRS 639.100. This section also only applies to a person as well, and considering the circumstances of the matter, Medspa is confused why this is even a citation. Medspa is not manufacturing or compounding any drug, and the party who was able to purchase the items was a registered nurse with the ability to write prescriptions. Any sale thereafter came from this original ability by the registered nurse to acquire the items lawfully. Medspa was under the impression that the medical director was complying with all licensing requirements.

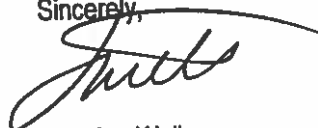
3) NRS 639.230 and NRS 639.231. To the best of Med spa's knowledge, it is not using the offending language in its business, and is otherwise not purporting to run a pharmacy. Medspa would like some clarification on the actual facts of offense are for these violations as on its face, it does not seem to be in violation of these sections as Medspa is not trying to run a pharmacy.

That being said, Medspa otherwise was relying on sections in NRS related to controlled substances which allowed a registered nurse with prescription abilities to be a medical director who would then review patient files and give a course of treatment. Medspa had hired such a party and was under the impression that she possessed the right Board licensing to prescribe Latisse.

All incidents of furnishing and dispensing were done in this manner. There have been no injuries and no complaints. The original complaint to the Board came from a disgruntled ex-employee who was terminated for negligence.

Again, the medical director led Medspa to believe she possessed the correct licensing. Because it turns out that she did not, Medspa immediately ceased all operation for 7 days to be in compliance, and is currently in compliance with all rules of NRS. Medspa is willing to enter into a reduced fine and would also like to enter into a settlement agreement to close this file and that no further action be taken by this agency or another.

Sincerely,

A handwritten signature in black ink, appearing to read 'J Wells', with a long horizontal flourish extending to the right.

Jasmine Wells
Aesthetics Medspa

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

IBRAHIM FAKHOURI, MD,
Certificate of Registration No. CS19540,

Respondent.

CASE NO. 20-223-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 Ibrahim Fakhouri, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS19540, 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. 20-38677-1, and imposed discipline on Respondent's License No. 14038 to practice medicine for violations of NRS Chapter 630 related to failure to adequately supervise a physician assistant prescribing opioid medication.

FIRST CAUSE OF ACTION**Violations of State Law**

3. Respondent has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-38677-1, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.2391-.23914, *inclusive*, and is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(12) and NRS 639.23916(3)(b).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

4. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-38677-1, and by violating NRS 639.2391-.23914, *inclusive*, 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), NRS 639.210(4) and NRS 639.23916(3)(b).

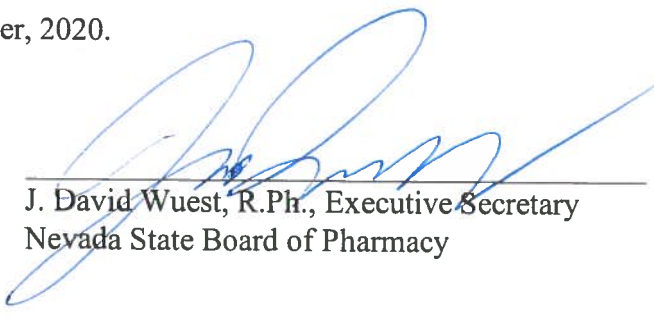
THIRD CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

5. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-38677-1, and by violating NRS 639.2391-.23914, *inclusive*, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, 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.

**IBRAHIM FAKHOURI, MD,
Certificate of Registration No. CS19540,**

Respondent.

CASE NO. 20-223-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

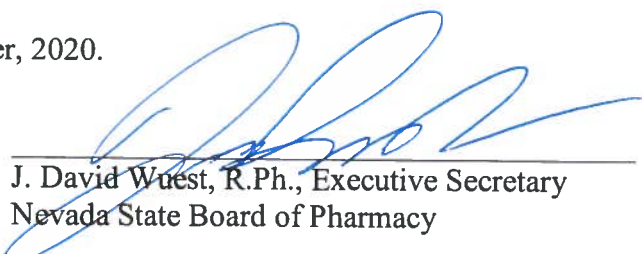
IV.

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:

Ibrahim Fakhouri, MD
861 Coronado Center Drive, Suite #220
Henderson, NV 89052


SHIRLEY HUNTING

1 ANS
2 JOHN H. COTTON, ESQ.
3 Nevada Bar No. 5268
4 E-mail: JHCotton@JHCottonlaw.com
5 TODD M. WEISS, ESQ.
6 Nevada Bar No. 14130
7 E-mail: TWeiss@JHCottonlaw.com
8 JOHN H. COTTON & ASSOCIATES
9 7900 West Sahara Avenue, Suite 200
10 Las Vegas, Nevada 89117
11 Telephone: 702/832-5909
12 Facsimile: 702/832-5910
13 Attorneys for Ibrahim Fakhouri, M.D., Respondent

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE

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BOARD OF PHARMACY

Nevada State Board of Pharmacy,
Petitioner,

v.

Ibrahim Fakhouri, M.D.,
Certificate of Registration Nos. CS19540

Respondent.

Case No.: 20-223-CS-S

**ANSWER TO NOTICE OF INTENDED
ACTION AND ACCUSATION**

Comes now Respondent, IBRAHIM FAKHOURI, M.D.. ("Respondent"), by and through his attorneys of record, the law firm of JOHN H. COTTON & ASSOCIATES, and answers the Notice of Intended Action and Accusations filed by the Nevada State Board of Pharmacy as follows:

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JURISDICTION

I.

Respondent admits the allegations contained in Paragraph I of the Notice of Intended Action and Accusation.

FACTUAL ALLEGATIONS

II.

Respondent admits the allegations contained in Paragraph II of the Notice of Intended Action and Accusation.

FIRST CAUSE OF ACTION

Violations of State Law

III.

Respondent generally denies each and every allegation of malpractice and each and every statutory violation that is set forth in the Notice of Intended Action and Accusation.

SECOND CAUSE OF ACTION

Unprofessional Conduct-Incompetent, Unskillful or Negligent Performance of Duties

IV.

Respondent generally denies each and every allegation of malpractice and each and every statutory violation that is set forth in the Notice of Intended Action and Accusation.

THIRD CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

V.

Respondent generally denies each and every allegation of malpractice and each and every statutory violation that is set forth in the Notice of Intended Action and Accusation.

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AFFIRMATIVE DEFENSES

Having Answered the Board's Notice of Intended Action and Accusation, Respondent avails himself to all available Affirmative Defenses, including, but not limited to:

- The Notice of Intended Action and Accusation is legally insufficient.
- The Notice of Intended Action and Accusation should be barred by the Doctrine of Laches and Prejudicial Delay in bringing the Accusation against Respondent.
- The Notice of Intended Action and Accusation is barred by the applicable statute of limitations.
- The Notice of Intended Action and Accusation and related proceedings deny and impinge upon the procedural and substantive due process rights of the Respondent.
- The Notice of Intended Action and Accusation and related proceedings violate the Respondent's Double Jeopardy rights, amounting to duplicative and successive prosecutions and disciplines by the same sovereign, namely, the State of Nevada, based on the same alleged actions and offense.
- Respondent reserves the right to amend this Answer to allege additional affirmative defenses if subsequent investigation warrants.

WHEREFORE, Respondent prays:

1. That the Board find that the Notice of Intended Action and Accusation and any facts obtained during discovery do not support issuance of any discipline against Respondent;
2. That the Board find that Respondent did not violate any provisions of the NRS, NAC or CFR; and
3. That this matter be stayed and then dismissed, pending ongoing compliance with and completion of the Stipulated Settlement Agreement entered into between the Respondent and

1 the State of Nevada Board of Medical Examiners, arising out of the same set of alleged facts
2 asserted by the State of Nevada, Board of Pharmacy, Notice of Intended Action and Accusation.

3 4. That the Board provide further relief as the Board deems just and proper.
4

5 DATED this 14th day of December 2020

6 JOHN H. COTTON & ASSOCIATES

7 /s/ Todd M. Weiss

8
9 JOHN H. COTTON, ESQ.
10 Nevada Bar No. 005268
11 TODD M. WEISS, ESQ.
12 Nevada Bar No. 014130
13 Attorneys for Respondent
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CERTIFICATE OF ELECTRONIC SERVICE

I hereby certify that on this 14th day of December 2020, a true and correct copy of the foregoing **ANSWER TO NOTICE OF INTENDED ACTION AND ACCUSATION** was mailed first class via USPS and by email to the following individuals:

Brett Kandt, Esq.
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
E-mail: bkandt@pharmacy.nv.gov

/s/ Gemini Yii

An Employee of John H. Cotton & Associates

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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

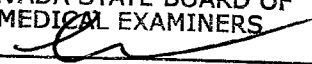
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**In the Matter of Charges and Complaint
Against
IBRAHIM FAKHOURI, M.D.,
Respondent.**

Case No. 20-38677-1

FILED

SEP - 8 2020

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel and attorney for the IC, having a reasonable basis to believe that Ibrahim Fakhouri, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 14038). Respondent was originally licensed by the Board on July 26, 2011.

2. On March 29, 2016, Respondent and fellow Board licensee Gary Manley, PA-C (PA-C Manley) (License # PA1209) entered into a supervision of physician assistant agreement (PA Supervision Agreement) pursuant to the Medical Practice Act.

3. At all times relevant to this Complaint, Respondent supervised PA-C Manley, pursuant to a formal notice of supervision provided to the Board in accord with NAC 630.360(4), wherein Respondent certified that he had read and was aware of all provisions of NRS Chapter 630 and NAC Chapter 630 concerning his duties as a physician supervising PA-C Manley.

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Mr. M. Neil Duxbury, Chairman, Aury Nagy, M.D., and Michael C. Edwards, M.D., FACS.

4. Pursuant to NAC 630.370(5), Respondent was required to develop and carry out a program to ensure the quality of care provided by PA-C Manley, and to maintain accurate records and documentation regarding his program of supervision of PA-C Manley.

A. Respondent's Supervision of PA-C Manley's Treatment of Patient A

5. Patient A's true identity is not disclosed herein to protect his or her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

6. Patient A was treated by PA-C Manley from May 31, 2016 through September 28, 2017, and PA-C Manley was supervised in his care of Patient A by Respondent, who reviewed and signed off on all of PA-C Manley's care of Patient A during this aforementioned time, often with the notation of "I have reviewed the visit, discussed the case with the NP/PA/Resident and agree with the findings and plan" in the medical records of Patient A.

7. PA-C Manley treated Patient A, who presented with a subjective complaint of 20 years of chronic back pain. With only a musculoskeletal examination at the initial visit, and the majority of follow-up visits only documenting a condition of a "normal gait," Patient A was prescribed doses of opioids equivalent to 180 MME (Morphine Milligram Equivalents). From August 2, 2016 through December 1, 2016, Patient A's history of present illness, review of systems, physical examination and the subjective information documented appears to be a series of "cut-and-pastes" from visit to visit, and the following was indicated in the medical records: "pain meds allow her to work...she is a dealer struggling to do her job." On July 5, 2016, Patient A received a trigger point injection, but there was no documentation of why such procedure was medically justified, location of such injection and how it (the injection) was tolerated nor if there was improvement from such treatment. Additionally, the only documentation supporting the aforementioned injection was that physical examination on July 5, 2016, that stated "normal gait, right lumbar area lumbar TTP." This aforementioned examination entry into the medical records was the only musculoskeletal examination documentation throughout Patient A's encounters with PA-C Manley, for but the constant cut-and-paste entry "normal gait." On December 1, 2016, Patient A received another trigger point injection despite Patient A's medical records indicating an unremarkable history, negative review of systems and negative physical examination. On

1 March 28, 2017, almost 10 months after receiving treatment from PA-C Manley, Patient A
2 provided a UDS (urine drug screen test), and these test results indicated a “negative” for
3 Temazepam (prescribed), a “positive” for Alprazolam (not prescribed) and a “positive” for
4 Methadone and Oxycodone (both prescribed). PA-C Manley took no subsequent actions or
5 informed the Patient of these UDS results, as this specific UDS was the one documented in the
6 medical record. PA-C Manley prescribed two benzodiazepines, Temazepam for insomnia and
7 Diazepam for psoriasis. Patient A did not execute an informed consent or patient education form
8 discussing the known risks with opioid dosages greater than 90 MME and current use of
9 benzodiazepines.

10 8. From June 26, 2017 through August 28, 2017, PA-C Manley did not inquire about
11 Patient A’s pain condition, yet PA-C Manley continued to write monthly (greater than 90 MME)
12 pain medications at each visit. Medical records note that PA-C Manley prescribed monthly
13 opioids and benzodiazepines without determination of how much Patient A required from the
14 previous month, and there was minimal evaluation of response or pain level inquiry from month to
15 month. Medical records of Patient A do not contain any clear rationale or medical justification,
16 and do not contain any physical or diagnostic evidence of chronic back pain. PA-C Manley, in his
17 care of Patient A, did not attempt to obtain any previous or current diagnostic evidence of Patient
18 A’s physiologic source of pain, did not request previous medical records, copies, or previous
19 imaging, did not order additional imaging, adjuvant therapies, and there was no consideration of a
20 referral to a pain management specialist. Only one Nevada Prescription Monitoring Program
21 (PMP) report was obtained for the duration of Patient A’s visits, but was not indicated in the
22 medical records.

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COUNT I

NAC 630.230(1)(i) (Failure to Adequately Supervise Physician Assistant)

9. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

10. A physician assistant is subject to discipline for violating of NRS 630.301 through 630.3065 inclusive, pursuant to NAC 630.380(1)(m).

11. Violation of a standard of practice adopted by the Board is grounds for initiating disciplinary action against a licensee pursuant to NRS 630.306(1)(b)(2).

12. Pursuant to NAC 630.230(1)(i), prohibited professional conduct, states that a person who is licensed as a physician shall not fail to provide adequate supervision of a physician assistant who is supervised by the physician.

13. The Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

14. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat chronic pain in a manner that deviates from the policies set forth in the Model Policy adopted by reference in NAC 630.187.

15. On information and belief, Respondent's supervisee PA-C Manley wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy. Deviations included, but were not limited to, the following: 1) prescribing excessively high doses of opioid therapy over 90 MME in violation of the Model Policy; 2) failing to justify the use of high dosages of opioid medications; 3) failing to review the PMP prior to, during, and after the encounters with Patient A; 4) failing to assess Patient A for alternative, non-opioid treatments; 5) failing to assess and discuss with Patient A the risks versus benefits of opioid therapy; 6) failing to assess Patient A's concurrent medication interactions with the opioid therapy; 7) failing to assess Patient A for possible drug abuse, drug diversion or any other non-medical related activity; 8) failing to assess Patient A for possible drug screens on a consistent

basis; and 9) prescribing a combination of benzodiazepines and opioids without documenting the medical justification.

16. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NAC 630.230(1)(i) (Failure to Adequately Supervise Physician Assistant)

17. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

18. A physician assistant is subject to discipline for violating of NRS 630.301 through 630.3065 inclusive, pursuant to NAC 630.380(1)(m).

19. Pursuant to NAC 630.230(1)(i), prohibited professional conduct states that a person who is licensed as a physician shall not fail to provide adequate supervision of a physician assistant who is supervised by the physician.

20. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating disciplinary action against a licensee.

21. Respondent's supervisee PA-C Manley failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions in complying with the Model Policy, including, but not limited to, failing to document the following: physical examinations before prescribing opioid analgesics; queries of the PMP before prescribing opioid analgesics; urinalysis before and after prescribing opioid analgesics; support for his diagnoses with physical examination findings; treatment objectives to evaluate treatment progress; monitoring and adapting his treatment plan; progress toward discontinuation of opioid therapy.

22. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT III

NAC 630.230(1)(i) (Failure to Adequately Supervise Physician Assistant)

23. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

24. A physician assistant is subject to discipline for violating of NRS 630.301 through 630.3065 inclusive, pursuant to NAC 630.380(1)(m).

25. Pursuant to NAC 630.230(1)(i), prohibited professional conduct states that a person who is licensed as a physician shall not fail to provide adequate supervision of a physician assistant who is supervised by the physician.

26. No Entry.

27. Malpractice is the failure of a physician assistant, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

28. As demonstrated by, but not limited to, the above-outlined facts, Respondent's supervisee PA-C Manley failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he provided medical services to Patient A. Respondent's supervisee PA-C Manley's specific acts of malpractice are as follows, but not limited to: 1) prescribing excessively high doses of opioid therapy over 90 MME, in violation of the Model Policy; 2) failing to justify the use of high dosages of opioid medication; 3) failing to review the PMP prior to, during, and after the encounters with Patient A; 4) failing to assess Patient A for alternative, non-opioid treatments; 5) failing to assess and discuss with Patient A with the risks versus benefits of opioid therapy; 6) failing to assess Patient A's concurrent medication interactions with the opioid therapy; 7) failing to assess Patient A for possible drug abuse, drug diversion or any other non-medical related activity; 8) failing to assess Patient A for possible drug screens on a consistent basis; and 9) prescribing a combination of benzodiazepines and opioids without documenting the medical justification.

29. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

/

B. Respondent's Supervision of PA-C Manley's Treatment of Patient B

30. Patient B's true identity is not disclosed herein to protect his or her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint. Patient B was treated by PA-C Manley from April 1, 2016 through September 8, 2017. PA-C Manley was supervised in his care of Patient B by Respondent, who reviewed and signed off on all of PA-C Manley's care of Patient B during this aforementioned time, often with the notation of: "I have reviewed the visit, discussed the case with the NP/PA/Resident and agree with the findings and plan."

31. PA-C Manley treated Patient B, who at the initial visit stated that her pain was due to a bodily assault and motor vehicle accident, and was found to have "lumbar and gluteal tenderness" based upon PA-C Manley's physical examination. Patient B was prescribed doses of opioids equivalent to 225 MME (Morphine Milligram Equivalents) without physical or diagnostic evidence of Patient B's chronic pain condition.

32. On March 23, 2017, after more than 17 months of treatment under PA-C Manley's care, Patient B provided only one UDS, which indicated a toxicity screen consistent with Respondent's prescribed opioids and benzodiazepines, but inconsistent for codeine and cannabinoids. PA-C Manley did not address these UDS results with either Patient B or in the medical records. On April 18, 2017, Patient B complained of headaches not being controlled by pain medications; this encounter is the first that there is a subjective pain assessment. A review of symptoms from the medical records was for headache, back pain, and anxiety, which was not consistent with the diagnoses and disproportionate opioid medication prescription therapy. From October 26, 2016 through September 8, 2017, according to the medical records, the review of symptoms for Patient B was negative for back pain and anxiety.

33. Patient B's anxiety disorder was treated by PA-C Manley, who prescribed Diazepam (10mg) (3x daily) without evaluation of her use, function or consideration of a behavioral health referral. The medical records of Patient B do not indicate how or whether she took the medicine as prescribed. Had PA-C Manley reviewed the PMP, then such would have indicated that Patient B was not filling the aforementioned prescription, and perhaps this

1 medication treatment was not required, or he would have recognized Patient B's inconsistent
2 filling of excessive benzodiazepines and inquired about her use. PA-C Manley's evaluation of
3 Patient B's anxiety issues was "she presents with a history of depression with anxiety and she has
4 had an official diagnosis of anxiety disorder in the past by a medical professional." From June
5 2016 to May 2017, Patient B filled the aforementioned quantities of Diazepam monthly; during
6 this aforementioned time, PA-C Manley did not inquire about this medication, nor further explore
7 her anxiety issues nor attempt to refer her to an appropriate mental health provider.

8 34. Patient B's hypothyroid disorder was treated by PA-C Manley for at least six (6)
9 months without testing for the Thyroid-Stimulating Hormone (TSH). When this thyroid testing
10 was obtained, it indicated exogenous hyperthyroid, which can cause clinical manifestations such
11 as decreased bone density, increased fracture risk, increased incidence of atrial fibrillation,
12 increased heart rate and contractility, insomnia and anxiety. The treatment was to simply reduce
13 the thyroid medication therapy, but PA-C Manley did not address such with Patient B. From
14 month to month, PA-C Manley added the following assessment and plan to Patient B's medical
15 record: "acquired hypothyroidism, medications with no change to current regimen." One year
16 later, Patient B's TSH results indicated a constant state of hyperthyroid. This test result was never
17 addressed in the medical records, and there was no change in her thyroid medication dosing,
18 which could have exposed Patient B to risks of osteoporosis, increased anxiety and cardiac
19 arrhythmias.

20 35. Patient B's medical records do not contain any clear rationale or medical
21 justification, and do not contain any physical or diagnostic evidence of chronic pain. PA-C
22 Manley, in his care of Patient B, did not attempt to obtain any previous or current diagnostic
23 evidence of Patient B's physiologic source of pain, did not request previous medical records,
24 copies, or previous imaging, did not order additional imaging, adjuvant therapies, and there was
25 no consideration for a referral to a pain management specialist. Nominal PMPs were obtained for
26 Patient B's visits, and there was no informed consent or counseling of the risks of opioid drug
27 treatment.

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COUNT IV

NAC 630.230(1)(i) (Failure to Adequately Supervise Physician Assistant)

36. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

37. A physician assistant is subject to discipline for violating of NRS 630.301 through 630.3065 inclusive, pursuant to NAC 630.380(1)(m).

38. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

39. Pursuant to NAC 630.230(1)(i), prohibited professional conduct states that a person who is licensed as a physician shall not fail to provide adequate supervision of a physician assistant who is supervised by the physician.

40. Violation of a standard of practice adopted by the Board is grounds for initiating disciplinary action against a licensee pursuant to NRS 630.306(1)(b)(2).

41. The Board adopted by reference the Model Policy, adopted by reference in NAC 630.187

42. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat chronic pain in a manner that deviates from the policies set forth in the Model Policy adopted by reference in NAC 630.187.

43. On information and belief, Respondent's supervisee PA-C Manley wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy. Deviations included, but were not limited to the following: 1) prescribing excessively high doses of opioid therapy over 90 MME, in violation of the Model Policy; 2) failing to justify the use of high dosages of opioid medication; 3) failing to review the PMP prior to, during, and after the encounters with Patient B; 4) failing to assess Patient B for alternative, non-opioid treatments; 5) failing to assess and discuss with Patient B the risks versus benefits of opioid therapy; 6) failing to assess Patient B's concurrent medication interactions with the opioid therapy; 7) failing to assess Patient B for possible drug abuse, drug diversion or any other non-medical related activity; 8) failing to assess Patient B for possible drug screens on a consistent

basis; and 9) prescribing a combination of benzodiazepines and opioids without documenting the medical justification.

44. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NAC 630.230(1)(i) (Failure to Adequately Supervise Physician Assistant)

45. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

46. A physician assistant is subject to discipline for violating of NRS 630.301 through 630.3065 inclusive, pursuant to NAC 630.380(1)(m).

47. Pursuant to NAC 630.230(1)(i), prohibited professional conduct states that a person who is licensed as a physician shall not fail to provide adequate supervision of a physician assistant who is supervised by the physician.

48. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

49. Respondent's supervisee PA-C Manley failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient B, by failing to document his actions in complying with the Model Policy, including, but not limited to, failing to document the following: physical examinations before prescribing opioid analgesics; queries of the PMP before prescribing opioid analgesics; urinalysis before and after prescribing opioid analgesics; support for his diagnoses with physical examination findings; treatment objectives to evaluate treatment progress; monitoring and adapting his treatment plan; progress toward discontinuation of opioid therapy.

50. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT VI

NAC 630.230(1)(i) (Failure to Adequately Supervise Physician Assistant)

51. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

52. A physician assistant is subject discipline for violating NRS 630.301 through 630.3065 inclusive, pursuant to NAC 630.380(1)(m).

53. Pursuant to NAC 630.230(1)(i), prohibited professional conduct states that a person who is licensed as a physician shall not fail to provide adequate supervision of a physician assistant who is supervised by the physician.

54. Malpractice is the failure of a physician assistant, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

55. As demonstrated by, but not limited to, the above-outlined facts, Respondent's supervisee PA-C Manley failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he provided medical services to Patient B. Respondent's specific acts of malpractice are as follows, but not limited to: 1) prescribing excessively high doses of opioid therapy over 90 MME, in violation of the Model Policy; 2) failing to justify the use of high dosages of opioid medication; 3) failing to review the PMP prior to, during, and after the encounters with Patient B; 4) failing to assess Patient B for alternative, non-opioid treatments; 5) failing to assess and discuss with Patient B with the risks versus benefits of opioid therapy; 6) failing to assess Patient B's concurrent medication interactions with the opioid therapy; 7) failing to assess Patient B for possible drug abuse, drug diversion or any other non-medical related activity; 8) failing to assess Patient B for possible drug screens on a consistent basis; and 9) prescribing a combination of benzodiazepines and opioids without documenting the medical justification.

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**THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint
Against
IBRAHIM FAKHOURI, M.D.,
Respondent.

Case No. 20-38677-1

FILED

SEP 11 2020

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: _____

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Ibrahim Fakhouri, M.D. (Respondent), a physician licensed in Nevada, through his attorney Todd Weiss, Esq., of John Cotton & Associates, Ltd., hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. Background

1. Respondent is a physician currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on July 26, 2011 (License No. 14038).

2. On September 8, 2020, in Case No. 20-38677-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges: six (6) Counts of Failure to Adequately Supervise Physician Assistant, NAC 630.230(1)(i), by Respondent of his physician assistant

3. By reason of the foregoing, Respondent is subject to discipline by the Board as

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

1 provided in NRS 630.352.

2 4. Respondent was properly served with a copy of this Complaint, has reviewed and
3 understands this Complaint, and has had the opportunity to consult with competent counsel
4 concerning the nature and significance of this Complaint.

5 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
6 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
7 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
8 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
9 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
10 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
11 Complaint, the right to representation by counsel, at his own expense, in the preparation and
12 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
13 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
14 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

15 6. Respondent understands that, under the Board's charge to protect the public by
16 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
17 license, including license probation, license suspension, license revocation and imposition of
18 administrative fines, as well as any other reasonable requirement or limitation, if the Board
19 concludes that Respondent violated one or more provisions of the Medical Practice Act.

20 7. Respondent understands and agrees that this Agreement, by and between
21 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
22 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
23 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
24 Board has the right to decide in its own discretion whether or not to approve this Agreement.
25 Respondent further understands and agrees that if the Board approves this Agreement, then the
26 terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

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B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.** Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights.** In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. Consent to Entry of Order. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to all Counts, I-VI.

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within six (6) months of the Board's acceptance, adoption and approval of this Agreement, the current amount being \$4516.25, not including any costs that may be necessary to finalize this Agreement by making six monthly payments of \$752.71. First payment due on September 18, 2020, and last payment tendered no later than February 18, 2021.

c. Respondent shall pay a fine of \$2500.00 within five (5) months of the Board's acceptance, adoption and approval of this Agreement by making five monthly payments of \$500.00. First payment due on September 18, 2020, and last payment tendered no later than January 19, 2021.

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims arising from Board Investigation No. 16-16948, shall be dismissed with prejudice.

6. **Release From Liability.** In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board.** In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed

1 and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

2 **9. Effect of Rejection of Agreement by Board.** In the event the Board does not
3 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
4 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
5 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
6 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
7 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
8 this Complaint and from participating in disciplinary proceedings against Respondent, including
9 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
10 such member absent evidence of bad faith.

11 **10. Binding Effect.** If approved by the Board, Respondent understands that this
12 Agreement is a binding and enforceable contract upon Respondent and the Board.

13 **11. Forum Selection Clause.** The parties agree that in the event either party is
14 required to seek enforcement of this Agreement in district court, the parties consent to such
15 jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court,
16 State of Nevada, Washoe County.

17 **12. Attorneys' Fees and Costs.** The parties agree that in the event an action is
18 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
19 be entitled to recover reasonable attorneys' fees and costs.

20 **13. Failure to Comply With Terms.** Should Respondent fail to comply with any term
21 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
22 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
23 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
24 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
25 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
26 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

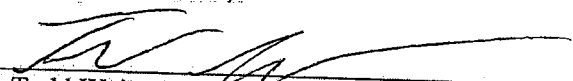
1 Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a
2 condition of this Agreement may subject Respondent to civil collection efforts.

3
4 Dated this 9 day of SEPT, 2020.

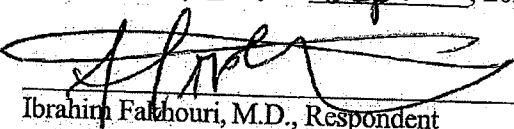
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6 INVESTIGATIVE COMMITTEE OF THE
7 NEVADA STATE BOARD OF MEDICAL EXAMINERS

8 By: 
9 Robert Kilroy, Esq., General Counsel
10 Attorney for the Investigative Committee

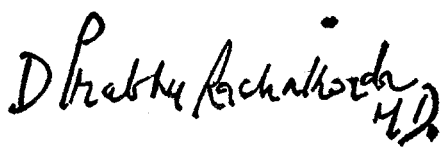
11 John Cotton & Associates, Ltd.

12 By: 
13 Todd Weiss, Esq.
14 Attorneys for Respondent

15 Dated this 9th day of Sept, 2020.

16 
17 Ibrahim Fakhouri, M.D., Respondent

1 **IT IS HEREBY ORDERED** that the foregoing Amended Settlement Agreement (20-38677-1) is
2 approved and accepted by the Nevada State Board of Medical Examiners on the 11th day of
3 September, 2020, with the final total amount of costs due of \$4,516.25.

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6 _____
7 Rachakonda D. Prabhu, M.D., President
8 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-223-CS-S

Petitioner,

v.

STIPULATION AND ORDER

**IBRAHIM FAKHOURI, MD,
Certificate of Registration No. CS19540,**

Respondent.

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Ibrahim Fakhouri, MD, Certificate of Registration No. CS19540, by and through counsel, Todd M. Weiss, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. 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.
3. On or about December 14, 2020, Respondent filed an Answer and Notice of Defense to the Accusation.
4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. 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).
6. 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).

7. 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. On or about September 11, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-38677-1, and imposed discipline on Respondent's License No. 14038 to practice medicine for violations of NRS Chapter 630 related to failure to adequately supervise a physician assistant prescribing opioid medication;

B. Respondent has violated NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-38677-1, and therefore violated NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, and is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(12) and NRS 639.23916(3)(b);

C. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-38677-1, and therefore violating NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, Respondent 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), NRS 639.210(4) and NRS 639.23916(3)(b); and

D. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-38677-1, and therefore violating NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

8. 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.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Ibrahim Fakhouri, MD, Certificate of Registration No. CS19540, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a prescribing practitioner under NRS Chapter 453 and Chapter 639, and as a supervising physician pursuant to NRS 639.1373;

B. Respondent shall pay a fine of Two-Thousand Five-Hundred Dollars (\$2500.00) for the alleged violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order;

C. Respondent shall pay One-Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order;

D. Respondent shall establish and put into practice all necessary policies and procedures within his office to ensure that any controlled substance prescription issued for the treatment of chronic pain complies with the provisions of NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, and all applicable regulations; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

10. Any failure by Respondent to comply with the terms of this Order 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 Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. 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 April 14, 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 this Stipulation, even if Respondent is not present at the meeting.

12. 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.

13. 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.

14. 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

Signed this ____ day of March, 2021

IBRAHIM FAKHOURI, MD,
Certificate of Registration No. CS19540

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ____ day of March, 2021

TODD M. WEISS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Ibrahim Fakhouri, MD, Certificate of Registration No. CS19540, in Case No. 20-223-CS-S and 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

56. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 8th day of September, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 8th day of September, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

M. Neil Duxbury

M. Neil Duxbury, Chairman

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**GARY MANLEY, PA-C,
Certificate of Registration No. CS18989,**

Respondent.

CASE NO. 20-224-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 Gary Manley, PA-C, held a Nevada controlled substance registration, Certificate of Registration No. CS18989, 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. 20-36618-2, and imposed discipline on Respondent's License No. PA1209 to practice medicine for violations of NRS Chapter 630 related to prescribing opioid medication.

FIRST CAUSE OF ACTION

Violations of State Law

3. Respondent has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-36618-2, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.2391-.23914, *inclusive*, and is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(12) and NRS 639.23916(3)(b).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

4. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-36618-2, and by violating NRS 639.2391-.23914, *inclusive*, 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), NRS 639.210(4) and NRS 639.23916(3)(b).

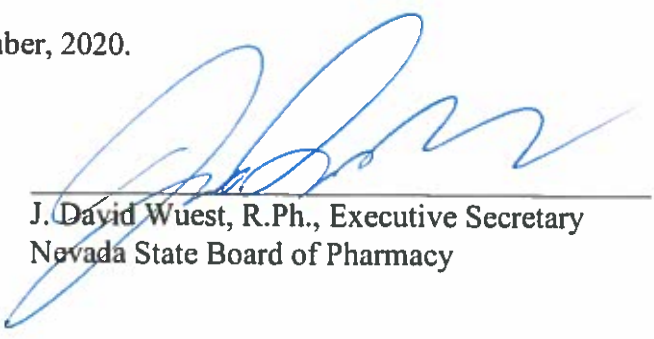
THIRD CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

5. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-36618-2, and by violating NRS 639.2391-.23914, *inclusive*, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, 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,

CASE NO. 20-224-CS-S

Petitioner,

v.

**GARY MANLEY, PA-C,
Certificate of Registration No. CS18989**

**STATEMENT TO
THE RESPONDENT
AND NOTICE OF HEARING**

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 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**

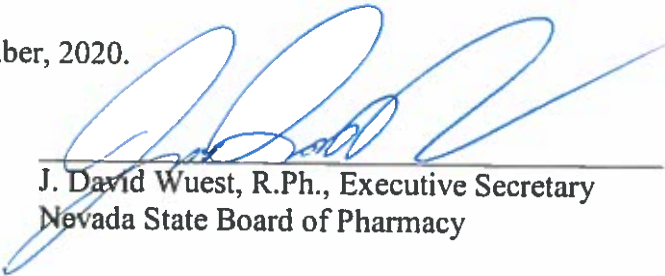
IV.

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

1 ANS
2 JOHN H. COTTON, ESQ.
3 Nevada Bar No. 5268
4 E-mail: JHCotton@JHCottonlaw.com
5 TODD M. WEISS, ESQ.
6 Nevada Bar No. 14130
7 E-mail: TWeiss@JHCottonlaw.com
8 JOHN H. COTTON & ASSOCIATES
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10 Las Vegas, Nevada 89117
11 Telephone: 702/832-5909
12 Facsimile: 702/832-5910
13 Attorneys for Gary Manley, PA-C, Respondent

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE

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BOARD OF PHARMACY

Nevada State Board of Pharmacy,
Petitioner,

v.
Gary Manley, PA-C,
Certificate of Registration Nos. CS18989

Respondent.

Case No.: 20-224-CS-S

**ANSWER TO NOTICE OF INTENDED
ACTION AND ACCUSATION**

Comes now Respondent, GARY MANLEY, PA-C. ("Respondent"), by and through his attorneys of record, the law firm of JOHN H. COTTON & ASSOCIATES, and answers the Notice of Intended Action and Accusations filed by the Nevada State Board of Pharmacy as follows:

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JURISDICTION

I.

Respondent admits the allegations contained in Paragraph I of the Notice of Intended Action and Accusation.

FACTUAL ALLEGATIONS

II.

Respondent admits the allegations contained in Paragraph II of the Notice of Intended Action and Accusation.

FIRST CAUSE OF ACTION

Violations of State Law

III.

Respondent generally denies each and every allegation of malpractice and each and every statutory violation that is set forth in the Notice of Intended Action and Accusation.

SECOND CAUSE OF ACTION

Unprofessional Conduct-Incompetent, Unskillful or Negligent Performance of Duties

IV.

Respondent generally denies each and every allegation of malpractice and each and every statutory violation that is set forth in the Notice of Intended Action and Accusation.

THIRD CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

V.

Respondent generally denies each and every allegation of malpractice and each and every statutory violation that is set forth in the Notice of Intended Action and Accusation.

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AFFIRMATIVE DEFENSES

Having Answered the Board's Notice of Intended Action and Accusation, Respondent avails himself to all available Affirmative Defenses, including, but not limited to:

- The Notice of Intended Action and Accusation is legally insufficient.
- The Notice of Intended Action and Accusation should be barred by the Doctrine of Laches and Prejudicial Delay in bringing the Accusation against Respondent.
- The Notice of Intended Action and Accusation is barred by the applicable statute of limitations.
- The Notice of Intended Action and Accusation and related proceedings deny and impinge upon the procedural and substantive due process rights of the Respondent.
- The Notice of Intended Action and Accusation and related proceedings violate the Respondent's Double Jeopardy rights, amounting to duplicative and successive prosecutions and disciplines by the same sovereign, namely, the State of Nevada, based on the same alleged actions and offense.
- Respondent reserves the right to amend this Answer to allege additional affirmative defenses if subsequent investigation warrants.

WHEREFORE, Respondent prays:

1. That the Board find that the Notice of Intended Action and Accusation and any facts obtained during discovery do not support issuance of any discipline against Respondent;
2. That the Board find that Respondent did not violate any provisions of the NRS, NAC or CFR; and
3. That this matter be stayed and then dismissed, pending ongoing compliance with and completion of the Stipulated Settlement Agreement entered into between the Respondent and

1 the State of Nevada Board of Medical Examiners, arising out of the same set of alleged facts
2 asserted by the State of Nevada, Board of Pharmacy, Notice of Intended Action and Accusation.

3 4. That the Board provide further relief as the Board deems just and proper.
4

5 DATED this 14th day of December 2020

6 JOHN H. COTTON & ASSOCIATES

7 */s/ Todd M. Weiss*

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9

JOHN H. COTTON, ESQ.
Nevada Bar No. 005268
10 TODD M. WEISS, ESQ.
Nevada Bar No. 014130
11 *Attorneys for Respondent*
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BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

**In the Matter of Charges and
Complaint Against
GARY MANLEY, PA-C,
Respondent.**

Case No. 20-36618-2

FILED

AUG 10 2020

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

COMPLAINT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Gary Manley, PA-C (Respondent), a licensed physician assistant in Nevada. After investigating this matter, the IC¹ has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

1. Respondent was licensed by the Board, pursuant to the provisions of the Medical Practice Act, on March 1, 2010, and is currently licensed in active status (License No. PA1209).

2. On March 29, 2016, Respondent and fellow Board licensee Dr. Ibrahim Fakhouri, M.D. (License #14038), entered into a supervision of physician assistant agreement (PA Supervision Agreement) pursuant to the Medical Practice Act.

A. Respondent's Treatment of Patient A

3. Patient A's true identity is not disclosed herein to protect his or her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

4. Patient A was treated by Respondent from May 31, 2016 through September 28, 2017, and Respondent was supervised in his care of Patient A by Dr. Fakhouri, who reviewed and signed off on all of Respondent's care of Patient A during this aforementioned time.

¹ The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Board members Mr. M. Neil Duxbury, Chairman, Aury Nagy, M.D., and Michael C. Edwards, M.D., FACS.

1 5. Respondent treated Patient A, who presented with a subjective complaint of 20
2 years of chronic back pain. With only a musculoskeletal examination at the initial visit, and the
3 majority of follow-up visits only documenting a condition of a "normal gait," Patient A was
4 prescribed doses of opioids equivalent to 180 MME (Morphine Milligram Equivalents). From
5 August 2, 2016 through December 1, 2016, Patient A's history of present illness, review of
6 systems, physical examination and the subjective information documented appears to be a series
7 of "cut and pastes" from visit to visit, and the following, "pain meds allow her to work...she is a
8 dealer struggling to do her job" was indicated in the medical records.

9 6. On July 5, 2016, Patient A received a trigger point injection, but there was no
10 documentation of why such procedure was medically justified, the location of such injection and
11 how it (the injection) was tolerated or if there was an improvement from such treatment.
12 Additionally, the only documentation supporting the aforementioned injection was a physical
13 examination on July 5, 2016, that stated "normal gait, right lumbar area lumbar TTP." This
14 aforementioned examination entry into the medical records was the only musculoskeletal
15 examination documentation throughout Patient A's encounters with the Respondent, but for the
16 constant cut-and-paste entry of "normal gait." On December 1, 2016, Patient A received another
17 trigger point injection despite Patient A's medical records indicating an unremarkable history,
18 negative review of systems and negative physical examination. On March 28, 2017, almost 10
19 months after receiving treatment from Respondent, Patient A provided a UDS (urine drug screen)
20 test and these test results indicated a "negative" for Temazepam (prescribed), a "positive" for
21 Alprazolam (not prescribed) and a "positive" for Methadone and Oxycodone (both prescribed).
22 Respondent took no subsequent actions or informed Patient A of these UDS results as this specific
23 UDS was the one and only documented within the medical records. Respondent prescribed two
24 benzodiazepines, Temazepam for insomnia and Diazepam for psoriasis. Patient A did not execute
25 an informed consent or patient education discussing the known risks with opioid dosages greater
26 than 90 MME and current use of benzodiazepines. From June 26, 2017 through August 28, 2017,
27 Respondent did not inquire about Patient A's pain condition, yet Respondent continued to write
28 monthly (greater than 90 MME) pain medications at each visit. Medical records note that

Respondent prescribed monthly opioids and benzodiazepines without a determination of how much Patient A required from the previous month, and there was minimal evaluation of response or pain level inquiry from month to month. Medical records of Patient A do not contain any clear rationale or medical justification, and do not contain any physical or diagnostic evidence of chronic back pain. Respondent, in his care of Patient A, did not attempt to obtain any previous or current diagnostic evidence of Patient A's physiologic source of pain, did not request previous medical records, copies, or previous imaging, did not order additional imaging, adjuvant therapies, and there was no consideration for a referral to a pain management specialist. Only one Nevada Prescription Monitoring Program (PMP) was obtained for the duration of Patient A's visits, and was not indicated in the medical records.

COUNT I

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

7. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

8. A physician assistant is subject to discipline for violating of NRS 630.301 through 630.3065 inclusive, pursuant to NAC 630.380(1)(m).

9. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1) (b)(2).

10. Pursuant to NAC 630.187, the Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

11. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat chronic pain in a manner that deviates from the policies set forth in the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* adopted by reference in NAC 630.187.

12. On information and belief, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy. Deviations included but were not limited to the following: 1) prescribing excessively high doses of opioid

therapy over 90 MME in violation of the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013; 2) failing to justify the use of high dosages of opioid medication; 3) failing to review the PMP prior to, during, and after the encounters with Patient A; 4) failing to assess Patient A for alternative non-opioid treatments; 5) failing to assess and discuss with Patient A with the risks versus benefits of opioid therapy; 6) failing to assess Patient A's concurrent medications interactions with the opioid therapy; 7) failing to assess Patient A for possible drug abuse, drug diversion or any other non-medical related activity; 8) failing to assess Patient A for possible drug screens on a consistent basis; and, 9) prescribing a combination of benzodiazepines and opioids without documenting the medical justification.

13. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) (Failure to Maintain Proper Medical Records)

14. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

15. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

16. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions in complying with the Model Policy, including, but not limited to, failing to document the following: physical examinations before prescribing opioid analgesics; queries of the PMP before prescribing opioid analgesics; urinalysis before and after prescribing opioid analgesics; support for his diagnoses with physical examination findings; treatment objectives to evaluate treatment progress; monitoring and adapting his treatment plan; progress toward discontinuation of opioid therapy.

17. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.301(4) (Malpractice)

18. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

19. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

20. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

21. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he provided medical services to Patient A. The Respondent's specific acts of malpractice are as follows, but not limited to: 1) prescribing excessively high doses of opioid therapy over 90 MME in violation of the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013; 2) failing to justify the use of high dosages of opioid medication; 3) failing to review the PMP prior to, during, and after the encounters with Patient A; 4) failing to assess Patient A for alternative non-opioid treatments; 5) failing to assess and discuss with Patient A with the risks versus benefits of opioid therapy; 6) failing to assess Patient A's concurrent medications interactions with the opioid therapy; 7) failing to assess Patient A for possible drug abuse, drug diversion or any other non-medical related activity; 8) failing to assess Patient A for possible drug screens on a consistent basis; and, 9) prescribing a combination of benzodiazepines and opioids without documenting the medical justification

22. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

B. Respondent's Treatment of Patient B

23. Patient B's true identity is not disclosed herein to protect his or her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint. Patient B was treated by Respondent from April 1, 2016 through September 8, 2017 and Respondent was supervised in his care of Patient B by Dr. Fakhouri, who reviewed and signed off

on all of Respondent's care of Patient B during this aforementioned time.

24. Respondent treated Patient B, who at the initial visit stated that her pain was due to a bodily assault and motor vehicle accident, and was found to have "lumbar and gluteal tenderness" based upon Respondent's physical examination. Patient B was prescribed doses of opioids equivalent to 225 MME (Morphine Milligram Equivalents) without physical or diagnostic evidence of Patient B's chronic pain condition. On March 23, 2017, after more than 17 months of treatment under Respondent's care Patient B provided only one UDS, which indicated a toxicity screen consistent with Respondent's prescribed opioids and benzodiazepine, but inconsistent for codeine and cannabinoids. Respondent did not address these UDS results with the Patient B or in the medical records. On April 18, 2017, Patient B complained of headaches not being controlled by pain medications, and this encounter is the first that there is a subjective pain assessment section of her medical records. A review of symptoms from the medical records was for headache, back pain, and anxiety, which were not consistent with the diagnoses and disproportionate opioid medication prescription therapy. From October 26, 2016 through September 8, 2017, according to the medical records, a review of symptoms for Patient B was negative for back pain and anxiety. Patient B's anxiety disorder was treated by Respondent, who prescribed Diazepam (10mg) (3x daily) with no evaluation of her use, function or consideration of a behavioral health referral. The medical records of Patient B do not indicate how or whether she took the medicine as prescribed. Had Respondent reviewed the PMP, then such would have indicated that Patient B was not filling the aforementioned prescription and perhaps this medication was not required, or in the alternative, Respondent should have recognized Patient B's inconsistent filling of excessive benzodiazepines and inquired about her use. Respondent's evaluation of Patient B's anxiety issues were "she presents with a history of depression with anxiety and she has had an official diagnosis of anxiety disorder in the past by a medical professional." From June 2016 to May 2017, Patient B filled the aforementioned quantities of Diazepam monthly. During this aforementioned time, Respondent did not inquire about this of medication, nor further explore her anxiety issues nor attempt to refer her to an appropriate mental health provider. Patient B's hypothyroid disorder was treated by Respondent for at least six (6)

months without testing for the Thyroid-Stimulating Hormone (TSH). When this thyroid testing was obtained, it indicated exogenous hyperthyroid, which can cause clinical manifestations such as decreased bone density, increased fracture risk, increased incidence of atrial fibrillation, increased heart rate and contractility, insomnia and anxiety. The treatment could have reduced the thyroid medication therapy, but Respondent did not address such with Patient B. From month to month, Respondent added the following assessment and plan to Patient B's medical record: "acquired hypothyroidism, medications with no change to current regimen." One year later, Patient B's TSH results indicated a constant state of hyperthyroidism. This test result was never addressed in the medical records, and there was no change in her thyroid medication dosing, which could have potentially exposed Patient B to risks of osteoporosis, increased anxiety and cardiac arrhythmias. Patient B's medical records do not contain any clear rationale or medical justification, and do not contain any physical or diagnostic evidence of chronic pain. Respondent, in his care of Patient B, did not attempt to obtain any previous or current diagnostic evidence of Patient B's physiologic source of pain, did not request previous medical records, copies, or previous imaging, did not order additional imaging, adjuvant therapies, and there was no consideration for a referral to a Pain Management Specialist. Nominal PMPs were obtained for Patient B's visits, and there was no informed consent or counseling of the risks of opioid drug treatment.

COUNT IV

NRS 630.306(1) (b) (2) (Violation of Standards of Practice)

25. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

26. A physician assistant is subject to discipline for violating of NRS 630.301 through 630.3065 inclusive, pursuant to NAC 630.380(1) (m).

27. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1) (b)(2).

28. Pursuant to NAC 630.187, the Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

29. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat chronic pain in a manner that deviates from the policies set forth in the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* adopted by reference in NAC 630.187.

30. On information and belief, Respondent wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy. Deviations included but not limited to the following: 1) prescribing excessively high doses of opioid therapy over 90 MME in violation of the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013; 2) failing to justify the use of high dosages of opioid medication; 3) failing to review the PMP prior to, during, and after the encounters with Patient B; 4) failing to assess Patient B for an alternative for non-opioid treatments; 5) failing to assess and discuss with Patient B with the risks versus benefits of opioid therapy; 6) failing to assess Patient B's concurrent medications interactions with the opioid therapy; 7) failing to assess Patient B for possible drug abuse, drug diversion or any other non-medical related activity; 8) failing to review the PMP data; 9) failing to assess Patient B for possible drug screens on a consistent basis; and, 10) prescribing a combination of benzodiazepines and opioids without documenting the medical justification.

31. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.3062(1)(a) (Failure to Maintain Proper Medical Records)

32. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

33. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

34. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient B, by failing to document his actions in complying with the Model Policy, including, but not limited to, failing to document the following: physical examinations before prescribing opioid analgesics; queries of the PMP before prescribing opioid analgesics; urinalysis before and after prescribing opioid analgesics; support for his diagnoses with physical examination findings; treatment objectives to evaluate treatment progress; monitoring and adapting his treatment plan; progress toward discontinuation of opioid therapy.

35. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VI

NRS 630.301(4) (Malpractice)

36. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

37. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

38. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

39. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he provided medical services to Patient B. The Respondent's specific acts of malpractice are as follows, but not limited to: 1) prescribing excessively high doses of opioid therapy over 90 MME in violation of the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013; 2) failing to justify the use and increase, decrease, and then increase of dosages of opioid medication; 3) prescribing a combination of benzodiazepines and opioids without documenting the medical justification; 4) failing to review the PMP prior to, during, and after the

encounters with Patient B; 5) failing to assess Patient B for alternative, non-opioid treatments; 6) failing to assess and discuss with Patient B with the risks versus benefits of opioid therapy; 7) failing to assess Patient B's concurrent medications interactions with the opioid therapy; 8) failing to assess Patient B for possible drug abuse, drug diversion or any other non-medical related activity; 9) failing to review the PMP data; and, 10) failing to assess Patient B for possible drug screens on a consistent basis.

39. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it finds and concludes that there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, to include sanctions to be imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 7 day of August, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____


Robert Kilroy, Esq.
General Counsel
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 16th day of August, 2020.

INVESTIGATIVE COMMITTEE OF THE NEVADA
STATE BOARD OF MEDICAL EXAMINERS

M. Neil Duxbury

M. Neil Duxbury, M.D., Chairman

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 10th day of August, 2020, I served a filed copy of the formal COMPLAINT, via USPS e-certified, return receipt mail to the following:

**Gary Manley, PA-C
c/o Todd Weiss, Esq.
John H. Cotton & Associates, LTD.
7900 W. Sahara, Suite 200
Las Vegas, NV 89117
(702) 832-5909
TWeiss@jhcottonlaw.com**

Dated this 10th day of August, 2020.



Sheri L. Quigley, Legal Assistant

THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and

Case No. 20-36618-2

Complaint Against

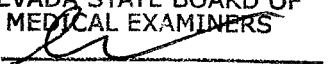
FILED

GARY MANLEY, PA-C,

SEP 11 2020

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Gary Manley, PA-C (Respondent), a physician assistant licensed in Nevada, through his attorney Todd Weiss, Esq., of John Cotton & Associates, Ltd., hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. Background

1. Respondent is a physician assistant currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on March 1, 2010 (License No. PA1209).

2. On August 10, 2020, in Case No. 20-36618-2, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges Count I, Violation of Standards of Practice, NRS 630.306(1)(b)(2), Count II, Failure to Maintain Proper Medical Records, NRS 630.3062(1)(a), Count III, Malpractice, NRS 630.301(4), Count IV, Violation of Standards of Practice, NRS 630.306(1)(b)(2), Count V, Failure to Maintain Proper Medical Records, NRS 630.3062(1)(a), Count VI, Malpractice, NRS 630.301(4),

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

1 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 4. Respondent was properly served with a copy of this Complaint, has reviewed and
4 understands this Complaint, and has had the opportunity to consult with competent counsel
5 concerning the nature and significance of this Complaint.

6 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
7 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
8 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
9 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
10 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
11 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
12 Complaint, the right to representation by counsel, at his own expense, in the preparation and
13 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
14 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
15 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

16 6. Respondent understands that, under the Board's charge to protect the public by
17 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
18 license, including license probation, license suspension, license revocation and imposition of
19 administrative fines, as well as any other reasonable requirement or limitation, if the Board
20 concludes that Respondent violated one or more provisions of the Medical Practice Act.

21 7. Respondent understands and agrees that this Agreement, by and between
22 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
23 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
24 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
25 Board has the right to decide in its own discretion whether or not to approve this Agreement.
26 Respondent further understands and agrees that if the Board approves this Agreement, then the
27 terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

28 /

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.** Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights.** In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. Consent to Entry of Order. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

- a. Respondent admits to Count I-VI.
- b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within six (6) months of the Board's acceptance, adoption and approval of this Agreement, the current amount being \$4981.50, not including any costs that may be necessary to finalize this Agreement by making six monthly payments of \$830.25. First payment due on September 18, 2020, and last payment tendered no later than March 11, 2021.
- c. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.
- d. Respondent shall receive a Public Letter of Reprimand.
- e. The remaining counts of the Complaint, and any other claims arising from Board Investigation No. 16-16948, shall be dismissed with prejudice.
- f. Respondent shall take twenty (20) hour of live, in-person continuing medical education (CME) related to best practices in the prescribing of controlled substances before or within the ninety (90) days from the date of the Board's acceptance, adoption and approval of this Agreement. [Respondent completed UNR's Best Prescribing Course on Tk (need date)].

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6. **Release From Liability.** In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

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8. **Effect of Acceptance of Agreement by Board.** In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board.** In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect.** If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause.** The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs.** The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms.** Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may

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result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).
Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a
condition of this Agreement may subject Respondent to civil collection efforts.

Dated this 17th day of AUG, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: [Signature]
Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

John Cotton & Associates, Ltd.

By: [Signature]
Todd Weiss, Esq.
Attorneys for Respondent

Dated this 14th day of August, 2020.

[Signature]
Gary Manley, PA-C Respondent

1 **IT IS HEREBY ORDERED** that the foregoing Amended Settlement Agreement (20-36618-2) is
2 approved and accepted by the Nevada State Board of Medical Examiners on the 11th day of
3 September, 2020, with the final total amount of costs due of \$4,981.50.

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7 Rachakonda D. Prabhu, M.D., President
8 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-224-CS-S

Petitioner,

v.

STIPULATION AND ORDER

**GARY MANLEY, PA-C,
Certificate of Registration No. CS18989,**

Respondent.

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Gary Manley, PA-C, Certificate of Registration No. CS18989, by and through counsel, Todd M. Weiss, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. 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.
3. On or about December 14, 2020, Respondent filed an Answer and Notice of Defense to the Accusation.
4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. 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).
6. 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).

7. 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*, that:

A. On or about September 11, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-36618-2, and imposed discipline on Respondent's License No. PA1209 to practice medicine for violations of NRS Chapter 630 related to prescribing opioid medication;

B. Respondent has violated NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-36618-2, and therefore violated NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, and is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(12) and NRS 639.23916(3)(b);

C. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-36618-2, and therefore violating NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, 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), NRS 639.210(4) and NRS 639.23916(3)(b); and

D. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-36618-2, and therefore violating NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

8. 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.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The registration of Respondent Gary Manley, PA-C, Certificate of Registration No. CS18989, is suspended. The suspension is stayed, and Respondent is placed on probation for a period of one (1) year subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a prescribing practitioner under NRS Chapter 453 and Chapter 639;

B. Respondent shall pay a fine of Two-Thousand Five-Hundred Dollars (\$2500.00) for the alleged violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order;

C. Respondent shall pay One-Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order;

D. Respondent shall establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription issued for the treatment of chronic pain complies with the provisions of NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, and all applicable regulations; and

E. Respondent shall comply with all federal and state statutes and regulations

regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

10. Upon successful completion of probation, Respondent's Certificate of Registration No. CS18989 will be fully restored.

11. Any failure by Respondent to comply with the terms of this Order 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 Order by Respondent, the Board may lift the stay of suspension, and immediately suspend Certificate of Registration No. CS18989. 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 April 14, 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 this 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

Signed this ____ day of March, 2021

GARY MANLEY, PA-C,
Certificate of Registration No. CS18989

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ____ day of March, 2021

TODD M. WEISS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Gary Manley, PA-C, Certificate of Registration No. CS18989, in Case No. 20-224-CS-S and 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

5G

JUL 12 2019

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.	)	
	)	NOTICE OF INTENDED ACTION
ERIC MARTIN MATH, MD,	)	AND ACCUSATION
Certificate of Registration No. CS04598,	)	
	)	
Respondent.	/	

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**I.**

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**II.**

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).

III.

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.

IV.

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.

APPLICABLE LAW

V.

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).

VI.

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.

VII.

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).

VIII.

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).

FIRST CAUSE OF ACTION

IX.

By failing to comply with the Federal requirements pertaining to controlled substances, Math 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

X.

By surrendering his DEA Certificate of Registration No. FM2307468 for cause, the suspension of Math's Nevada Controlled Substance Registration, Certificate No. CS04598 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

THIRD CAUSE OF ACTION

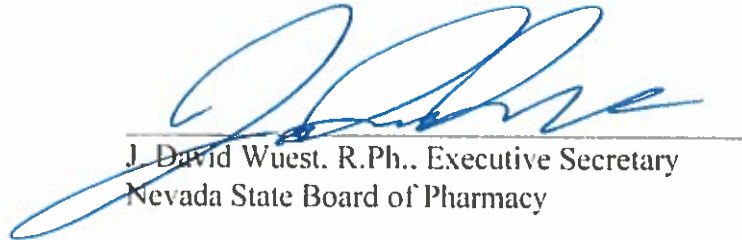
XI.

By failing to comply with the Federal requirements pertaining to controlled substances, Math is subject to discipline pursuant to NRS 639.210(11) and/or (12), and NRS 639.255.

XII.

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 12th day of July, 2019.



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 of two 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 639.320; 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,	)	CASE NO. 19-083-CS-N
	)	
Petitioner,	)	
v.	)	
	)	STATEMENT TO THE
ERIC MARTIN MATH, MD,	)	RESPONDENT
Certificate of Registration No. CS04598,	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
Respondent.	/	RIGHT TO 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 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 4, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada.

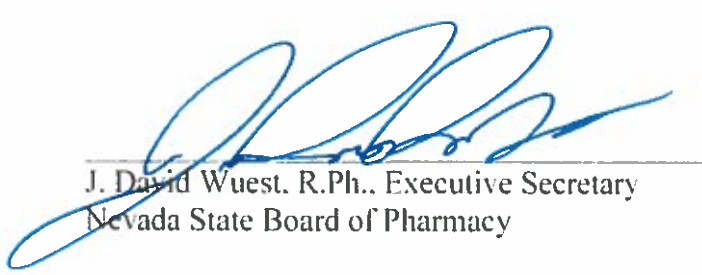
IV.

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 12th day of July, 2019.

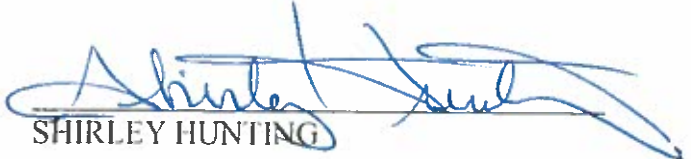


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Eric Math, MD
6580 Mahogany Ridge Drive
Reno, NV 89523


SHIRLEY HUNTING

ORIGINAL

FILED

SEP - 3 2019

NEVADA STATE BOARD
OF PHARMACY

1 **DAVID R. HOUSTON, ESQ.**
2 Nevada Bar No. 2131
3 **LAW OFFICE OF DAVID R. HOUSTON**
4 A Professional Law Corporation
5 432 Court Street
6 Reno, Nevada 89501
Telephone: 775.786.4188
Facsimile: 775.786.5573
Attorney for Defendant

7 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

9	NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 19-083-CS-N
	)	
10	Petitioner,)	
	)	
11	vs.)	ANSWER AND NOTICE OF DEFENSE
	)	
12	ERIC MATH, M.D.)	Date of Hearing: Sept. 4, 2019
	)	
13	Certificate of Registration No. CS04598,)	Time of Hearing: 9:00 a.m.
	)	
14	Respondent,)	
	)	
15	/	

16 Respondent, ERIC MATH, MD (hereinafter "Dr. Math"), by and through his attorney,
17 DAVID R. HOUSTON, ESQ., of THE LAW OFFICE OF DAVID R. HOUSTON, in answer to
18 the Notice of Intended Action and Accusation filed in the above-entitled matter before the
19 Nevada State Board of Pharmacy declares:

- 20 1. That he is currently under indictment in the United States District Court for the District of
21 Nevada in the case of United States of America vs. Myron Motley, Eric Math, M.D.,
22 Michael Kwoka, Michael Slater, Joseph Jeannette, Ivy Elliott, and Alesia Sampson, Case
23 No.: 3:19-CR-00026-LRH-CBC (hereinafter "the federal case").
- 24 2. That the facts and circumstances alleged in the Nevada State Board of Pharmacy Notice
25 of Intended Action and Accusation are the same or are substantially similar to the facts
26 and circumstances alleged by the United States Attorney's Office in the federal case.
- 27 3. That providing any specific factual response to the Notice of Intended Action and
28 Accusation would require Dr. Math to make statements that could be used against him in
proceedings in the federal case.

- 1 4. The privilege against self-incrimination embodied in the Fifth Amendment to the United
2 States Constitution, applicable to the states through the Fourteenth Amendment to the
3 United States Constitution, can be “claimed in any proceeding, be it criminal or civil,
4 administrative or judicial, investigatory or adjudicatory... it protects any disclosures
5 which the witness may reasonably apprehend could be used in a criminal prosecution or
6 which could lead to other evidence that might be so used”. In re Gault, 387 U.S. 1,47-48
7 (1967), quoting Murphy v. Waterfront Comm’n, 378 U.S. 52, 94 (1964) (emphasis added
8 in original).
- 9 5. “[T]he availability of privilege does not turn upon the type of proceeding in which its
10 protection is invoked, but upon the nature of the statement or admission and the exposure
11 which it invites. The privilege may, for example, be claimed in a civil or administrative
12 proceeding, if the statement is or may be inculpatory”. In re Gault, 387 U.S. 1, 48 (1967)
13 (emphasis added).
- 14 6. Dr. Math cannot be compelled to answer the specific allegations set forth in the Notice of
15 Intended Action and Accusation.
- 16 7. Dr. Math’s refusal to answer the allegations is in no way an admission of any of the
17 allegations.

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- 28

DATED this 3rd day of 3 September 2019.

775-786-4188
Telephone

DATED this 3rd day of September 2019.

Crystal Guardino
Crystal Guardino

**SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION**

DEA USE ONLY

File No.

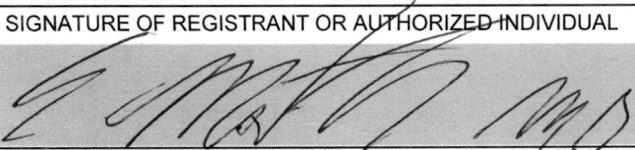
In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) 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.

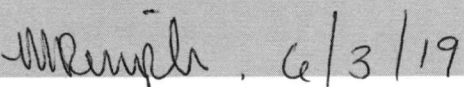
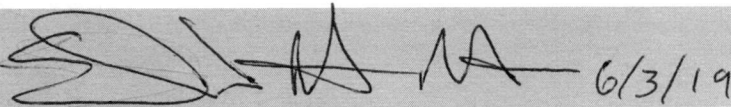
I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

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	
		6/3/19	

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
 6/3/19	Special Agent
NAME AND DATE	TITLE
 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.



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.

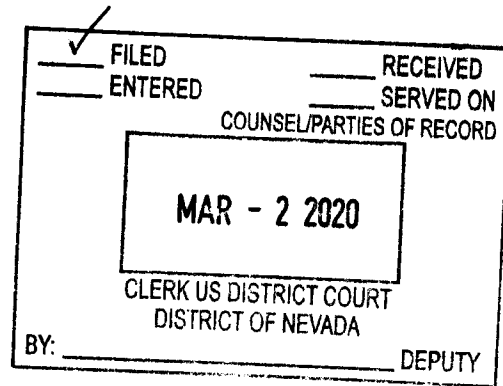
Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

Brett Kandt
 General Counsel
 Nevada State Board of Pharmacy

1 NICHOLAS A. TRUTANICH
 United States Attorney
 2 District of Nevada
 Nevada Bar Number 13644
 3 ROBERT A. KNIEF
 Assistant United States Attorney
 4 501 Las Vegas Boulevard South, Suite 1100
 Las Vegas, Nevada 89101
 5 Telephone: (702) 388-6336
 Email: Robert.Knief@usdoj.gov
 6 Counsel for Plaintiff United States



7
 8 **UNITED STATES DISTRICT COURT
 FOR THE DISTRICT OF NEVADA**

9 UNITED STATES OF AMERICA,
 10 Plaintiff,
 11 v.
 12 ERIC MATH,
 13 Defendant.

No. 3:19-cr-0026-LRH-WGC

**Plea Agreement Pursuant to Fed. R. Crim. P.
 11(c)(1)(A) and (B)**

14
 15 This plea agreement between Eric Math (“defendant”) and the United States Attorney’s
 16 Office for the District of Nevada (the “USAO”) sets forth the parties’ agreement regarding the
 17 criminal charges referenced herein and the applicable sentences, in the above-captioned case.
 18 This agreement binds only defendant and the USAO and does not bind the district court, the
 19 U.S. Probation Office, or any other federal, state, local, or foreign prosecuting, enforcement,
 20 administrative, or regulatory authorities. This agreement does not prohibit the USAO or any
 21 agency or third party from seeking any other civil or administrative remedies, including civil
 22 forfeiture *in rem*, directly or indirectly against defendant or defendant’s property.

23 This agreement becomes effective upon signature by defendant, defendant’s counsel, and
 24 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.

1 6. Parole Abolished: Defendant acknowledges that defendant's prison sentence
2 cannot be shortened by early release on parole because parole has been abolished.

3 7. Supervised Release: Defendant understands that supervised release is a period of
4 time following imprisonment during which defendant will be subject to various restrictions and
5 requirements. Defendant understands that if defendant violates one or more of the conditions of
6 any supervised release imposed, defendant may be returned to prison for all or part of the term of
7 supervised release authorized by statute for the offense that resulted in the term of supervised
8 release.

9 8. Factors under 18 U.S.C. § 3553: Defendant understands that the district court
10 must consider the factors set forth in 18 U.S.C. § 3553(a) in determining defendant's sentence.
11 However, the statutory maximum sentence limits the district court's discretion in determining
12 defendant's sentence.

13 9. Potential Collateral Consequences of Conviction: Defendant understands that, by
14 pleading guilty, defendant may be giving up valuable government benefits and valuable civic
15 rights, such as the right to vote, the right to possess a firearm, the right to hold office, and the
16 right to serve on a jury. Defendant understands that once the district court accepts defendant's
17 guilty plea, it will be a federal felony for defendant to possess a firearm or ammunition.
18 Defendant understands that the conviction in this case may also subject defendant to various
19 other collateral consequences, including but not limited to revocation of probation, parole, or
20 supervised release in another case and suspension or revocation of a professional license.
21 Defendant understands that unanticipated collateral consequences will not serve as grounds to
22 withdraw defendant's guilty plea.

23 10. Potential Removal/Deportation Consequences of Conviction: Defendant
24 understands that, if defendant is not a United States citizen, the felony conviction in this case

1 may subject defendant to removal, also known as deportation, which may, under some
2 circumstances, be mandatory; denial of citizenship; and denial of admission to the United States
3 in the future. The district court cannot, and defendant's attorney also may not be able to, advise
4 defendant fully regarding the immigration consequences of the felony conviction in this case.

5 Defendant understands that unexpected immigration consequences will not serve as grounds to
6 withdraw defendant's guilty plea.

7 **V. FACTUAL BASIS**

8 11. Defendant admits that defendant is, in fact, guilty of the offense to which
9 defendant is agreeing to plead guilty. Defendant acknowledges that if defendant elected to go to
10 trial instead of pleading guilty, the USAO could prove defendant's guilt beyond a reasonable
11 doubt. Defendant further acknowledges that defendant's admissions and declarations of fact set
12 forth below satisfy every element of the charged offense. Defendant waives any potential future
13 claim that the facts defendant admitted below are insufficient to satisfy the elements of the
14 charged offense. Defendant admits and declares under penalty of perjury that the facts set forth
15 below are true and correct:

16 Between about October 21, 2018, and continuing to on or about May 23, 2019, I entered
17 into an agreement with Myron Motley, Joe Jeannette, and others. We agreed to distribute
18 controlled substances, specifically oxycodone and hydrocodone. I would write prescriptions to
19 my co-conspirators not for a legitimate medical purpose and not in the usual course of
20 professional practice. They would fill the prescriptions and give some of this pills to Motley for
21 further sales. Sometimes I would be paid in cash for writing the prescriptions and sometimes I
22 would write prescriptions for myself and have the co-conspirator fill the prescription and I would
23 receive the pills.

I joined in the agreement knowing its purpose was unlawful and with the intent to help accomplish that purpose. This activity occurred 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:	<u>+2</u>
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;

1 b. The offense charged in count 1 did not result in death or serious bodily
2 injury to any person; and

3 c. Defendant was not an organizer, leader, manager, or supervisor of others in
4 the offense charged in count 1 and was not engaged in a continuing criminal enterprise.

5 d. Defendant and the USAO have made no agreement whether defendant
6 qualifies for safety-valve relief from the statutory minimum sentence, and Defendant agrees that,
7 if the district court determines he does not qualify, that determination will not serve as grounds
8 to withdraw defendant's guilty plea.

9 15. Reduction for Acceptance of Responsibility: Under USSG § 3E1.1(a), the USAO
10 will recommend that defendant receive a two-level downward adjustment for acceptance of
11 responsibility unless defendant (a) fails to truthfully admit facts establishing a factual basis for the
12 guilty plea when defendant enters the plea; (b) fails to truthfully admit facts establishing the
13 amount of restitution owed when defendant enters the guilty plea; (c) fails to truthfully admit
14 facts establishing the forfeiture allegations when defendant enters the guilty plea; (d) provides
15 false or misleading information to the USAO, the Court, Pretrial Services, or the Probation
16 Office; (e) denies involvement in the offense or provides conflicting statements regarding
17 defendant's involvement or falsely denies or frivolously contests conduct relevant to the offense;
18 (f) attempts to withdraw defendant's guilty plea; (g) commits or attempts to commit any crime;
19 (h) fails to appear in court; or (i) violates the conditions of pretrial release.

20 Under USSG § 3E1.1(b), if the district court determines that defendant's total offense
21 level before operation of § 3E1.1(a) is 16 or higher, and if the USAO recommends a two-level
22 downward adjustment pursuant to the preceding paragraph, the USAO will move for an
23 additional one-level downward adjustment for acceptance of responsibility before sentencing
24

1 because defendant communicated defendant's decision to plead guilty in a timely manner that
2 enabled the USAO to avoid preparing for trial and to efficiently allocate its resources.

3 16. Criminal History Category. Defendant acknowledges that the district court may
4 base defendant's sentence in part on defendant's criminal record or criminal history. The district
5 court will determine defendant's criminal history category under the sentencing guidelines.

6 17. Additional Sentencing Information: The stipulated sentencing guidelines
7 calculations are based on information now known to the parties. Defendant understands that
8 both defendant and the USAO are free to (a) supplement the facts in this agreement by supplying
9 relevant information to the U.S. Probation and Pretrial Services Offices and the district court
10 regarding the nature, scope, and extent of defendant's criminal conduct and any aggravating or
11 mitigating facts or circumstances; and (b) correct any and all factual misstatements relating to the
12 district court's sentencing guidelines calculations and determination of sentence. While this
13 paragraph permits both the USAO and defendant to submit full and complete factual
14 information to the U.S. Probation and Pretrial Services Offices and the district court, even if that
15 factual information may be viewed as inconsistent with the facts agreed to in this agreement, this
16 paragraph does not affect defendant's and the USAO's obligations not to contest the facts agreed
17 to in this agreement. Good faith efforts to provide truthful information or to correct factual
18 misstatements shall not be grounds for defendant to withdraw defendant's guilty plea.

19 Defendant acknowledges that the U.S. Probation Office may calculate the sentencing
20 guidelines differently and may rely on additional information it obtains through its investigation.
21 Defendant also acknowledges that the district court may rely on this and other additional
22 information as it calculates the sentencing guidelines range and makes other sentencing
23 determinations, and the district court's reliance on such information shall not be grounds for
24 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

1 pursuant to this agreement, defendant will remain bound by the provisions of this agreement and
2 will not be able to withdraw the guilty plea, and (b) the USAO will be relieved of all its
3 obligations under this agreement.

4
5 **XIII. COURT AND UNITED STATES PROBATION
AND PRETRIAL SERVICES OFFICE NOT PARTIES.**

6 29. Defendant understands that the Court and the U.S. Probation and Pretrial
7 Services Office are not parties to this agreement and need not accept any of the USAO's
8 sentencing recommendations or the parties' agreements to facts or sentencing factors.

9 30. Defendant understands that both defendant and the USAO are free to argue on
10 appeal and collateral review that the district court's sentencing guidelines calculations and the
11 sentence it chooses to impose are not error.

12 31. Defendant understands that even if the district court ignores any sentencing
13 recommendation, finds facts or reaches conclusions different from those agreed to by the parties,
14 or imposes any sentence up to the maximum established by statute, defendant cannot, for that
15 reason, withdraw defendant's guilty plea, and defendant will remain bound to fulfill all
16 defendant's obligations under this agreement. Defendant understands that no one—not the
17 prosecutor, defendant's attorney, or the Court—can make a binding prediction or promise
18 regarding the sentence defendant will receive, except that it will be within the statutory
19 maximum.

20 **XIV. ADDITIONAL ACKNOWLEDGMENTS**

21 32. The Defendant acknowledges that:

22 a. Defendant read this agreement and defendant understands its terms and
23 conditions.

1 b. Defendant had adequate time to discuss this case, the evidence, and this
2 agreement with defendant's attorney.

3 c. Defendant carefully and thoroughly discussed all terms of this agreement
4 with defendant's attorney.

5 d. Defendant understands the terms of this agreement and voluntarily agrees
6 to those terms.

7 e. Defendant has discussed with defendant's attorney the following: the
8 evidence; defendant's rights; possible pretrial motions that might be filed; possible defenses that
9 might be asserted either prior to or at trial; the sentencing factors set forth in 18 U.S.C. 3553(a);
10 the relevant sentencing guidelines provisions; and consequences of entering into this agreement.

11 f. The representations contained in this agreement are true and correct,
12 including the factual basis for defendant's offense set forth in this agreement.

13 g. Defendant was not under the influence of any alcohol, drug, or medicine
14 that would impair defendant's ability to understand the agreement when defendant considered
15 signing this agreement and when defendant signed it.

16 33. Defendant understands that defendant alone decides whether to plead guilty or go
17 to trial, and acknowledges that defendant has decided to enter defendant's guilty plea knowing of
18 the charges brought against defendant, defendant's possible defenses, and the benefits and
19 possible detriments of proceeding to trial.

20 34. Defendant understands that no promises, understandings, or agreements other
21 than those set forth in this agreement have been made or implied by defendant, defendant's
22 attorney, or the USAO, and no additional promises, agreements, or conditions shall have any
23 force or effect unless set forth in writing and signed by all parties or confirmed on the record
24 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

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

6

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**REBEKAH KEECHLER, RPH,
Certificate of Registration No. 16372,**

Respondent.

CASE NO. 07-013-RPH-N

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Rebekah Keechler, R.Ph., Certificate of Registration No. 16372,

HEREBY STIPULATE AND AGREE THAT:

1. Respondent admits to a substance abuse disorder that that could subject her to suspension of her Certificate of Registration No. 16372 pursuant to NRS 639.2445.
2. 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 her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
3. Respondent shall enter evaluation and treatment for her substance abuse disorder for a minimum period of five years from a clinician licensed in Nevada as 1) a Marriage & Family Therapist (MFT) or Clinical Professional Counselor (CPC); and 2) as a Clinical Alcohol and Drug Abuse Counselor (LCADC), and comply with all terms and conditions of treatment.
4. The clinician providing treatment to Respondent shall provide quarterly status reports to the Board's Executive Secretary during the 5-year period of treatment.

5. Respondent shall not work in any pharmacy, or in any position in which she might have access to prescription drugs, during the 5-year period of treatment without prior approval from the Board's Executive Secretary.

6. Respondent shall not work as a pharmacist in charge (PIC) in any pharmacy during the 5-year period of treatment.

7. Any failure by Respondent to comply with the terms of this Order 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 Order by Respondent, the Board may take further action in conformance with NRS 639.2445 and/or initiate disciplinary action consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

8. 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 April 14, 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 this Stipulation, even if Respondent is not present at the meeting.

9. 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.

Respondent has fully considered 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 April, 2021

Signed this ____ day of April, 2021

REBEKAH KEECHLER, RPH,
Certificate of Registration No. 16372

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Rebekah Keechler, R.Ph., Certificate of Registration No. 16372, in Case No. 07-013-RPH-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of April, 2021.

Helen Park, President
Nevada State Board of Pharmacy

7

REVISED LETTER OF REINSTATEMENT

breana clark <' n>

Tue 2/23/2021 1:39 PM

To Shirley Hunting <shunting@pharmacy.nv.gov>;

Breana Clark

[Woodview St](#)
[North Las Vegas, NV 89031](#)

02/23/2021

Nevada State Board of Pharmacy
[431 W Plumb Ln](#)
[Reno, NV 89509](#)

Members of the Board,

I am petitioning for reinstatement of my Nevada State Pharmacy Technician license which was revoked in May 2012. I request to appear before the Board to present my case. I will accept service of the notice by email and waive the 21-day notice requirement.

In May 2012 my license was revoked due to poor decision-making. I was unable to pull myself out of an abusive relationship that had spiraled out of control and ended in my partner's uncontrollable substance addiction and violent abuse. Since then I have constantly held at least two jobs to support my family of three. I have not allowed my past mistakes to define me, having received promotions to managerial positions at most of my jobs and I continue to focus on my professional maturity.

I have managed to reconnect with my family and friends after being isolated during my past relationship that often resulted in violence. I am certain that my support system is stronger than it has ever been and I look forward to leaning on them during trying times. I also have the support of my youngest child's father who works hard to provide a healthy environment for our family. I can confidently say I am in the best place mentally and physically than I have been in a long time.

I deeply regret the decisions I made back in 2012 and I am stronger mentally because of it.

I am ready to step back into the career I have always wanted. Not only am I a childhood cancer survivor, but I have also overcome a tumultuous childhood that makes me eager to give my children a different lifestyle. After witnessing the damage done by substance abuse and being a cancer patient at a young age, I learned the value of medicine. Working in pharmacology became my dream career and I wish to regain access down that pathway. During my time as a pharmacy technician, I saw the impact we can have in the community and I miss helping people in such a way. I wish to be able to be a part of that community again per your reinstatement of my license.

Sincerely,
Breana Clark

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION
AND ACCUSATION

v.

BREANA CLARK, PT
Certificate of Registration No. PT10241,

Case No. 12-022-PT-S

Respondent.

_____ /

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Clark is a registered pharmaceutical technician with the Board.

II.

On or about April 2, 2012, Board staff was notified that Ms. Clark had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #8778. An internal investigation into the loss of controlled substances was conducted at CVS/pharmacy #8778. Ms. Clark was interviewed by CVS/pharmacy's loss prevention personnel and she confessed to having diverted controlled substances from the pharmacy. In a written statement Ms. Clark indicated that she had been taking the drugs for her boyfriend because he asked her to. He was selling the drugs and the money was helping pay their bills. Ms. Clark indicated that the more drugs she brought home the more he loved her. Ms. Clark admitted that she took approximately 30 to 40 bottles of promethazine with codeine and five stock bottles of 500 hydrocodone/APAP 10/500 tablets.

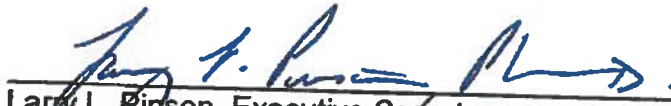
FIRST CAUSE OF ACTION

III.

In removing controlled substances from her employing pharmacy, namely hydrocodone/APAP 10/500 tablets and promethazine with codeine without prescriptions therefore, Ms. Clark violated (NRS) 453.331(1)(d), and/or 453.336(1) and/or 639.210(1) and/or (4) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 11th day of April, 2012.


Larry L. Pinson, 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,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**BREANA CLARK, PT
Certificate of Registration No. PT10241,**

Case No. 12-022-PT-S

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 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 Nevada State Board of Pharmacy 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 Nevada State Board of Pharmacy 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 reserved Wednesday, July 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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 11th day of April, 2012.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE
OF DEFENSE

BREANA CLARK, PT
Certificate of Registration No. PT10241,

Case No. 12-022-PT-S

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 _____, 2012.

Breana Clark, PT

that someone had signed for the Accusation. Ms. Cramer presented the notice of hearing letter that was sent to the same address as Exhibit 2.

Don Dugger, CVS loss prevention, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Dugger testified to the procedures involved in his investigative process for potential theft from CVS pharmacies. Mr. Dugger identified Exhibit 3 as the written statement he took from Marisa Rowe. Ms. Rowe admitted in her written statement that she had taken approximately 12 to 15 bottles of promethazine with codeine, approximately 12 stock bottles of 500 hydrocodone/APAP 10/500 tablets, approximately 7 to 8 stock bottles of 100 hydrocodone/APAP 10/500 tablets, approximately 8 to 9 stock bottles of 500 hydrocodone 10/325 tablets, approximately 20 to 25 stock bottles of 100 Alprazolam 2 mg. tablets, one stock bottle of zolpidem 10 mg., and one stock bottle of 100 phentermine 37.5 mg. from CVS #4495.

Board Action:

Motion: Kam Gandhi moved to find Ms. Rowe guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Ms. Rowe's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

E. Breana Clark, PT (12-022-PT-S)

NOTE: Jody Lewis recused from participation in this matter as she is employed by CVS.

Carolyn Cramer noted that Ms. Clark was not present for hearing even though she had received her Accusation. Ms. Cramer presented the return receipt as Exhibit 1 showing that someone had signed for the Accusation. Ms. Cramer presented the notice of hearing letter that was sent to the same address as Exhibit 2.

Don Dugger, CVS loss prevention, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Dugger testified to the procedures involved in his investigative process for potential theft from CVS pharmacies. Mr. Dugger identified Exhibit 3 as the written statement he took from Breana Clark. Ms. Clark admitted in her written statement that she had taken

approximately 30 to 40 bottles of promethazine with codeine and five stock bottles of 500 hydrocodone/APAP 10/500 tablets.

Board Action:

Motion: Kam Gandhi moved to find Ms. Clark guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Russ Smith moved to revoke Ms. Clark's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

F. John J. Dudek Jr, MD (12-008-CS-S)

This matter was continued to the October Board meeting.

G. Angela Lorenzo, PA (11-091-PD-S)

H. Angela Lorenzo, PA (11-091-CS-S)

Angela Lorenzo was not present, however Jacob Hafter was present to represent her.

Carolyn Cramer presented a Stipulated Agreement on behalf of Ms. Lorenzo. She indicated that Ms. Lorenzo plead no contest to the First, Third and Fifth Causes of Action and acknowledged that Ms. Lorenzo understands her responsibility to ensure dispensing drugs is done pursuant Nevada law. The Fourth, and Sixth Causes of Action are dismissed in exchange for the admissions made in the other Causes of Action. Upon approval by the Board, Ms. Lorenzo shall voluntarily surrender her Dispensing Registration # PD12166 on August 17, 2012. The surrender will be treated in Nevada as a revocation. Ms. Lorenzo will retain her Controlled Substance registration #CS12166.

Board Action:

Motion: Kam Gandhi moved to accept the Stipulated Agreement as presented.

Second: Jody Lewis

Action: Passed Unanimously

I. Chetankumar Patel, R.Ph (10-090-RPH-S)

J. Walgreens #04197 (10-090-PH-S)

8

8A

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: Alita Middle: Last Carter
 Home Address: E Charleston Blvd Apt#: 11
 City: Las Vegas State: Nv Zip Code: 89104
 Telephone: Social Security Number:
 Date of Birth: Place of Birth: Riverside, California 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: Northwest Career College Store #: n/a
 Address: 7398 Smoke Ranch Rd
 City: Las Vegas State: NV Zip Code: 89128
 Signature of Managing Pharmacist: [Signature] Lic #: PT 20606 Date: 12/21/20

(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	05/08/2018	3CA14540	Losangeles	Central Arraignment 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 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 same to an agency which provides child welfare services or to a local law enforcement agency.

Alita Carter
 Original Signature, no copies or stamps accepted

12/5/2020

Date

Board Use Only Date Processed:

Amount: \$2.00

To: Nevada State Board of Pharmacy

12/18/20

My name is Alita Carter and I am currently attending the Pharmacy Technician program at Northwest Career College in Las Vegas. I am writing to provide details about three charges I received between the years 2013 - 2017. It is important to note that I was not convicted of any of the following charges - all charges were dropped. Please see the details below:

- Petty Theft Case #3CA14540 Los Angeles, CA Arrest date: 04/17/2013

I was with a group of friends on my way to my job when we decided to stop at a Rite-Aid on the way. As I was browsing one area of the store, my friends were in another area stealing items. I was unaware of what they were doing. As we attempted to leave the store, the security guard stopped us all and took us to the back of the store. They called the police, who arrived and arrested all of us immediately for theft, even though when they searched me, I did not have any stolen items in my possession. I attended my required court hearing at which the police confirmed with the judge that they did not find any stolen items on me. As a result, the judge agreed to drop my theft charge and simply give me an infraction for being with a group of individuals who were committing a crime. I was extremely grateful for this decision and have since made a meaningful effort not to surround myself with people who make poor decisions. Even though I did not steal that day, I take full responsibility for being in the presence of people who were choosing to knowingly commit a crime.

- Domestic Battery Case #14pcn001380-0000 Las Vegas, NV Arrest date 07/10/2014

In July of 2014 I unfortunately got into a verbal argument with one of my neighbors outside our homes. My neighbor was yelling at me and I did not want to continue being involved with her, so I decided to walk away from her. When I had my back turned, she pulled me by my hair, hit me, and had her dog bite me in the arm. Because she had her dog attack me, I decided to call the police. When the police arrived, my neighbor falsely told the police that I hit her first. Since there were no witnesses to the incident, the police had to take both of us to jail. I was booked and kept in jail for one day. The next day, I had video court where I had the chance to explain what really happened. The judge decided to dismiss my case with no fines or requirements. In hindsight, I regret engaging with my neighbor in the first place. If I could do it again, I would have made the better decision of walking away immediately and not argue with her.

- Coercion W/ Physical Force Case #17crn000990-000 Las Vegas, NV Arrest date 05/08/2017

I was living with a roommate and one day he and I got into a verbal argument. My roommate, who was a 6'5 male weighing 240 lb, physically assaulted me by biting me on the leg. Because of this, I carelessly hit him back and immediately left the house to let the tension die. About 2 weeks later, he sent me a text message telling me that I had a warrant out for my arrest because he ended up calling the police on me after I left the house that night. For a reason I still do not understand, he called the police and fabricated a story that I had attacked him, beat him, and stole a wheelchair from him. It is important to note that he lied to the police about all of this, but most importantly about the fact that 1) he owned and used a wheelchair and 2) that I stole it from him. None of this was true. I called the courts to verify that I actually did have a warrant and they confirmed that I did. I was informed that my charge was a felony and that I was wanted on a \$23,000 bail. These two pieces of information made me terrified, and for that reason I did not turn myself in. I did not know what was going to happen to me and I thought that if I ignored it, it would go away. All I wanted was to get my life together and not be a felon, so out of fear I evaded my warrant for one whole year.

To: Nevada State Board of Pharmacy

12/18/20

During that time, I became pregnant with my son. Eventually, the knowledge that I was evading a warrant while about to bring a child into the world was eating me up inside. I knew I had to turn myself in, so I decided to work two jobs so that I could save up for a lawyer and hopefully avoid jail time when it was time. I decided to turn myself in when I was 6 months pregnant. I served 18 days in jail and was required to complete 6 months of Domestic Violence classes. I was not charged with any fines. Upon my completion of the classes, my case was dismissed. I was furious with my roommate, but at the end of the day I recognized that I put myself in the situation that I was in by hitting him. I take full responsibility of what happened in this case as well as all my cases. From them I have learned that our actions have consequences to them, but I am grateful that I have had the opportunity to learn and continue to live through those consequences. I am finally at peace with every good and bad thing that has happened to me.

Today, I am a manager at Popeyes. I have started fresh and have grown into a more mature and responsible mother. I have not been in any legal trouble since my last charge and no longer live a life where I put myself in those situations. I am currently working on getting my records sealed in both Nevada and California so that my past does not have to follow me anymore or prevent me from following my dreams. I am pursuing a career as a Pharmacy Technician because with COVID-19 going on, our community needs more helping hands in the medical field. I want to make a positive impact in the world and I truly believe that this is the path I was meant to take in order to do so. At this stage in my life, I am older, wiser, and have learned from my past mistakes. I am looking forward to being able to begin a new career in this field and hope that you will consider me despite my past. I will not let you down.

Thank you for your consideration,

Alita Carter

1
You have 0 new updates, 0 to-
dos and 0 updated cases.

Thank you for staying current on your payments.
We will be charging the credit card we have on file
for you when the next the payment is due.

Make Next Payment

BACKGROUND CHECK COMPANIES MAY STILL REPORT YOUR EXPUNGED RECORD

Make sure that does not happen. Get our [expedited record clearance update](#).

Learn More! >

RECORDGONE.COM



Services

This is a list of all of your services. Click on a
service to view more details.

17CRN000990-0000 STATE OF NEVADA VS CARTER, ALITA CLOSED

- Case Type:
CRIMINAL COMPLAINT NLV
- Case Status:
CLOSED
- File Date:
05/30/2017
- DCM Track:
- Action:
COERCION W/PHYSICAL FORCE OR IMMEDIATE THREAT OF PHYSICAL FORCE
- Status Date:
05/30/2017
- Case Judge:
LEE, CHRIS
- Next Event:

**RECEIVED FROM APPLICANT
PUBLIC DOCUMENT**

All Information Party Charge Ticket/Citation # Event Docket Disposition

Party Information

CARTER, ALITA
- DEFENDANT CR/TR

- Disposition

Alias

- Disp Date

- Scope ID Number
7010793

Party Attorney

- Attorney
- DEFENDER, PUBLIC
- Bar Code
- A00330
- Address
- Phone

[More Party Information](#)

Party Charge Information

- **CARTER, ALITA**
- - DEFENDANT CR/TR

Charge # 1:

53159 - FELONY COERCION W/PHYSICAL FORCE OR IMMEDIATE THREAT OF P

- Original Charge
- 53159 COERCION W/PHYSICAL FORCE OR IMMEDIATE THREAT OF P (FELONY)
- Indicted Charge

- Amended Charge

- DV Related?

- Modifiers

- Stage Date

- PCN
0030207802
- PCN Sequence
1

- Ticket #

- ATN #

- Tracking #

- Place of Offense
NORTH LAS VEGAS TOWNSHIP
- Offense Location

- Date of Offense
05/08/2017
- Complainant

Party Charge Disposition

Disposition Date

Disposition

04/26/2018

DISMISSED BEFORE PRELIM

Sentencing Information

- CARTER, ALITA
- - DEFENDANT CR/TR
- Charge # 2:
50235 - MISDEMEANOR DOMESTIC BATTERY, 1ST

- Original Charge
- 50235 DOMESTIC BATTERY, 1ST (MISDEMEANOR)
- Indicted Charge
- Amended Charge
- DV Related?
- Modifiers
- Stage Date
- PCN
- 0030207802
- PCN Sequence
- 2

- Ticket #
- ATN #
- Tracking #
- Place of Offense
- NORTH LAS VEGAS TOWNSHIP
- Offense Location
- Date of Offense
- 05/08/2017
- Complainant

Party Charge Disposition
Disposition Date
Disposition
03/18/2019
DISMISSED BEFORE TRIAL

Sentencing Information**Ticket/Citation #****Citation # : - NORTH LAS VEGAS TOWNSHIP**

- Offense Date
- 05/08/2017

- Agency
- METRO
- Officer
- Second Officer
- Complainant

- Speed Cited
- Speed Limit
- Location
- Insured/Proof
- Accident
- N
- Work Zone
- Haz Mat
- Points
- Priors
- License Taken
- N
- BAC

- Plate
- State
- Year
- Type
- Style
- Color

Events

<u>Date/Time</u>	<u>Location</u>	<u>Type</u>	<u>Result</u>	<u>Event Judge</u>
04/12/2018 08:30 AM	DEPARTMENT 3	FELONY ARRAIGNMENT NLV	ARRAIGNMENT HEARING HELD	LEE, CHRIS

12/10/2020

Case Details - Clark County Justice Court Case Search

<u>Date/Time</u>	<u>Location</u>	<u>Type</u>	<u>Result</u>	<u>Event Judge</u>
04/26/2018 09:00 AM	DEPARTMENT 3	PRELIMINARY HEARING NLV	SENTENCING HEARING HELD	LEE, CHRIS
05/24/2018 08:30 AM	DEPARTMENT 3	STATUS CHECK NLV	STATUS CHECK - HEARD	LEE, CHRIS
02/25/2019 08:30 AM	DEPARTMENT 3	STATUS CHECK NLV	STATUS CHECK - HEARD	LEE, CHRIS
03/18/2019 08:30 AM	DEPARTMENT 3	STATUS CHECK NLV	STATUS CHECK - HEARD	LEE, CHRIS

Docket Information

<u>Date</u>	<u>Description</u>	<u>Docket Text</u>	<u>Amount Owed</u>
05/08/2017	BAIL AMOUNT	BAIL AMOUNT Charge #1: COERCION W/PHYSICAL FORCE OR IMMEDIATE THREAT OF PHYSICAL FORCE	
05/08/2017	BAIL AMOUNT	BAIL AMOUNT Charge #2: DOMESTIC BATTERY, 1ST	
05/30/2017	COMPLAINT SWORN TO & FILED	COMPLAINT SWORN TO AND FILED:	
05/30/2017	ALERT INFORMATION	ALERT INFORMATION ARREST WARRANT - CRIMINAL issued on: 05/30/2017 For: CARTER, ALITA Bond Amt: \$ 23,000.00	
05/30/2017	INFORMATION	WARRANT OF ARREST ISSUED BY JUDGE HOO FOR JUDGE LEE	
04/10/2018	ALERT INFORMATION	ALERT INFORMATION ARREST WARRANT - CRIMINAL served on: 04/09/2018 For: CARTER, ALITA	
04/10/2018	SET FOR COURT APPEARANCE	SET FOR COURT APPEARANCE Event: FELONY ARRAIGNMENT NLV Date: 04/12/2018 Time: 8:30 am Judge: LEE, CHRIS Location: DEPARTMENT 3 Result: ARRAIGNMENT HEARING HELD	
04/12/2018	OFFICERS PRESENT NLVJC DEPT 3	C. Lee, JP S. Waters, DDA J. Wood, DPD M. Howard, CLK JAVS Recording	
04/12/2018	ARRAIGNMENT HEARING HELD	ARRAIGNMENT HEARING HELD INITIAL ARRAIGNMENT Defendant PRESENT in CCDC custody Complaint presented, advised, waives reading Public Defender appointed PRELIMINARY HEARING DATE SET CCDC/\$23,000 total bail	
04/12/2018	SET FOR COURT APPEARANCE	SET FOR COURT APPEARANCE Event: PRELIMINARY HEARING NLV Date: 04/26/2018 Time: 9:00 am Judge: LEE, CHRIS Location: DEPARTMENT 3	
04/26/2018	OFFICERS PRESENT NLVJC DEPT 3	C. Lee, JP Christopher Pandelis, DDA Jeremy Wood, DPD M. Howard, CLK JAVS Recording	
04/26/2018	BAIL SET	\$345.00 CASH BAIL OR 35 HOURS COMMUNITY SERVICE Charge #2: DOMESTIC BATTERY, 1ST Receipt: 7191880 Date: 03/18/2019	\$345.00

<u>Date</u>	<u>Description</u>	<u>Docket Text</u>	<u>Amount Owed</u>
04/26/2018	SENTENCING HEARING HELD	SENTENCING HEARING HELD THIS IS THE TIME SET FOR PRELIMINARY HEARING Defendant PRESENT in CCDC custody Admonishment of Rights signed by Defendant - Filed in Open Court COUNT 1: DISMISSED COUNT 2: Plea of NOLO entered by Defendant as Charged - BATTERY CONSTITUTING DOMESTIC VIOLENCE. ADJUDICATION WITHHELD Defendant sentenced to 30 days SUSPENDED; ORDERED to post and forfeit \$345.00 cash bail or perform 35 hours community service; complete 48 hours community service; attend domestic violence counseling (6 months) & stay out of trouble. If requirements are completed, case to be dismissed If requirements are not complete, Defendant to be adjudicated guilty and sentenced to jail time PASSED for completion of 3 domestic violence classes. O/R continues	
04/26/2018	SET FOR COURT APPEARANCE	SET FOR COURT APPEARANCE Event: STATUS CHECK NLV Date: 05/24/2018 Time: 8:30 am Judge: LEE, CHRIS Location: DEPARTMENT 3	
05/24/2018	OFFICERS PRESENT NLVJC DEPT 3	C. Lee, JP C. Pandelis, DDA J. Woods, DPD R. Mayo, CLK JAVS Recording	
05/24/2018	STATUS CHECK - HELD	STATUS CHECK - HELD Defendant PRESENT on O/R Defendant attended 3 of 28 domestic violence classes, owes \$955.00 PASSED for balance of requirements O/R continues	
05/24/2018	SET FOR COURT APPEARANCE	SET FOR COURT APPEARANCE Event: STATUS CHECK NLV Date: 02/25/2019 Time: 8:30 am Judge: LEE, CHRIS Location: DEPARTMENT 3	
02/25/2019	OFFICERS PRESENT NLVJC DEPT 3	C. Lee, JP M. Lavell, DDA S. Gutierrez, DPD M. Howard, CLK JAVS Recording	
02/25/2019	STATUS CHECK - HELD	STATUS CHECK - HELD Defendant PRESENT on O/R Defendant completed domestic violence counseling, fees paid in full Defendant provides a letter from Desaint Howard stating that the Defendant completed 84 hours community service at Magdalena's Vegas National Park. Letter is not on letterhead. Defendant states she paid \$50.00 (money order) directly to Desaint Howard. Money order was made out to Ms. Howard. States he performed community service from September 3rd through October 8th for 5 - 10 hours per day. Court trails matter to contact Ms. Howard. MATTER RECALLED Ms. Howard was contacted. She stated that she is not a non-profit organization. She just took it upon herself to recruit people to perform community service in an effort to make the neighborhood better. She also stated that the community service was not completed at a "national park", it was at a "neighborhood park". Court admonishes Defendant she will have to redo the community service hours. Court will give Defendant credit towards the fine for the \$50.00 she paid Ms. Howard. PASSED for balance of requirements to be completed O/R continues	
02/25/2019	SET FOR COURT APPEARANCE	SET FOR COURT APPEARANCE Event: STATUS CHECK NLV Date: 03/18/2019 Time: 8:30 am Judge: LEE, CHRIS Location: DEPARTMENT 3	

12/10/2020

Case Details - Clark County Justice Court Case Search

<u>Date</u>	<u>Description</u>	<u>Docket Text</u>	<u>Amount Owed</u>
03/18/2019	OFFICERS PRESENT NLVJC DEPT 3	C. Lee, JP R. Stephens, DDA S. Gutierrez, DPD A. Airth, CLK JAVS Recording	
03/18/2019	STATUS CHECK - HELD	STATUS CHECK - HELD Defendant PRESENT on O/R Defendant completed domestic violence counseling, fees paid in full Defendant completed 48 hours mandatory community service Defendant given \$50.00 credit towards cash bail. Defendant has \$295.00 to pay balance in full this morning - Forfeit. CASE DISMISSED	
03/18/2019	\$305-\$404 BAIL FORFEITURE 07/01/13-09/30/19	\$295.00 CASH BAIL - FORFEIT Charge #2: DOMESTIC BATTERY, 1ST Receipt: 7191904 Date: 03/18/2019	\$305.00
03/22/2019	CASE FILE HAS BEEN ELECTRONICALLY SCANNED	CASE FILE HAS BEEN ELECTRONICALLY SCANNED	

Case Disposition

<u>Disposition</u>	<u>Date</u>	<u>Case Judge</u>
UNDISPOSED		LEE, CHRIS

14PCN001380-0000 STATE OF NEVADA VS CARTER, ALITA CLOSED

- Case Type:
PROBABLE CAUSE NLV
- Case Status:
CLOSED
- File Date:
07/10/2014
- DCM Track:
- Action:
DOMESTIC BATTERY, 1ST
- Status Date:
07/10/2014
- Case Judge:
- Next Event:

All Information **Party** **Charge** **Ticket/Citation #** **Event** **Docket** **Disposition**

Party Information

CARTER, ALITA
- DEFENDANT CR/TR

- Disposition
- Disp Date
- Scope ID Number
7010793

[Alias](#)[Party Attorney](#)[More Party Information](#)**Party Charge Information**

- CARTER, ALITA
- - DEFENDANT CR/TR

Charge # 1:

50235 - MISDEMEANOR DOMESTIC BATTERY, 1ST

- Original Charge
- 50235 DOMESTIC BATTERY, 1ST (MISDEMEANOR)
- Indicted Charge
- Amended Charge
- DV Related?
- Modifiers
- Stage Date
- PCN
- PCN Sequence
1

- Ticket #
- ATN #
- Tracking #
- Place of Offense
NORTH LAS VEGAS TOWNSHIP
- Offense Location
- Date of Offense
07/09/2014
- Complainant

[Sentencing Information](#)**Ticket/Citation #****Citation # : - NORTH LAS VEGAS TOWNSHIP**

- Offense Date
07/09/2014

- Agency
METRO

[Speed Cited](#)

12/10/2020

Case Details - Clark County Justice Court Case Search

- Officer
- Second Officer
- Complainant

- Speed Limit
- Location
- Insured/Proof
- Accident
- N
- Work Zone
- Haz Mat
- Points
- Priors
- License Taken
- N
- BAC

- Plate
- State
- Year
- Type
- Style
- Color

Events

<u>Date/Time</u>	<u>Location</u>	<u>Type</u>	<u>Result</u>	<u>Event Judge</u>
07/10/2014 09:30 AM	DEPARTMENT 3	72 HOUR HEARING (VIDEO) NLV	FIRST APPEARANCE HELD	LEE, CHRIS

Docket Information

<u>Date</u>	<u>Description</u>	<u>Docket Text</u>	<u>Amount Owed</u>
07/09/2014	BAIL AMOUNT	BAIL AMOUNT Charge #1: DOMESTIC BATTERY, 1ST	
07/09/2014	SET FOR FIRST APPEARANCE	SET FOR FIRST APPEARANCE Event: 72 HOUR HEARING (VIDEO) NLV Date: 07/10/2014 Time: 9:30 am Judge: LEE, CHRIS Location: DEPARTMENT 3 Result: FIRST APPEARANCE HELD	
07/10/2014	INFORMATION	FIRST APPEARANCE HELD The following event: 72 HOUR HEARING (VIDEO) NLV scheduled for 07/10/2014 at 9:30 am has been resulted as follows: Result: FIRST APPEARANCE HELD Judge: LEE, CHRIS Location: DEPARTMENT 3	
07/10/2014	NO PC FOUND	NO PC FOUND Charge #1: DOMESTIC BATTERY, 1ST	
04/05/2017	DA DENIED	DA DENIED Charge #1: DOMESTIC BATTERY, 1ST	

Case Disposition

<u>Disposition</u>	<u>Date</u>	<u>Case Judge</u>
--------------------	-------------	-------------------

12/10/2020

Case Details - Clark County Justice Court Case Search

<u>Disposition</u>	<u>Date</u>	<u>Case Judge</u>
CLOSED	07/10/2014	

8B

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: Alexander Middle: _____ Last: Peralta

Home Address: 5 Decatur Blvd Apt#: _____

City: Las Vegas State: NV Zip Code: 89102

Telephone: _____ SS# or ITIN: _____

Date of Birth: _____ Place of Birth: Anaheim, CA, USA Sex: ☒ M or ☐ F

E-mail Address: Rxm.02598@walgreens.com

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 #: 02598

Address: 7685 S. Rainbow Blvd

City: Las Vegas State: NV Zip Code: 89139

Signature of Managing Pharmacist: [Signature] Lic #: 17653 Date: 10/20/20

(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 #:	
			/ /			
Criminal Action:	State	Date:	Case #:	County	Court	
	NV	07/15/2019	C1215233A	Clark	Las Vegas Municipal Court	

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?.....	Yes	No
	☐	☒
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: 11/25/20

Board Use Only Date Processed: _____ Amount: 50.00

Hello, my name is Alexander Peralta.

In July i did appear infront of the Board of Pharmacy because my tech in training license was not approved due to me getting a DIU in July of 2019. After the hearing the board did approve my license after i got an evaluation from dr. Larry Espadero and I did. my question is do i have to send any addition documents about this, or will i be okay to start my tech in training license?

Sincerely Alexander Peralta.

A handwritten signature in black ink, appearing to read 'Alexander Peralta', written in a cursive style.

The Board tabled Ms. Jackson's Application for Pharmaceutical Technician in Training Registration at her request.

D. Alexander E. Peralta

Alexander Peralta appeared and was sworn prior to answering questions and offering testimony.

Mr. Peralta disclosed a DUI that occurred in July of 2020. He explained that he was ordered to attend a victim's panel, attend ten alcoholics' anonymous meetings and pay a fine.

Board discussion ensued regarding having Mr. Peralta evaluated by PRN-PRN.

Board Action:

Motion: Jade Jacobo moved to approve Alexander Peralta's Application for Pharmaceutical Technician in Training pending a positive evaluation by PRN-PRN.

Second: Krystal Freitas

Action: Passed unanimously.

E. Brittani N. Walters

Brittani Walters appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Walters disclosed that in 2012 she was charged for petty theft and in 2014 she received a DUI.

The Board expressed concern that Ms. Walters did not disclose her 2014 DUI on her application.

After Board discussion, President Park offered Ms. Walters the option to table this matter to a future meeting to allow her time to submit an amended application and documentation regarding her DUI.

The Board tabled Ms. Walter's Application for Pharmaceutical Technician in Training Registration at her request.

12. Application for Pharmaceutical Technician Registration - Appearance:

Courtney R. Lee

8C

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: Jennifer Middle: Leigh Last: Shelley

Home Address: 1 Algiers Dr Apt#: _____

City: Las Vegas State: NV Zip Code: 89115

Telephone: _____ SS# or ITIN: _____

Date of Birth: _____ Place of Birth: Conroe, Texas 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 #: #04790

Address: 5082 E. Lake Mead

City: Las Vegas State: NV Zip Code: 89115

Signature of Managing Pharmacist: [Signature] Lic #: NV17708 Date: 2/3/21

(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 No conviction, No Charge, Deferred Judification Probation, Early release 7 1/2 Y

Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court
	TX	05/03/ 2006		Polk County Coldspring 411th Judicial District	

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: [Signature] Date: 2/19/2021

Board Use Only Date Processed: _____ Amount: 50



VOL0049 PB0067

CASE NO. 18,947 COUNT MULTIPLE
INCIDENT NO./TRN: CT ONE: 9123404922-A001; CT TWO: 9123404922-D001

THE STATE OF TEXAS

§
§
§
§
§
§
§

IN THE 411TH DISTRICT

V.

COURT

JENNIFER LEIGH FOX

POLK COUNTY, TEXAS

STATE ID No.: TX07709273

ORDER OF DEFERRED ADJUDICATION

Judge Presiding: HON. ROBERT HILL TRAPP Date Order Entered: 9/4/2007
Attorney for State: BEVERLY D. ARMSTRONG Attorney for Defendant: DAVID WINTERSGILL

Offense:

CT ONE: AGGRAVATED ASSAULT; CT TWO: AGGRAVATED ASSAULT W/DEADLY WEAPON

Charging Instrument:

INDICTMENT

Statute for Offense:

CT ONE: 22.02(a)(1); CT TWO: 22.02(a)(2)

Penal CodeDate of Offense:

CT ONE: 9/15/2005; CT TWO: 9/15/2005

Degree of Offense:

2ND DEGREE FELONY

Plea to Offense:

CT ONE: GUILTY

CT TWO: GUILTY

Findings on Deadly Weapon:

CT TWO:

YES, NOT A FIREARM

Terms of Plea Bargain:

COUNT ONE: ADJUDICATION OF GUILT DEFERRED; DEFENDANT PLACED ON COMMUNITY SUPERVISION FOR 10 YEARS; \$1,500.00 FINE; PERFORM 150 HOURS OF COMMUNITY SERVICE; PAY \$50.00 TO THE POLK COUNTY CRIMESTOPPERS, INC.; PAY \$244.74 RESTITUTION FROM CAUSE NUMBER 2006-0313, TO ARMA ROBERTS; PAY "TO BE DETERMINED" RESTITUTION FROM CAUSE NUMBER 18,867 TO, "TO BE DETERMINED"; HAVE NO CONTACT WITH JENNIFER ROBERTS AND ARMA ROBERTS

COUNT TWO: ADJUDICATION OF GUILT DEFERRED; DEFENDANT PLACED ON COMMUNITY SUPERVISION FOR 10 YEARS

Plea to 1st EnhancementParagraph:

N/A

Plea to 2nd Enhancement/HabitualParagraph:

N/A

Findings on 1st EnhancementParagraph:

N/A

Findings on 2ndEnhancement/Habitual Paragraph:

N/A

ADJUDICATION OF GUILT DEFERRED;
DEFENDANT PLACED ON COMMUNITY SUPERVISION.

PERIOD OF COMMUNITY SUPERVISION: 10 YEARS

Fine: Court-appt. atty fee:

Court Costs:

Restitution:

Restitution Payable to:

\$ 1,500.00

\$ 2045.00

\$ 323.00

\$ SEE

BELOW

☒ VICTIM (see below) ☐ AGENCY/AGENT (see below)



Sex Offender Registration Requirements do not apply to the Defendant. TEX. CODE CRIM. PROC. chapter 62

The age of the victim at the time of the offense was N/A .

Time N/A DAYS
Credited: NOTES: N/A

All pertinent information, names and assessments indicated above are incorporated into the language of the judgment below by reference.

This cause was called for trial in Polk County, Texas. The State appeared by her District Attorney as named above.

Counsel / Waiver of Counsel (select one)

- ☒ Defendant appeared in person with Counsel.
☐ Defendant knowingly, intelligently, and voluntarily waived the right to representation by counsel in writing in open court.

Both parties announced ready for trial. Defendant waived the right of trial by jury and entered a plea as indicated above. The Court admonished the Defendant as required by law. It appeared to the Court that Defendant was mentally competent to stand trial, made the plea freely and voluntarily, and was aware of the consequences of this plea. The Court received the plea and entered it of record. Having heard the evidence submitted, the Court FINDS such evidence substantiates Defendant's guilt. The Court FINDS that, in this cause, it is in the best interest of society and Defendant to defer proceedings without entering an adjudication of guilt and to place Defendant on community supervision.

The Court FINDS the Presentence Investigation, if so ordered, was done according to the applicable provisions of TEX. CODE CRIM. PROC. art. 42.12 § 9.

The Court ORDERS that Defendant is given credit noted above for the time spent incarcerated. The Court ORDERS Defendant to pay all fines, court costs, and restitution as indicated above.

The Court ORDERS that no judgment shall be entered at this time. The Court further ORDERS that Defendant be placed on community supervision for the adjudged period so long as Defendant abides by and does not violate the terms and conditions of community supervision. See TEX. CODE CRIM. PROC. art. 42.12 § 5(a).

Furthermore, the following special findings or orders apply:

DEADLY WEAPON USED IN COMMISSION OF THE OFFENSE TO-WIT: A KNIFE

RESTITUTION PAYABLE TO: ARMA ROBERTS
370 FM 1988 W
GOODRICH, TEXAS 77335
FROM CAUSE NO. 2006-0313: \$244.74

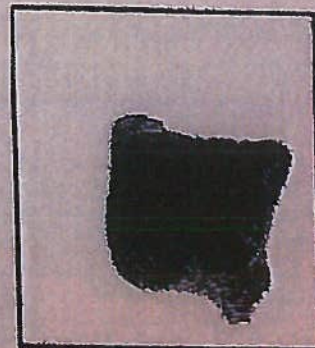
RESTITUTION FROM CAUSE NO. 18,867: "TO BE DETERMINED"

Signed and entered on September 4, 2007

X Robert H. Trapp
ROBERT HILL TRAPP
JUDGE PRESIDING

Clerk:

FILED FOR COURT
2007 SP-4 PM 4:48
KATHY E. GILBERT
POLK COUNTY CLERK



Right Thumbprint

STATE OF TEXAS

VS.

JENNIFER LEIGH FOX

§
§
§
§
§

IN THE DISTRICT COURT

411TH JUDICIAL DISTRICT

POLK COUNTY, TEXAS

ORDER TERMINATING DEFERRED ADJUDICATION

On September 4, 2007, JENNIFER LEIGH FOX, Defendant in the above entitled and numbered cause, was placed on community supervision without a determination of guilt by this Court.

The Court is of the opinion that the ends of justice have been served and the interest of Defendant and of society will be best served by the discharge of Defendant.

It is therefore hereby **ORDERED, ADJUDGED AND DECREED** that this cause be and is hereby be **DISMISSED**, that JENNIFER LEIGH FOX be **DISCHARGED** from community supervision and is hereby **RELEASED FROM ALL PENALTIES AND SET ASIDE**.

Signed on August 13, 2014

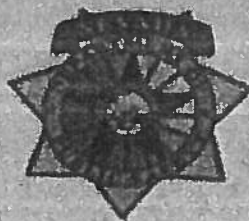

JUDGE PRESIDING

FILED FOR RECORD

2014 AUG 13 PM 4:54

WITVE CLERK
POLK COUNTY
BY PS

Steve Sisolak
Governor



Nevada Department of
Public Safety
Records, Communications and Compliance

George Tagliatti
Director

Sheri Brueggemann
Deputy Director

Mindy McKay
Division Administrator

February 7, 2020

JENNIFER SHELLY
1 ALGIERS DR
LAS VEGAS NV 89115

Ms. Shelly,

This is to advise you that the Nevada Criminal History Records Repository has received your "Request Copy Criminal Record for Challenge" form. Please see an enclosed copy of NRS 449.174.

When challenging an out-of-state arrest, please contact the appropriate criminal justice agency (either the arresting agencies or courts in TEXAS). These agencies can advise you on procedures for obtaining current information such as court dispositions, arrest records, or the sealing of your record/s.

- Any new and/or updated information should be sent to our office for subsequent consideration and/or change of original decision. Please see arrest/citation/etc. information documented below. If no court information/no disposition is documented for the charges we have listed in this letter, we will require additional information for review in order to complete your employment/licensing determination under NRS 449.122/449.123. Please contact the appropriate court or other law enforcement agency, and forward the final disposition/s for each charge/s listed, to this office for review.

If the court is unable to provide you with a disposition, you may want to try contacting the prosecuting district attorney's office in the jurisdiction in which the arrest occurred, to try and obtain information. If no information can be obtained, you may request a document from the court indicating they attempted to locate the requested information and were unable to find a disposition. These documents are referred to as, "Unable to Locate" type documents. The Department of Health & Human Services, Health Care Quality & Compliance's policy, states that if an employee shows due diligence, an employer may continue employment, at their discretion, for any employee that has received an undetermined background result. "Unable to Locate" type document is can be considered as due diligence. This type of document must be provided directly to your employer for review and continued employment decision. Employment decisions based on any due diligence document is at the discretion of the employer.

***PLEASE NOTE:** Per the Department of Health & Human Services, Health Care Quality & Compliance policy, your challenge timeframe for possible reversal/clearance for this background submission expires on the date listed below. Please provide all information for review to the Department of Public Safety. Information may be mailed, or faxed, to the address or fax listed below. Please send all correspondence to: ATTENTION - 449 Challenge. Any information provided on, or after, the expiration date will not be applicable for this fingerprint submission for which this challenge was submitted.

Continued to page #2

Records, Communications and Compliance Division
333 W. Nye Lane, Suite 100 Carson City, NV 89706
Telephone 775.684.6262 • Fax 775.687.3288

*APCN/TCN#: PS3A0088040A / 262419

CHALLENGE EXPIRATION DATE: 03/21/2020

- Instructions on how to proceed after the challenge expiration date should be directed to the employer for which this challenge was submitted.

OUT-OF-STATE INFORMATION REQUIRING DISPOSITIONS AND/OR CLARIFICATION:

ARREST/CITATION: 05.03.2006-LIVINGSTON SHERIFF'S OFFICE - TX.

BOOKING/CASE#: NOT LISTED

CHARGE: #1) AGGRAVATED ASSAULT CAUSES SUB BODILY INJURY

SEVERITY: FELONY

COURT: *DISPOSITION/COURT INFORMATION

COLDSPRING 411TH JUDICIAL DISTRICT COURT

DEFERRED FELONY 10 YEARS

SEE #14 CIRCLED ON THE ATTACHED COPY. THIS LIST REFLECTS DISQUALIFYING CRIMES FOR EMPLOYMENT PURPOSES UNDER NRS 449.174 FOR WHICH YOUR PRINTS WERE SUBMITTED.

IN ORDER TO MAKE A DETERMINATION OF EMPLOYMENT SUITABILITY UNDER NRS 449.174 FOR THE EMPLOYER FOR WHICH THIS CHALLENGE WAS SUBMITTED, WE WILL REQUIRE THE FOLLOWING CLARIFICATION/INFORMATION:

THE FINAL DISPOSITION FROM THE COURT OR INFORMATION FROM THE PROSECUTING DISTRICT ATTORNEY'S OFFICE.

Please note: Nevada Department of Public Safety cannot access, correct, or post out-of-state records/ court dispositions or seal out-of-state records.

If you have any questions regarding the challenge process you may contact us at 775-684-6276.

449.174 Additional grounds for denial, suspension or revocation of license to operate certain facility, hospital, agency, program or home.

1. In addition to the grounds listed in NRS 449.160, the Division may deny a license to operate a facility, hospital, agency, program or home to an applicant or may suspend or revoke the license of a licensee to operate such a facility, hospital, agency, program or home if:

(a) The applicant or licensee has been convicted of:

- (1) Murder, voluntary manslaughter or mayhem;
- (2) Assault or battery with intent to kill or to commit sexual assault or mayhem;
- (3) Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;
- (4) Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;
- (5) A crime involving domestic violence that is punished as a felony;
- (6) A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years;
- (7) Abuse or neglect of a child or contributory delinquency;
- (8) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding 7 years;
- (9) Abuse, neglect, exploitation, isolation or abandonment of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
- (10) A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;
- (11) A violation of any provision of NRS 422.450 to 422.590, inclusive;
- (12) A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;
- (13) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;
- (14) Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or
- (15) An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years

Darlene Nases

From: Jennifer Shelley/Willis <jshelley@pharmacy.nv.gov>
Sent: Monday, March 22, 2021 8:37 AM
To: Darlene Nases
Subject: Re: Pharmaceutical Technician Application - Need more Info

I checked yes because it said arrested. That's the only thing that applied to me , however I was released and no charge nor conviction. Thanks I sent over the paperwork this weekend.

On Sun, Mar 21, 2021, 8:26 PM Jennifer Shelley/Willis <jshelley@pharmacy.nv.gov> wrote:

Hi Darlene,

I was able to get copies from the state of Texas courthouse. It's three pages .

Her is the Arrest info and the release info showing no charge etc. Thanks for your patience.

Fyi: Jennifer Fox is my maiden (birth) name

Thanks,

Jennifer Shelley

On Wed, Mar 10, 2021, 1:57 PM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello Jennifer,

Thank you. Please send it over when you receive it.

Regards,

Darlene Nases

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

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.

From: Jennifer Shelley/Willis <[n](#)>
Sent: Wednesday, March 10, 2021 1:49 PM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Subject: Re: Pharmaceutical Technician Application - Need more Info

I wasn't charged nor convicted Thanks.

I'll try to get what I can it was in Texas.

I was in a fight @ 2005 (self defense) I was jumped by two people and I was at their home. I pled out taking deferred probation for 10yrs but I completed it early 7 1/2 years. I have to request paperwork from the court I just had wht they sent for my last job that I'm still employed with.

On Wed, Mar 10, 2021, 1:47 PM Jennifer Shelley/Willis <[n](#)> wrote:

Thanks.

I'll try to get what I can it was in Texas.

I was in a fight @ 2005 (self defense) I was jumped by two people and I was at their home. I pled out taking deferred probation for 10yrs but I completed it early 7 1/2 years. I have to request paperwork from the court I just had wht they sent for my last job that I'm still employed with.

On Tue, Mar 9, 2021, 3:29 PM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello Jennifer,

I received your application for Pharmaceutical Technician in Training, and I see that you marked YES in one of the questions regarding "Been charged, arrested or convicted of a felony or misdemeanor in any state".

You did provide court documents, but I do not see an explanation of the issue that occurred.

If you can please provide, I can attach it to your application for the Board to review.

Regards,

Darlene Nases

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

dnases@pharmacy.nv.gov

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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.

9

9A

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: DEREK Middle: N Last: APPELBLATT
Practice Name (if any): DR. NICOLE GORDON DDS
Nevada Address: 276 KINGSBURY GRADE Suite #: 1050
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)
City: STATELINE State: NV Zip Code: 89449
PO Box: _____ SS# or ITIN: _____
E-mail address: _____
Work Telephone: 775 580 7410 Personal Phone: _____
Fax: _____ Degree: DDS
Date of Birth: _____ Sex: ☒ M or ☐ F
Practitioner License Number: 7408 Specialty: GENERAL DENTIST

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 <u>any</u> state?		☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...		☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> 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 #:
	CA	5/11/2019	022709002
			COUNTY
			COURT
			SAN FRANCISCO
			DA'S OFFICE

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.

K. Derek Appelblatt DDS 02/02/2021
Original Signature, no copies or stamps accepted. Date

Board Use Only: Date Processed: _____ Amount: 200

9B

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: Mich Middle: Andrew Last: Gehrig Jr.

Practice Name (if any): UNLV SOM Family Medicine

Nevada Address: 1524 Pinb Lane Suite #: 2nd floor

(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: 89106

PO Box: _____ SS# or ITIN _____

E-mail address: unlv.edu

Work Telephone: 702-992-6888 Personal Phone: _____

Fax: _____ Degree: D.O.

Date of Birth: _____ Sex: ☒ M or ☐ F

Practitioner License Number: SL1625 Specialty: Family 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 <u>any</u> state?				☒	☒
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...				☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> 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
	<u>IL</u>	<u>6/27/2011</u>	<u>110V0004462</u>	<u>Lake</u>	<u>Lake County Circuit Court</u>

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.

Mich A Gehrig Jr.
Original Signature, no copies or stamps accepted.

7/13/2020
Date

Board Use Only: Date Processed: _____ Amount: _____

Candy Nally

From: Candy Nally
Sent: Tuesday, October 6, 2020 8:38 AM
To: 'Veronica Freeman'
Subject: RE: Pending CS Number

Dr. Gehrig's application has been reviewed by the executive committee. Based on the information provided it has been determined he will be required to personally appear at a regularly scheduled board meeting before the registration can be issued. We will schedule the appearance for December. The meeting will be by Zoom.

A letter with the exact day and time for the required appearance will be provided at a later date. For your reference, there is a list of board meeting dates on our website. bop.nv.gov

If you have any questions, please contact us.

Thanks,

Candy M. Nally
 Licensing Specialist
 Nevada State Board of Pharmacy
cnally@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.

From: Veronica Freeman inlv.edu>
Sent: Monday, September 28, 2020 9:27 AM
To: Candy Nally <cnally@pharmacy.nv.gov>
Cc: Mich Gehrig <unlv.edu>
Subject: Pending CS Number

Dear Candy,

I hope all is well with you. Last week, I met with my intern residents to submit their DEA application. It appears that all but one received their pending CS number. Could you let me know the status of Mich Gehrig, Jr.?

Sincerely,

-Roni

Case Status: ☒ - Review

Service	Description	Status
Subject Data	Mich A. Gehrig Jr. (xxx-)	☒
Sex Offenders	Subject Name: Mich A. Gehrig - National	☒
County Criminal	Felony, Misdemeanor and Other Offenses - Polk, Iowa	☒
County Criminal	Felony, Misdemeanor and Other Offenses - Lake, Illinois	☒
Federal Criminal	Felony, Misdemeanor and Other Offenses - Polk, IA	☒
Federal Criminal	Felony, Misdemeanor and Other Offenses - Lake, IL	☒
State Criminal	Felony, Misdemeanor and Other Offenses - Polk, Iowa	☒
National Criminal Database	Subject Name: Mich A Gehrig	☒
OIG & GSA Excluded Parties	OIG & GSA Excluded Parties - Gehrig, Mich	☒
SanctionsBase	Certiphi SanctionsBase - Gehrig, Mich	☒

Key: ☒ = Pass ☒ = Review ☐ = Pending ☐ = Pending Possible

NOTICE: Please be advised that Certiphi Screening's "Pass/Review" ratings are exclusively based on objective standards of interpreting background information legally obtained under The Fair Credit Reporting Act (15 U.S.C. section 1681). Such "Pass/Review" assessments should not be inferred nor understood as legally binding indications, recommendations or consumer rating assessments by Certiphi Screening. Any and all interpretive procedures utilized in characterizing what constitutes all "Pass/Review" ratings are established individually by each client of Certiphi Screening and are merely included in said report for that client's specific requirements. Certiphi Screening does not make any employment or contracting decisions for its clients based on background information in accordance with section 1681m of the FCRA.

Due Diligence Investigation Service

Recheck CBC

Subject:
Mich A. Gehrig Jr.
SSN/ID#: xxx-x;

Client: Des Moines University - Doctor of
Osteopathic Medicine Recheck

Report #: 9065197

Request Date: 05/01/2018

Delivery Date: 05/07/2018

Personal & Confidential: This report is to only be used in strict adherence to the terms and conditions set forth in our Agreement. © Certiphi Screening, Inc., 2018. All rights reserved. Certiphi Screening, Inc. is a subsidiary company of Vertical Screen, Inc. Direct any questions to Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966 USA. Phone: (800) 803-7860; Fax: (888) 260-1380.

Subject Data**Pass****Name:****Mich A. Gehrig Jr.****Date of Birth:**

xx/xx/xxxx

Social Security /ID#:

xxx-x:

SSN/ID# Validation

State Issued:	IL
Date Issued:	02/02/1993-09/01/1994
DOB Scan:	Clear
Death Index:	Clear
Valid SSN/ID#:	Yes

Current Address:

Grand Ave
A
Des Moines, IA 50312
Polk County
United States

Other Addresses:

ROBERTS RD
WINTHROP HARBOR, IL 60096
Lake County
United States

Comments:

None

Sex Offender Registry**Pass****Source Searched:**

National Sex Offender Registry

Date of Search:

05/01/2018

Subject Covered:

Mich A. Gehrig Jr.

Date of Birth:

xx/xx/xxxx

Search Results:

No Records Found

Comments:

None

County Criminal**Pass**

Source Searched: Polk County District Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 05/01/2018
Subject Covered: Mich A. Gehrig Jr.
Search Results: No records found
Comments: None

County Criminal**Review**

Source Searched: Lake County Circuit Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 05/07/2018
Subject Covered: Mich A. Gehrig Jr.
Search Results: Records found
Comments: See details below

Case Number: 11OV00004462
Offense / Filing Date: 06/27/2011
Charge: Count 1: Graffiti prohibited
Charge Type: Infraction
Disposition Date: 11/17/2011
Disposition Type: Nolle prosequi
Disposition Details: not available
Conviction: No
Sentence: not available
Comments: Please note this case was verified by Name, Date of Birth, and Address.

Case Number: 11OV00004463
Offense / Filing Date: 06/27/2011
Charge: Count 1: Graffiti prohibited
Charge Type: Infraction
Disposition Date: 11/17/2011
Disposition Type: Nolle prosequi
Disposition Details: not available
Conviction: No
Sentence: not available

Comments: Please note this case was verified by Name, Date of Birth, and Address.

Case Number: 11OV00004464

Offense / Filing Date: 06/27/2011

Charge: Count 1: Graffiti prohibited

Charge Type: Infraction

Disposition Date: 06/27/2011

Disposition Type: Nolle prosequi

Disposition Details: not available

Conviction: No

Sentence: not available

Comments: Please note this case was verified by Name, Date of Birth, and Address.

Case Number: 11OV00004465

Offense / Filing Date: 06/27/2011

Charge: Count 1: Graffiti prohibited

Charge Type: Infraction

Disposition Date: 11/17/2011

Disposition Type: Nolle prosequi

Disposition Details: not available

Conviction: No

Sentence: not available

Comments: Please note this case was verified by Name, Date of Birth, and Address.

Case Number: 11OV00004466

Offense / Filing Date: 06/27/2011

Charge: Count 1: Graffiti prohibited

Charge Type: Infraction

Disposition Date: 11/17/2011

Disposition Type: Nolle prosequi

Disposition Details: not available

Conviction: No

Sentence: not available

Comments: Please note this case was verified by Name, Date of Birth, and Address.

Federal Criminal**Pass**

Source Searched: USDC - Southern District of IA
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 05/03/2018
Subject Covered: Mich A. Gehrig Jr.
Search Results: No records found
Comments: None

Federal Criminal**Pass**

Source Searched: USDC - Northern District of IL
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 05/03/2018
Subject Covered: Mich A. Gehrig Jr.
Search Results: No records found
Comments: None

State Criminal**Pass**

Source Searched: Iowa Division of Criminal Investigation
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 05/03/2018
Subject Covered: Mich A. Gehrig Jr.
Search Results: No records found
Comments: None

National Criminal Database**Pass**

Source Searched: National Criminal Database
Date of Search: 05/01/2018
Subject Covered: Mich A. Gehrig
Search Results: No records found
Comments: None

OIG & GSA Excluded Parties**Pass**

Source Searched: OIG & GSA Excluded Parties
Date of Search: 05/01/2018
Subject Covered: Mich A. Gehrig Jr.
Search Results: No records found
Comments: None

Note: This search covers the HHS Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the General Service Administration (GSA) - Excluded Parties List (EPLS) and System for Award Management (SAM). These lists include individuals and entities excluded from federally-funded health care programs, and parties debarred, suspended, proposed for debarment, or declared ineligible by agencies or by the General Accounting Office.

Certiphi SanctionsBase TM**Pass**

Source Searched: Certiphi SanctionsBase TM
Date of Search: 05/01/2018
Subject Covered: Mich A. Gehrig Jr.
Search Results: No records found
Comments: None

Note: The Certiphi SanctionsBase is a proprietary database of sanctions, disciplinary and administrative actions taken by various federal and state healthcare regulatory authorities. The database currently contains information from the FDA, NIH, GSA, OFAC as well as hundreds of other federal and state-level licensing and regulatory bodies. Please advise if you would like more detailed information on the exact contents of Certiphi's SanctionsBase.

End of Report

Para información en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records).

Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you

only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or in some cases a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of

3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue,
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W.
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

Certiphi Screening, Inc.
A Vertical Screen® Company
Attn: Consumer Care
P.O. Box 541, Southampton, PA 18966
Toll-free phone – 800-260-1680

9C

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: Jessica Middle: Paulette Last: Nao
Practice Name (if any): Rocksprings Dental Group
Nevada Address: 7175 W Lake Mead Blvd Suite #: 110
(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: jessica@rockspringsdental.com
Work Telephone: (702) 228-9911 Personal Phone: _____
Fax: _____ Degree: DMD
Date of Birth: 11/1/72 Sex: ☐ M or ☒ F
Practitioner License Number: 7372 Specialty: _____

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 <u>any</u> state?		☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...		☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> 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 #:
① Wet reckless	CA	7/28/2019	19CR07552
② Theft	MT	4/1/2004	000124430
③ Obstruction	MT	12/14/2004	2004CR1001425
			Yellowstone municipal
			Yellowstone municipal

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.

Original Signature, no copies or stamps accepted. [Signature] Date 11/7/20

Board Use Only: Date Processed: _____ Amount: 200.00

November 8, 2020

To the Nevada State Board of Pharmacy:

This is a letter to explain the misdemeanor charges on my application. On July 28, 2019 I had been drinking and was asleep in my car in the driver's seat. My car was parked in a questionable parking spot and I was seen by an officer on patrol who knocked on the window. I was still intoxicated and the keys were in the ignition. I was charged with a DUI that was reduced to a wet reckless with probation and a 9 month DUI education program.

On 4/7/2004 when I was 19 years old I shoplifted a bracelet from a Shopko department store. I was arrested and sentenced with a fine. I had failed to appear in court for the charge. On 12/14/2020 I was out past curfew with other teenagers and was questioned about my name and age. Since I had received a notice in the mail that I had a warrant for failing to appear in court, I lied about my name so the officer wouldn't take me into custody. I was asked to provide identification or my social security number. When I was unable to produce any proof of identity, the officer became suspicious. I provided him with the correct name and told him why I was not truthful, he then became angry and arrested me for obstructing a police officer. I was issued a fine which I paid.

Thank you for considering my application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jessica Naor', with a stylized, flowing script.

Jessica Naor

RECEIVED FROM APPLICANT PUBLIC DOCUMENT

Case Information

19CR07552 | People of the State of California vs Jessica Paulette Naor

Case Number	Court	Judicial Officer
19CR07552	Santa Barbara - Figueroa - Criminal	Hill, Brian E
File Date	Case Type	Case Status
08/12/2019	Misdemeanor	Conviction

Party

Plaintiff
People of the State of California

Active Attorneys ▼
Lead Attorney
Mossembekker, Michelle

Defendant
Naor, Jessica Paulette

DOB
XX/XX/XXXX

Active Attorneys ▼
Lead Attorney
Horowitz, Sanford
Retained

Charge

Charges
Naor, Jessica Paulette

	Description	Statute	Level	Date
001	VC23152(a)-M- Driving Under Influence of Alcohol	23152(a)	Misdemeanor	07/28/2019
002	VC23152(b)-M- Driving With .08 BAC or Greater	23152(b)	Misdemeanor	07/28/2019

003	VC23103.5-M- DUI Reduced To Reckless Driving	23103.5	Misdemeanor	07/28/2019
999	VC23578-E- Enh: 0.15% Or Greater Bac	23578	Enhancement	07/28/2019

Disposition Events

10/23/2019 Plea ▼

001 VC23152(a)-M- Driving Under Influence of Alcohol Not Guilty

10/23/2019 Plea ▼

002 VC23152(b)-M- Driving With .08 BAC or Greater Not Guilty

10/22/2020 Plea ▼

Judicial Officer
Hill, Brian E

003 VC23103.5-M- DUI Reduced To Reckless Driving Nolo Contendere

10/23/2019 Plea ▼

999 VC23578-E- Enh: 0.15% Or Greater Bac Deny

10/22/2020 Disposition ▲

10/22/2020 Sentenced ▼

003 VC23103.5-M- DUI Reduced To Reckless Driving Sentenced

Fee Totals

Due: 01/15/2021

\$1,690.00

\$30.00

\$175.00

Fee Totals

\$1,895.00

Adult Confinement

Type: County Jail

Facility: County Jail

Start Date: 10/22/2020

Term Type: Confinement

Term: 1 Day

Credit for Time Served - Actual: 1 Day

Probation

Type: Summary Probation - Imposition of Sentence Suspended

Start Date: 10/22/2020

Term: 3 Years

End Date: 10/22/2023

Status

Status	Date	Comment
Active	10/22/2020	

Programs

1st Offender DUI Program .20 BAC or Greater

Ordered

Order Date: 10/22/2020

Complete By: 12/01/2021

Duration: 9 Months

Events and Hearings

08/12/2019 Complaint, Filed

08/12/2019 Custody Status

08/12/2019 Cite Release, Filed

08/28/2019 Arraignment on Complaint ▼

Judicial Officer

Anderson, Clifford R, III

Hearing Time

8:30 AM

Result

Continued by Party or Stip of Parties

08/28/2019 Minute Order, Filed

09/25/2019 Arraignment on Complaint Continued ▼

Judicial Officer

Aronson, Brian

Hearing Time

8:30 AM

Result

Continued by Party or Stip of Parties

09/25/2019 Minute Order, Filed

10/23/2019 Arraignment on Complaint Continued ▼

Judicial Officer

Anderson, Clifford R, III

Hearing Time

8:30 AM

Result

Completed/Held

10/23/2019 Minute Order, Filed

10/23/2019 Arraigned on Complaint - First Plea Entered

10/23/2019 Arraigned on Complaint - Prior/Enhancement

10/23/2019 Arraignment on Complaint Held

10/23/2019 General Time Waiver

12/05/2019 Readiness & Settlement Conference ▼

Judicial Officer
Hill, Brian E

Hearing Time
8:30 AM

Result
Continued for Further Hearing

12/05/2019 Minute Order, Filed

12/05/2019 General Time Waiver

01/16/2020 Readiness & Settlement Conference ▼

Judicial Officer
Hill, Brian E

Hearing Time
8:30 AM

Result
Continued for Further Hearing

01/16/2020 Minute Order, Filed

01/16/2020 General Time Waiver

02/20/2020 Readiness & Settlement Conference ▼

Judicial Officer
Hill, Brian E

Hearing Time
8:30 AM

Result
Continued for Further Hearing

02/20/2020 Minute Order, Filed

03/19/2020 Readiness & Settlement Conference ▼

Judicial Officer
Hill, Brian E

Hearing Time
8:30 AM

Cancel Reason
Vacated

07/02/2020 Notice of Hearing, Filed

09/24/2020 Readiness & Settlement Conference ▼

Judicial Officer
Hill, Brian E

Hearing Time
1:30 PM

Result
Completed/Held

09/24/2020 Minute Order, Filed

10/22/2020 Readiness & Settlement Conference ▼

Judicial Officer
Hill, Brian E

Hearing Time
1:30 PM

Result
Completed/Held

10/22/2020 Minute Order, Filed

10/22/2020 Probation Order, Filed

10/22/2020 Advisement of Rights Waiver and Plea Form (Misd), Filed

10/22/2020 Drinking Driver Program Contract, Issued

10/22/2020 Deft Stmt Understanding of Conseq & Plea VC 23103.5, Filed

10/22/2020 Prosecutor Statement per VC 23635/23103.5, Filed

10/22/2020 Sentencing Hearing Held

10/22/2020 Charges and Direct Consequence of Plea

10/22/2020 Privilege Against Compulsory Self-Incrimination Waived

10/22/2020 Right to Confront And Cross Examine Witnesses Waived

10/22/2020 Right to Trial by Jury Waived

10/22/2020 Court Found Plea Knowledgeable,Intelligently Made Voluntary

10/22/2020 Defense Counsel Concurred in Defendant's Plea or Admission

10/22/2020 Conviction Certified By Clerk of the Court

10/22/2020 Custody Status

01/21/2021 Proof of Compliance ▼

Judicial Officer

Hill, Brian E

Hearing Time

1:30 PM

Montana Department of Justice**Criminal History Online Public Record Search***Tim Fox, Attorney General***Search Results****RECEIVED FROM APPLICANT
PUBLIC DOCUMENT**

MONTANA DEPARTMENT OF JUSTICE
CRIMINAL RECORDS AND IDENTIFICATION SERVICES
PO BOX 201403
HELENA MT 59620-1403
406-444-3625 8 AM - 5 PM

***** CRIMINAL HISTORY RECORD *****

Produced on 2020-11-08

***** Introduction *****

This rap sheet was produced in response to the following request:

Subject Name(s) BERGER, JESSICA
Social Security Number
Date of Birth
Attention JESSICA NAOR

The information in this rap sheet is subject to the following caveats:

THIS RECORD IS SUBJECT TO THE FOLLOWING USE AND DISSEMINATION RESTRICTIONS: THE FOLLOWING RECORD IS PROVIDED BASED SOLELY ON THE NAME AND NUMERIC IDENTIFIERS PROVIDED AND NO ASSURANCES ARE MADE THE SUBJECT OF INQUIRY AND THE SUBJECT OF RECORD ARE ONE AND THE SAME INDIVIDUAL. IF THE INFORMATION IS USED TO DISQUALIFY AN APPLICANT, VOLUNTEER OR EMPLOYEE, THE OFFICIAL MAKING THE DETERMINATION SHALL PROVIDE THE SUBJECT OF INQUIRY THE OPPORTUNITY TO COMPLETE OR CHALLENGE THE ACCURACY OF THE INFORMATION CONTAINED IN THE MONTANA IDENTIFICATION RECORD. FURTHER, AN INDIVIDUAL SHOULD BE PRESUMED NOT GUILTY OF ANY CHARGE/ARREST FOR WHICH THERE IS NO FINAL DISPOSITION STATED ON THE RECORD OR OTHERWISE DETERMINED. IF THE SUBJECT OF RECORD WISHES TO CORRECT THE RECORD AS IT APPEARS IN THE MONTANA CRIMINAL HISTORY REPOSITORY, THE INDIVIDUAL SHOULD BE ADVISED THAT THE PROCEDURES TO CHANGE, CORRECT OR UPDATE THE RECORD ARE SET FORTH IN MONTANA CODE ANNOTATED 44-5-215. THIS RECORD DOES NOT INCLUDE MISDEMEANOR TRAFFIC OFFENSES PRIOR TO JULY 1, 2017, NOR DOES IT INCLUDE CRIMINAL RECORDS MAINTAINED BY OTHER STATES OR THE FBI. (MT; 2019-10-02)

IN THE EVENT THAT IDENTIFIERS ARE NOT CLEARLY ASSOCIATED TO A SPECIFIC CYCLE, THE INFORMATION IS MOST LIKELY NON-FINGERPRINT BASED INFORMATION RECEIVED FROM THE DEPARTMENT OF CORRECTIONS AT THE TIME OF RELEASE FROM INCARCERATION. (MT; 2019-10-02)

***** CRIMINAL HISTORY *****

===== OTN 5601D0407068 (Cycle 001 of 002) =====

Offense Tracking Number (OTN) 5601D0407068

Earliest Event Date 2004-04-07

Offense Date 2004-04-07

Arrest (Cycle 001)

Arrest Date 2004-04-07

Case Number 000124930

Arresting Agency MT0560100 BILLINGS POLICE DEPARTMENT

Subject's Name BERGER, JESSICA PAULETTE

Arrest Type Adult

Charge 1

Charge Tracking Number 5601D0407068-001

Charge Literal THEFT

Statute 45-6-301; MT

NCIC Offense Code 2399

Counts 1

Severity Misdemeanor

Court Disposition (Cycle 001)

Case Number 04CR1-0630

Court Agency MT056011J BILLINGS MUNICIPAL COURT

Subject's Name BERGER, JESSICA PAULETTE

Charge 1

Charge Tracking Number 5601D0407068-001

Charge Literal THEFT

Statute 45-6-301; MT

NCIC Offense Code 2399

Counts 1

Severity Misdemeanor

Disposition CONVICTED (2004-06-21; Convicted)

Sentencing (Cycle 001)

Sentence Date 2004-06-21

Sentencing Agency MT056011J BILLINGS MUNICIPAL COURT

Charge 1

Charge Tracking Number 5601D0407068-001

Charge Literal THEFT

Sentence \$410 FINE AND 6 MONTHS SUSPENDED

===== OTN 5601H0416744 (Cycle 002 of 002) =====

Offense Tracking Number (OTN) 5601H0416744

Earliest Event Date 2004-08-09

Offense Date 2004-08-09

Arrest (Cycle 002)
Arrest Date 2004-08-09
Case Number 124930
Arresting Agency MT0560100 BILLINGS POLICE DEPARTMENT
Subject's Name BERGER, JESSICA PAULETTE
Arrest Type Adult

Charge 1
Charge Tracking Number 5601H0416744-001
Charge Literal FAILURE TO APPEAR
Statute 46-6-212; MT
NCIC Offense Code 5015
Counts 1
Severity Other

Charge 2
Charge Tracking Number 5601H0416744-002
Charge Literal FAILURE TO APPEAR
Statute 46-6-212; MT
NCIC Offense Code 5015
Counts 1
Severity Other

Charge 3
Charge Tracking Number 5601H0416744-003
Charge Literal OBSTRUCT PEACE OFFICER OR OTHER PUBLIC SERVANT
Statute 45-7-302; MT
NCIC Offense Code 4899
Counts 1
Severity Misdemeanor

Court Disposition (Cycle 002)
Case Number 2004CR1001425
Court Agency MT056011J BILLINGS MUNICIPAL COURT
Subject's Name BERGER, JESSICA PAULETTE

Charge 3
Charge Tracking Number 5601H0416744-003
Charge Literal OBSTRUCT PEACE OFFICER OR OTHER PUBLIC SERVANT
Statute 45-7-302; MT
NCIC Offense Code 4899
Counts 1
Severity Misdemeanor
Disposition CONVICTED (2004-12-14; Convicted)

Sentencing (Cycle 002)
Sentence Date 2004-12-14
Sentencing Agency MT056011J BILLINGS MUNICIPAL COURT

Charge 3
Charge Tracking Number 5601H0416744-003
Charge Literal OBSTRUCT PEACE OFFICER OR OTHER PUBLIC SERVANT
Sentence FINE \$160

***** INDEX OF AGENCIES *****

Agency BILLINGS POLICE DEPARTMENT; MT0560100;
Agency Telephone (406) 657-8461
Address
220 N 27TH
BILLINGS, MT 59103

Agency BILLINGS MUNICIPAL COURT; MT056011J;
Agency Telephone (406) 657-8490
Address
220 N 27TH STPO BOX 2082
BILLINGS, MT 59103

* * * END OF RECORD * * *

MRI 43488 IN: IJISC 12196 AT 08NOV2020 20:38:29 OUT: CHOPRS 383 AT 08NOV2020 20:38:29

9D

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: Nicole Middle: Thel Last: Prodan

Practice Name (if any): Bainfield Pet Hospital

Nevada Address: 255 Las Altos Parkway Suite #: _____

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Sparks State: NV Zip Code: 89436

PO Box: _____ SS# or ITIN: _____

E-mail address: _____

Work Telephone: 775 354 1913 Personal Phone: _____

Fax: _____ Degree: DVM

Date of Birth: _____ Sex: ☐ M or ☒ F

Practitioner License Number: 2856 Specialty: Veterinarian

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 <u>any</u> state?	☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...	☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☒	☐

See accompanying statements

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation

Board Administrative Action:	State	Date:	Case #:
	CA	08/23/2013	2013-546 CA BRN

Criminal Action:	State	Date:	Case #:	County	Court
	CA	03-18-14	NM422292A	San Mateo	Superior Court Southern Branch
	CA	05-10-17	FCR 308003	Solano County	Superior Court of CA

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.

[Signature]
Original Signature, no copies or stamps accepted.

January 14 2021
Date

Board Use Only: Date Processed: _____ Amount: 200.00

check #310

Explanation for Affirmative Answers to Controlled Substance Registration Application

Substance Abuse Question: I developed an opioid addiction after being prescribed pain medications in 2009 for a shoulder injury. In 2010 I sought treatment for my opioid addiction including completion of an in-patient program. My recovery has been a long journey which I have further described in my supplemental personal statement attached as Exhibit A. I continue to be followed by my addictionologist for on-going treatment and participate actively in my on-going recovery. I have been granted licenses to practice both veterinary medicine in both Wisconsin and Nevada; both states have required me to participate in a practitioner monitoring/assistance program (I have explained more details about this in my personal statement and please see Exhibit E). I have been compliant with all requirements placed on me. While I have been diagnosed with a substance disorder in the past, I have worked diligently to address this and currently am not suffering from any substance disorder that would impact my ability to safely practice veterinary medicine.

Question #1: I have been arrested on three occasions as noted below, I have more fully explained the circumstances relating to the arrests for DUI in my supplemental personal statement.

- a) I was arrested on July 1, 2012 in Santa Cruz County, CA, after law enforcement arrived at my home after paramedics had responded to a call placed by my ex-boyfriend who was concerned that I was unresponsive and had possibly overdosed. I was arrested for being i) being under the influence, ii) possession of a controlled substance, and iii) obstructing arrest. No charges were formally filed as prosecution was rejected. As such, I have no court documents relating to this incident.
- b) I was arrested on November 22, 2012 in for driving under the influence of drugs, specifically valium which I was prescribed by my psychiatrist. I pleaded guilty to one count of reckless driving, a misdemeanor in San Mateo County (case number NM422292A) on March 18, 2014 and was placed on probation with certain terms and conditions. (See Exhibit B)
- c) I was arrested on October 16, 2014 for driving under the influence of drugs related. At the time I was taking prescribed medications at the time that I believe impaired my ability to drive under the circumstances as more fully explained in my personal statement. Upon the advice of my attorney, I pleaded guilty to one count of DUI drugs on May 10, 2017 in Solano County California and was placed on probation for three years to comply with a deferred entry of judgment program. (Case number FCR328003). On September 16, 2019, upon successful completion of the terms placed on me, the charges were ultimately dismissed. (See Exhibit C).

Questions #2 and #3: As I have also explained in my attached personal statement, I was licensed in California as a registered nurse in 1998 and became a certified nurse anesthetist in October 2003. In 2010 I self-reported to the California Board of Registered Nursing issues

related to my use of opioids and entered their Diversion Program in May 2010. I was terminated from the Diversion Program in July 2010 as described in my statement. The California Board filed a formal accusation against me in December 2010 related to my termination from the Diversion Program. Ultimately my license was revoked with the revocation being stayed and I was placed on probation for a period of three years. In November 2012 (related to the events resulting in the November 2012 arrest) I failed a drug test and was deemed non-compliant by the California Board. An Accusation and Petition to Revoke Probation was filed on January 17, 2013. I chose not to challenge the petition and my license was revoked by default on July 26, 2013 with the order revoking becoming effective on August 23, 2013. (See Exhibit D)

Controlled Substance License Application

January 16th 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

Personal Statement

Nevada Veterinarian Dr Nicole T Prodany License #2856-A

This statement is a brief explanation for the revocation of my California nursing license as well as misdemeanor convictions.

Prior to attending the University of California-Davis School of Veterinary Medicine, I worked as a registered nurse, and later, nurse anesthetist. In 1994, I graduated from the University of Wisconsin-Madison with my BSN in nursing. In 2003, I graduated with my master's degree in nursing, with a speciality in anesthesia, from the University of Southern California. The State of California granted me a license to practice as a registered nurse on or around December 24, 1998, and a certificate to practice as a nurse anesthetist on or around October 30, 2003. In 2005, I began working as a certified registered nurse anesthetist at Kaiser Permanente Hospital in Santa Clara, California.

In 2009, I injured my shoulder while mountain biking and was prescribed opiates to manage the pain. I subsequently developed an opiate addiction and for a period of time diverted medication from my employer to sustain my addiction.

In the spring of 2010, my employer found out about the diversion and allowed me to resign from my position, as well as, self-report myself to the California Board of Registered Nursing. During this time, I sought treatment and attended a 30 day inpatient rehabilitation program, where I was started on a prescriptive medication called Subutex. After self-reporting, I was accepted in the Board's diversionary program. However, I did not complete the program because the use of Subutex was not allowed in the diversionary program. The California Board of Registered Nursing ordered me to attend another inpatient rehab program, after a failed drug test, which I declined, so that I continue on Subutex medication.

On December 10, 2010, the California RN Board brought a formal accusation (complaint) against me as a result of my termination from the Diversion Program. In its accusation, it included the statements that I had made in my application to the Diversion program, including my diversions from Kaiser in 2010. The RN Board sought to either revoke or suspend my RN license along with my license to practice as a nurse anesthetist.

I challenged this accusation and my case was heard by an administrative law judge on October 25, 2011. Dr. Stein (my Subutex prescriber) testified that while Subutex may be initially mood-altering, if a person builds up a tolerance to either of these drugs, the drug loses its mind-altering effects. He also testified that because my body built up a tolerance to the Subutex, I was not impaired by taking Subutex as a part of my treatment. Furthermore, it was not affecting my ability to safely practice as nurse.

Controlled Substance License Application

The administrative law judge found that Subutex did not affect my ability to practice as a nurse. She ordered that my nursing license be revoked, but that the revocation was stayed, and I was placed on probation for three years.

Once in probation, I learned that I was going to have to practice as a registered nurse again, before I could return to practicing anesthesia, for at least a year. Unfortunately, this meant I was going to lose my certification as a CRNA, because I would not be able to achieve the required practice hours that I needed to maintain my certification. At the time, I had not practiced as a registered nurse for over twelve years and had no interest in returning to this profession so I opted to pursue a different career. I voluntarily left probation and by doing so on January 17, 2013 the RN Board filed an accusation and petition to revoke probation. A default decision and order to revoke my California RN license was signed by a member of the California Board of Registered Nursing on July 26, 2013. The order became effective on August 23, 2013.

In June 2013, I enrolled in the University of California-Santa Cruz to complete the necessary pre-requisite coursework for veterinary medical school. After successfully completing the coursework, I enrolled at the University of California-Davis School of Veterinary Medicine in the Fall of 2015. I graduated with my Doctor of Veterinary Medicine in May 2019.

On May 18th 2020, I was issued a conditional medical license to practice veterinary medicine by the state of Wisconsin. The conditional license requires that I be monitored for a period ending on December 31st 2021. As part of the monitoring program, I participate in weekly support group meetings, including attending a restricted meeting for licensed health care providers in recovery. I also attend weekly therapy sessions, and am participating in a random drug and alcohol screening program that requires daily check-ins. I am also required to submit quarterly self-evaluations and therapy evaluations to my assigned Board Monitors and abstain from using alcohol and drugs during this period of time. The Nevada State Veterinary Board agreed to license me in August 2020. The Nevada Veterinary Board decided to honor my Wisconsin license agreement and assign a monitor to my case. Therefore, I have two Board monitors that I work with in each state. From the time I started my monitoring period, I have been compliant.

Personal Statement Misdemeanor Convictions

During the last 8 years, I was convicted of two crimes that involved the use of controlled substances, Valium and Ativan. Below are descriptions of my two convictions.

In 2010, my psychiatrist prescribed Valium on an as needed basis to treat a diagnosis of anxiety that I received while attending an inpatient rehabilitation program for opiate addiction. On November 22, 2012, I was scheduled to attend a Thanksgiving Dinner at my sister's house in San Mateo CA. After working all night at my job, I made the poor decision of consuming a tablet of Valium prior to driving to my sister's house for dinner. I had yet to learn how to effectively cope with the anxiety brought on by family events as well as how to decline an invitation. Years of therapy have taught me how to be successful with these situations. Unfortunately, on my

Controlled Substance License Application

hour commute to my sister's house, I fell asleep while driving. While going approximately 10 mph, I rear-ended a car at a stop sign at the end of the freeway ramp, and was arrested for driving while under the influence. On March 18, 2014, I entered a plea to reckless driving under California VC 23103. I subsequently successfully completed all the court ordered requirements associated with this conviction.

During veterinary school, I continued with my recovery program. I remained abstinent and only used prescribed medications, except the morning of October 14th 2016. The evening of October 14th 2016, I was arrested for driving under the influence of drugs. The morning of my arrest I consumed a half tablet of Ativan that was not prescribed. A classmate of mine gave me the tablet prior to a public speaking event to reduce performance anxiety. Later that evening, while I was preparing for bed, I took two prescribed medications that cause drowsiness as a side effect. After I was asleep, I received a phone call from a shelter volunteer asking me to meet her with a dog I was fostering, so she could transport the dog to Best Friends Animal Sanctuary in Kanab, Utah. I had thought the transport date was set for the following week. The shelter volunteer told me it was an emergency, and that if I was not able to meet her that evening, I would be responsible for transporting the dog to Utah. Against my better judgement, I agreed to meet the volunteer half way between our residencies, which required me to drive for an hour. On my way to meet the volunteer I started to fall asleep while driving and was pulled over by California Highway Patrol for erratic driving. I was administered and failed a field sobriety test. I was arrested and ultimately plead to driving under the influence of drugs violation 21312(E) on May 10th 2017 because the Ativan was not prescribed, despite consuming the medication twelve hours prior to the arrest. I completed all of the court ordered requirements and the conviction was subsequently dismissed by the court in September 2019.

NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS

License Verification for
Nicole Theli Prodany, DVM

Individual Information

Name: Nicole Theli Prodany, DVM

Address: Nevada Humane Society
2825B Longley Lane
Reno, NV 89502

(775) 856-2000

License Information

License Type:	Veterinarian	Amount Paid:	\$250.00
License Number:	2856-A	Confirmation #:	10473&
License Status:	Active	Date Renewed:	12/31/2020
Original Issue Date:	05/08/2020		
Expiration Date:	12/31/2021		

Nevada State Board of Veterinary Medical Examiners



4600 Kietzke Lane, Building O #265
Reno, Nevada 89502
(775) 688-1788
FAX (775) 688-1808

If any information is not correct notify Nevada State Board of Veterinary Medical Examiners at (775) 688-1788 or Fax (775) 688-1808.

Nevada State Board of Veterinary Medical Examiners
4600 Kietzke Lane, Building O #265 | Reno, Nevada
(775) 688-1788 | FAX (775) 688-1808

THIS CERTIFIES THAT
Nicole Theli Prodany, DVM
is a Veterinarian
and is entitled to practice in Nevada

Nicole Theli Prodany, DVM
Nevada Humane Society
2825B Longley Lane
Reno, NV 89502

License #: 2856-A
Status of License: Active
Expiration: 12/31/2021

STATE OF NEVADA



BOARD OF VETERINARY MEDICAL EXAMINERS

4600 Kietzke Lane, Building O-265

Reno, Nevada 89502

Phone (775) 688-1788 / Fax (775) 688-1808

vethdinfo@vetboard.nv.gov

www.nvvetboard.us

August 20, 2020

Dr. Nicole T. Prodany
3rd St.
Woodland, CA 95695

Re: Conditional Grant of Licensure

Dr. Prodany:

This letter confirms that the Nevada State Board of Veterinary Medical Examiners granted you a license as a veterinarian with conditions at its regular meeting on July 23, 2020. The conditions applied to your Nevada license are the same conditions upon which Wisconsin granted you a license in Order 0005101 issued by the Wisconsin Veterinary Examining Board. A copy of the Wisconsin Order is attached to this letter and is incorporated herein by this reference. You must comply with all of the terms of the Wisconsin Order as if it were issued by this Board, but to avoid confusion, we will not iterate those terms in this letter. Rather, where some clarification is needed, we provide it following:

Pursuant to C.1. on page 2 of the Wisconsin Order, the "treater" the Nevada Board used is the PRN program administered by Larry Espadero, LADC. You have already met with Mr. Espadero to receive his preliminary evaluation. You are required to contact Mr. Espadero immediately and enter into whatever contract he deems appropriate based upon his evaluation of you. Please assure that Mr. Espadero contacts the Board office to notify us of your contact with him and so that we know the terms of whatever contract he has reached with you.

Pursuant to D.1., the Department Monitor in Nevada is the undersigned. Please direct all correspondence to me.

If you attain employment or change employer in Nevada as a veterinarian, you must inform Board staff of your employment within three business days for our records.

The Board was encouraged by your ongoing management of what seemed, from the records presented and from your presentation at the Board meeting, to have been a serious substance abuse problem years ago. We encourage your continued sobriety (in fact, your license is conditioned upon it) and we wish you well as you search for a position here in Nevada.

If you have any questions or need any additional information, please call me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Pedigo", written in a cursive style.

Jennifer Pedigo
Executive Director

cc: Hal Taylor
encl.

STATE OF NEVADA



BOARD OF VETERINARY MEDICAL EXAMINERS

4600 Kietzke Lane, Building O-265

Reno, Nevada 89502

Phone (775) 688-1788 / Fax (775) 688-1808

vetbdinfo@vetboard.nv.gov

www.nvvetboard.us

August 20, 2020

Nicole Prodany, DVM

3rd St.

Woodland, CA

Dear Dr. Prodany,

This letter will serve as formal notice that you have fulfilled all requirements for licensure as a Veterinarian in the State of Nevada.

You are hereby issued License Number 2856. The verification of license and wall certificate are enclosed. Your wall certificate must be displayed in a conspicuous manner within your place of employment in the State of Nevada. This letter grants you full license privileges to practice veterinary medicine in the State of Nevada through December 31, 2020 at which time you will receive a license renewal for the new year. There will be no continuing education hours required for 2020.

Pursuant to NAC 638.033, the Board must be informed of any change of address **WITHIN 20 DAYS**. Address changes can be made via the website or by fax.

We congratulate you on your achievement and welcome you to Nevada. If you have any questions or require additional information, please contact us.

Sincerely,

A handwritten signature in black ink, reading "Jennifer Pedigo", is written over a horizontal line.

Jennifer Pedigo
Executive Director

Enclosures

1

Nevada State Board of Veterinary Medical Examiners



This certifies that

Nicole Prodany, DVM

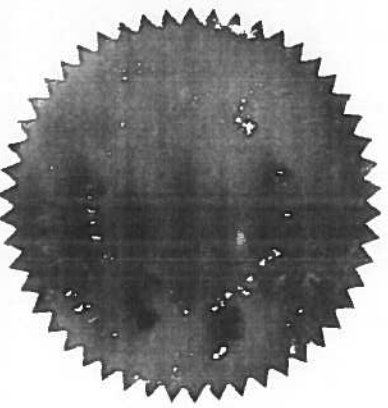
having given satisfactory evidence of fitness as to character, preliminary education, veterinary medical instruction and all other matters required by law, was examined or otherwise determined, by the examiners whose signatures are hereto attached, to be duly qualified to receive this

License to Practice

Veterinary Medicine and Surgery

in the State of Nevada

No. 2856



Issued under Chapter 638, Nevada Revised Statutes,

this 23rd day of July in the year 2020

President

Theresa Stenmetz

President

Jennifer Dole

Executive Director

STATE OF WISCONSIN
VETERINARY EXAMINING BOARD
2811 AGRICULTURE DRIVE, PO BOX 8911
MADISON, WI 53708-8911

IN THE MATTER OF THE APPLICATION
FOR NEW VETERINARY LICENSE OF
NICOLE PODANY, LICENSEE

FINAL DECISION AND ORDER FOR
CONDITIONS TO BE PLACED ON NEW
LICENSE

ORDER: 0005101

The Veterinary Examining Board ("VEB") in the Department of Agriculture, Trade and Consumer Protection ("DATCP") makes the following jurisdictional findings and enters the following Order:

JURISDICTION

1. In April, 2020, Nicole Podany ("Licensee") submitted an application to be issued a State of Wisconsin-issued veterinary license by the VEB through DATCP. At all times material to this Order, Licensee was subject to requirements in Wis. Stat. §§ 93.06(8), 89.03, and 89.06(1) and Wis. Admin. Code § VE 3.02(7).

2. The VEB is attached to DATCP and is charged with issuing veterinary licenses to qualified applicants, including determinations concerning applicant conviction records and their substantial relationship to the practice of veterinary medicine. The VEB has jurisdiction over the Applicant and the subject matter of this Order.

3. The Division of Animal Health ("Division") is a Division of DATCP. The Division issues licenses, on behalf of the VEB.

FINDINGS

4. In forms attached to her application, Licensee disclosed prior convictions, in 2014 and 2017, involving driving while under the influence of alcohol or other drugs. In addition, Licensee disclosed a history of opiate abuse, while licensed as a nurse-anesthetist, and subsequently.

5. The VEB has reviewed all information supplied by Licensee, as to this history, and what appears to be her successful work at overcoming her opiate abuse, graduating from veterinary medical school, successfully passing the NAVLE, and continuing to maintain her recovery.

6. The VEB sees that convictions involving the use of drugs could be substantially related to the practice of veterinary medicine. However, the VEB also acknowledges Licensee's substantial work in overcoming the opiate abuse.

7. Therefore, in balancing these competing factors, the VEB believes that a license may be granted but that conditions should be placed upon a veterinary medical license granted to Licensee, specifically addressing Licensee continuing to maintain her recovery from opiate abuse.

ORDER

NOW THEREFORE IT IS ORDERED, pursuant to Wis. Stat. §§ 93.06(8), 89.03, and 89.06(1) and Wis. Admin. Code § VE 3.02(7):

8. Licensee shall be granted a new State of Wisconsin-issued veterinary medical license with conditions, for a period ending December, 31, 2021. Licensee shall be required to follow the Conditions listed below:

Treatment Required

- C.1. Licensee shall enter into, and shall continue, drug and alcohol treatment with a treater ("Treater") acceptable to the Board or its designee. Licensee shall participate in, cooperate with, and follow all treatment recommended by Treater.
- C.2. Licensee shall immediately provide Treater with a copy of this Final Decision and Order and all other subsequent orders.
- C.3. Treater shall be responsible for coordinating Licensee's rehabilitation and treatment as required under the terms of this Order, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected

unprofessional conduct, to the Department Monitor (See D.1., below). If Treater is unable or unwilling to serve as required by this Order, Licensee shall immediately seek approval of a successor Treater by the Board or its designee.

- C.4. Therehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater.
- C.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in drug and alcohol treatment. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order. **It is Respondent's responsibility to ensure the quarterly reports are submitted when due.**

Releases

- C.6. Licensee shall provide and keep on file with Treater current releases for all treatment facilities and personnel, laboratories and collections sites, complying with state and federal laws. The releases shall allow the VEB, its designee, and any employee of the Department of Agriculture, Trade and Consumer Protection, Division of Animal Health to: (a) obtain all specimen screen results and patient health care and treatment records and reports, and (b) discuss the progress of Respondent's treatment and rehabilitation with Treater and treatment facilities and personnel, laboratories and collection sites. Copies of these releases shall immediately be filed with the Department Monitor.

AA/NA or comparable secular-based support meetings

- C.7. Licensee shall attend Narcotics Anonymous and/or Alcoholics Anonymous meetings or an equivalent religious-based or secular-based program for recovering professionals, at the frequency recommended by Treater. Attendance of Respondent at such meetings shall be verified and reported quarterly to Treater and the Department Monitor.

Sobriety

- C.8. Licensee shall abstain from all use of alcohol.
- C.9. Licensee shall abstain from all use of controlled substances as defined in Wis. Stat. § 961.01(4), except when prescribed, dispensed or administered by a practitioner to Licensee for a legitimate medical condition. Licensee shall disclose Licensee's drug and alcohol history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Licensee shall at the time the controlled substance is ordered immediately sign a release in compliance with state and federal laws authorizing the practitioner to discuss Licensee's treatment with, and provide copies of treatment records to, Treater and the Board or its designee. Copies of these releases shall immediately be filed with the Department Monitor.
- C.10. Licensee shall abstain from all use of over-the-counter medications or other substances (including but not limited to natural substances such as poppy seeds)

which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Licensee's treatment and rehabilitation. It is Licensee's responsibility to educate himself about the medications and substances which may violate this paragraph, and to avoid those medications and substances.

- C.11. Licensee shall report to Treater and the Department Monitor all prescription medications and drugs taken by Licensee. Reports must be received within twenty-four (24) hours of ingestion or administration of the medication or drug, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Each time the prescription is filled or refilled, Licensee shall immediately arrange for the prescriber or pharmacy to fax and mail copies of all prescriptions to the Department Monitor.
- C.12. Licensee shall provide the Department Monitor with a list of over-the-counter medications and drugs that they may take from time to time. Over-the-counter medications and drugs that mask the consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Licensee's treatment and rehabilitation, shall not be taken unless ordered by a physician and approved by Treater, in which case the drug must be reported as described in paragraph C.11.

Drug and Alcohol Screens

- C.13. Licensee shall enroll and continue participation in a drug and alcohol monitoring program which is approved by the Department (Approved Program).
- C.14. At the time Licensee enrolls in the Approved Program, Licensee shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program is a substantial violation of this Order. The requirements shall include:
 - (a.) Contact with the Approved Program as directed on a daily basis, including vacations, weekends and holidays.
 - (b.) Production of a urine, blood, sweat, fingernail, hair, saliva or other specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
- C.15. The approved program shall require the testing of specimens at a frequency of not less than quarterly per year for the duration of this Order.
- C.16. If any urine, blood, sweat, fingernail, hair, saliva or other specimen is positive or suspected positive for any controlled substances or alcohol, Licensee shall promptly submit to additional tests or examinations as the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
- C.17. In addition to any requirement of the Approved Program, the VEB or its designee may require Licensee to do any or all of the following: (a) submit additional specimens; (b) furnish any specimen in a directly witnessed manner; or (c) submit specimens on a more frequent basis.

- C.18. All confirmed positive test results shall be presumed to be valid. Licensee must prove by a preponderance of the evidence an error in collection, testing, fault in the chain of custody or other valid defense.
- C.19. The Approved Program shall submit information and reports to the Department Monitor as directed.

Department Monitor

- D.1. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor, Division of Animal Health
 Department of Agriculture, Trade and Consumer Protection
 P.O. Box 8911, Madison, WI 53708-8911
 Telephone Phone: (608) 224-5028; Fax (608) 224-4903
 Email: robert.vanlanen@wisconsin.gov

Required Reporting by Licensee

- D.2. Licensee is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Licensee shall promptly notify the Department Monitor of any failures of the Treater, treatment facility, approved program or collection sites to conform to the terms and conditions of this Order. Licensee shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Licensee.
- D.3. **Every three (3) months the Licensee shall notify the Department Monitor of the Licensee's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.**

Change of Treater or Approved Program by the Board

- D.4. If the Board or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or its designee may direct that Licensee continue treatment and rehabilitation under the direction of a different Treater or Approved Program.

Costs of Compliance

- D.5. Licensee shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order. Licensee being dropped from a program for non-payment is a violation of this Order.

- 9. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a voiding of the license, depending on the seriousness of

the violation, or a summary suspension of Respondent's license without further notice or hearing until Respondent has complied with the relevant portion of this Order. The Board, in its discretion, may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order

10. The Licensee may request a hearing, pursuant to Wis. Admin. Code s. ATCP 1.03(3), on any action taken under this Order. The hearing is limited to whether the action is justified under the terms of this Order. The Licensee's request for hearing shall be made, pursuant to the requirements in Wis. Admin. Code s. ATCP 1.06. A request for hearing does not stay or modify that action.

Signed this _____ day of _____, 2020.

STATE OF WISCONSIN
DEPARTMENT OF AGRICULTURE,
TRADE AND CONSUMER PROTECTION
VETERINARY EXAMINING BOARD

BY: _____
Melissa Mace, Executive Director

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SOLANO

491-CR

People of the State of California vs
PRODANY, NICOLE T

MINUTE ORDER &
ORDER / MODIFICATION OF PROBATION

APPEARANCES:

People:

Becky Self

FILED
Clerk of the Superior Court

Date:

5/10/17

Defense:

Leslie Prince

MAY 10 2017

Judge/Comm:

Leidergast

Reporter:

En

Interpreter/PO:

By

DEPUTY CLERK

Clerk:

P. Gardin

☐ Spanish ☐

DOB: 04/09/1972 ARREST DATE: 10/14/2016 BOOKING #: 16-13044 ARREST AGENCY: HP B.A.:

On the above date the defendant appeared before the Court, having been convicted of the crime of violation of

☐ Felony

☒ Misdemeanor

23152(e) VC

and made application for probation; and on this date the Court being fully advised, the defendant having waived arraignment, and no legal cause being shown why judgment should not be pronounced;

☐ The defendant has waived the right to preparation of a probation report.

☐ The Court has read and considered the report filed by the probation officer in this case.

☐ The parties ☐ have received the report ☐ waive the right to have the probation report, five days prior to the hearing.

☐ The Court finds unusual circumstances for granting probation.

IT IS ORDERED:

☐ State prison sentence of _____ years _____ months is imposed and suspended.

☒ Imposition of sentence suspended and defendant placed on ☐ Formal ☒ Summary (Court) probation for a period of 3 years ☐ months, on the terms and conditions indicated below:

☐ Formal ☐ Summary probation granted on _____ ☐ revoked ☐ reinstated ☐ continued ☐ modified,

☐ converted to ☐ formal ☐ summary; extended _____ yrs _____ mos from ☐ today ☐ current expir. ☐ to _____

☐ All prior orders remain in full force and effect, except as herein modified.

PROBATION TERMS - Defendant shall:

☐ Appear for Progress Report / Review on: _____ at _____ in Dept. _____

re:

☐ Appearance waived ☐ If placed in program - VALID PICTURE I.D. REQUIRED WHEN REPORTING TO PROBATION.

Jail Commitment: - REPORT TO JAIL WITHOUT ALCOHOL/DRUGS IN SYSTEM - OBEY ALL RULES OF THE JAIL
- VALID PICTURE I.D. & COURT PAPER WORK REQUIRED WHEN REPORTING TO JAIL

☒ Serve 2 days/ months in county jail: ☐ FORTHWITH ☐ STRAIGHT TIME

☐ _____ days suspended ☐ all suspended but _____ days ☐ BOOK AND RELEASE by _____

(8 am - 4 pm, Monday thru Friday)

☐ Stay to _____ at _____ am / pm. ☐ Surrender to Sheriff or ☐ Reappear in court, at that time.

☐ Concurrent ☐ Consecutive, with ☐

☐ In lieu of fine

☒ CTS: 2 days plus 0 4019 PC time = 2 TOTAL DAYS.

Defendant ☐ WAIVES THESE CREDITS if any future violations: ☐ ALL ☐ presentence ☐ time in Program ☐

Defendant ☐ IS ☐ IS NOT eligible for these credits: ☐ good time/work time (conduct) ☐ day for day ☐ day for day work

☐ NO EARLY RELEASE. ☐ NO SHERIFF'S PAROLE. ☐ RELEASED PENDING ANY OTHER HOLDS.

☐ A.S.P.: ☐ recommended ☐ denied ☐ Work furlough ☐ Only ☐ recommended ☐ denied

☐ E.M.R. ☐ Only ☐ recommended ☐ denied ☐ Work release ☐ Only ☐ recommended ☐ denied

☐ REPORT IN PERSON with copy of Probation/Minute Order within _____ business days to SDF for processing.

☐ May transfer ASP to _____ County (Upon Approval from SDF)

☐ Pay jail fees. ☐ Jail fees waived ☐ Probation shall terminate as unsuccessful upon defendant's release from jail.

Program Terms: DEFENDANT IS TO OBEY ALL RULES AND REGULATIONS OF THE PROGRAM

☐ Commit self to _____ residential treatment program,

to remain there until released by the director upon satisfactory completion. ☐ Remain in custody until placed in the program.

☐ Defendant may be released to probation officer / program representative / _____ for

☐ screening ☐ transportation to program when bed is available ☐ prior to ☐ after, completion of jail sentence.

JAIL: ☐ Def. allowed _____ phone call(s) at county expense ☐ limited to _____ min. each during normal business hours.

☐ Jail/program other: _____

This instrument is a correct copy of the original on file in this office

ATTEST:

MAR 17 2020

Clerk of the Superior Court of the State of California in and for the County of Solano

By _____ DEPUTY CLERK

ORDER / MODIFICATION OF PROBATION

Case No(s): FCR328003 M3

Fines / Fees / Restitution THE RESTITUTION SHALL BE ENFORCEABLE AS A CIVIL JUDGMENT PER §1203(f) PC

- ☒ Pay a fine of \$ 1605 ☒ including ☐ plus penalty assessment.
- ☒ Pay Administrative fees as follows:
- ☒ \$ 150 §1202.4 PC (Rest. Fund)+10%\$ 15
 - ☒ \$ 150 §1202.44 PC (Prob. Rev. Fee)
 - Stayed pending successful completion of probation.
 - ☐ \$ _____ §1202.5 PC (489,211,487,489, 215, 470, 484,584)
 - ☐ \$ _____ §11372.5 H&S (Drug Lab Fee)
 - ☐ \$ _____ §11372.7 H&S (Drug Program Fee)
 - ☐ \$ _____ §290.3 PC (Lewd Crimes)
 - ☐ \$ _____ §1203.1b PC (Pre-sent. Report Fee)
 - ☐ \$ _____ § 1203.1 b PC (Probation Fee)
 - ☐ per yr. / mo. while actively supervised by Prob.
 - ☐ Zero if in banked status
 - ☐ Pay any fees for drug/alcohol testing. ☐ \$ _____
 - ☐ \$ _____ §1203.097(a)(5) PC (Domestic Violence Fund)
 - ☐ \$ _____ §1203.097(a)(11)(A)(Battered Women's Shelter)
 - ☐ \$ _____ § 1463.27 (Domestic Violence Fee)
 - ☒ \$ 30 § 70373 GC (Criminal Conviction Assessment)
 - ☒ \$ 40 §1465.8 PC (Court Operations Assessment)
 - ☒ \$ 35 §1205(d) PC (Installment Fee)
 - ☒ \$ 10 §40508.6 GC (VC Admin Fee)
 - ☒ \$ 4 §76000.10 GC (EMAT Fee)
 - ☐ \$ _____
- ☒ Pay all fines and fees thru Probation / Court as directed by 5/10/18
- ☐ Credit for \$ _____ or _____ days served / _____ hours community service, leaving balance of \$ _____
- ☐ Pay restitution in the amount of \$ _____
- ☐ as determined/directed by Prob. Officer / Court.
 - ☐ Court reserves right to order restitution.
 - ☐ to victim
 - ☐ DA to contact victim and notify court of restitution amount.
 - ☐ show proof by _____
- ☐ Provide any financial information requested by the ☐ probation officer ☐ court ☐ collection officer.
- ☐ Report to Probation Department ☐ by _____ for financial evaluation and recommendation of ability to pay costs, fines, and restitution as may be applicable in this case, and comply with payment terms established by Probation.

The orders of victim restitution, the state restitution fine and/or any other court ordered fines or fees are to remain in effect until paid in full pursuant to Sections 1202.4 and 1202.42 and WIC Section 730.6 and 730.7 and are not discharged upon termination of probation or deferred entry of judgment. Payments are to be distributed in accordance with PC 1203.1d.

Other Terms:

- ☒ Obey all laws and all orders of the Court.
- ☒ Report all arrests, citations, or violations of law, in writing, within 5 days to the ☐ probation officer ☒ Court.
- ☐ Not leave the state without permission of Court/Probation. (Waives Extradition)
- DEFENDANT UNDERSTANDS THAT DURING THE PERIOD OF PROBATION (S)HE MUST OBTAIN THE COURT'S PERMISSION TO LEAVE THE STATE OF CALIFORNIA. IF (S)HE LEAVES THE STATE OF CALIFORNIA AND IS ARRESTED, (S)HE WILL NOT CONTEST ANY EFFORT TO RETURN HIM/HER TO THE STATE OF CALIFORNIA.**
- ☐ Complete _____ hours of community service ☐ as directed by the probation officer ☐ approved by the court
- ☐ at a rate of at least _____ hours per month
 - ☐ by / commencing _____
 - ☐ in lieu of ☐ \$ _____ fine ☐ _____ days jail
 - ☐ provide written verification to ☐ probation ☐ court
- ☐ Totally abstain from use of ☐ alcohol ☐ illegal drugs. ☐ Not possess any drug paraphernalia.
- ☐ Not obtain Medical Marijuana Card without prior court approval.
- ☐ Submit to ☐ alcohol ☐ drug, testing at any time requested by any ☐ peace officer ☐ prob. officer ☐ program rep.
- ☐ Submit person, real or personal property, automobile, and any object under defendant's control to search and seizure, in and out of the presence of the defendant, as requested by any peace or probation officer, at any time of the day or night, with or without cause, notice, consent, or warrant. ☐ Limited to alcohol / contraband drugs / weapons.
- DEFENDANT BEING ADVISED OF HIS/HER CONSTITUTIONAL RIGHTS IN THIS REGARD, AND HAVING ACCEPTED PROBATION, IS DEEMED TO HAVE WAIVED SAME.**
- ☐ Not own or have possession, custody, or control of any firearms or dangerous / deadly weapons / ammunition, of any kind at any time. ☐ Notice form given to defendant. Weapon is ordered ☐ confiscated ☐ destroyed ☐ returned.
- ☐ Not maintain any checking, charge, or credit accounts without the permission of the ☐ probation officer ☐ court.
- ☐ Not be in the presence of any person under the age of 18 without a responsible adult present as approved by the ☐ probation officer ☐ court.
- ☐ Attend and successfully complete counseling and therapy as directed by the ☐ probation officer ☐ Court, specifically:
- ☐ 1210 PC/Prop 36 Program. Attend Orientation Group on _____ @ _____ in Fairfield / Vallejo. Bring PICTURE I.D. and copy of Probation Order with you to Orientation.
 - ☐ AA and/or NA meetings ☐ per week ☐ Total (Maximum 1 meeting per day for credit) May be modified by PO.
 - ☐ hrs/wk ☐ Batterer's Treatment ☐ Anger Management ☐ Drug ☐ Parenting ☐ Weapons ☐ Theft Class counseling.
 - ☐ Probation Recovery Group ☐ Intensive Outpatient Treatment ☐ Substance Abuse ☐ Aftercare ☐ Mental Health
 - ☐ AIDS Awareness ☐ _____
 - ☐ Enroll within _____ days ☐ of release from jail/program. ☐ Show proof of enrollment/completion by _____
- ☐ Submit to confidential testing pursuant to §1202.6(g) PC ☐ Referral form provided to defendant.
- ☐ Register pursuant to ☐ §11596 H&S (drugs) ☐ §290 PC (sex crimes) ☐ 186.30 PC (gang) ☐ _____
- ☐ Seek and maintain (upon release) ☐ full-time gainful employment, and/or ☐ vocational/educational training, and/or ☐ a combination of both. ☐ Obtain GED / high school diploma while on probation.
- ☒ Advise probation/court of any change in employment/residence location & telephone number in writing within 48 hrs
- ☒ Personally appear at the Probation Department ☐ by _____ with valid picture I.D., or within two (2) business days after release from custody/program, and make an appt. with the supervising probation officer.

Proddon
ORDER / MODIFICATION OF PROBATION
Case No(s): FCR328003

Driver's License Terms:

- ☒ Not drive without a valid license and minimum liability insurance.
☐ Defendant is to install an ignition interlocking device within 30 days from ☐ this date ☐ release from custody or program, on any vehicle owned or operated by the defendant or file a declaration with the Court. ☐ Without a court order, the device may not be removed prior to _____ from ☐ this date ☐ date of installation.

DUI Terms:

- ☒ Not drive ☐ Not appear in public with any measurable amount of alcohol in system.
☐ Totally abstain from the use of ☐ alcohol ☐ illegal drugs.
☐ Not be in places where alcohol is the chief item of sale. ☐ Maintain ☐ alcohol ☐ drug free residence.
☒ Submit to ☒ alcohol ☒ drug, testing at any time requested by any ☒ peace officer ☐ prob. officer ☒ program rep.
☒ Enroll in and successfully complete the: ☒ 1st Offender DUI program ☐ 90 day ☐ 9 mos. ☐ SB-38 Prog.
☐ Educational Component Program (Wet Reckless) ☐
☐ Show proof of enrollment within 30 days, from ☒ this date ☐ release from custody.
☒ Show proof of completion by 11/13/17 through ☒ court ☐ probation.
☒ May transfer DUI program to Yolo County County.

No Contact Orders:

- ☐ Not annoy, harass, or threaten _____
☐ Have NO ☐ uninvited contact ☐ contact with _____
☐ Remain away from the ☐ premises ☐ place of employment of _____ ☐ _____ yards away
☐ Defendant is not to reside within 2000 feet of any public or private school, or park where children regularly gather. (PC3003.5(b)) Compliance within 30 days of hearing or release from custody, whichever is later, or as otherwise directed by Probation.
☐ Criminal Protective Order signed & filed. ☐ Served on def. in court. ☐ Previous Protective Order terminated.
☐ Notice of Reimbursement for Court appointed attorney fees given to defendant.
☐ Other: _____

☐ Defendant is advised of the rights of appeal.

☐ SEE ATTACHMENT PAGE FOR ADDITIONAL TERMS.

☐ BAIL BOND EXONERATED

Done in open Court this date: 5/10/17

W. H. H. H.
Judge/Commissioner of the Superior Court

You are hereby advised that failure by you to comply with any of the foregoing General or Special Conditions of Probation could result in:
1) the grant of probation being revoked, resulting in confinement in the county jail for additional periods, or imposition of any sentence which the Court could have imposed on you before you were placed on probation;
2) the terms of probation being extended up to the maximum provided by law;
3) the conditions of probation being amended, resulting in a change or addition to the conditions within the limits of the Probation Statutes.

The terms and conditions of probation have been explained to me and I fully understand them and agree in every particular to abide by them.

Date: 05/10/17

Defendant: Lori Price for D DOB: _____

Witnessed by: E. J. H.

Address: _____

City: _____ Phone: _____

Zip Code

INTERPRETER'S STATEMENT (if applicable)

I, _____, truly translated this document in the _____ language to the defendant, who stated (s)he understood the contents.

Date: _____

Signature: _____

1 STEPHEN M WAGSTAFFE
2 DISTRICT ATTORNEY
3 SAN MATEO COUNTY
4 STATE BAR NO. 78470
5 BY: JANELLE A MOSHER
6 DEPUTY DISTRICT ATTORNEY
7 1050 MISSION RD
8 SOUTH SAN FRAN, CA 94080
9 TELEPHONE: (650) 877-5454
10 ATTORNEYS FOR PLAINTIFF

NTA

FILED
SAN MATEO
OCT - 1 2013
Clerk of the Superior Court
By [Signature]
DEPUTY CLERK

11 IN AND FOR THE SUPERIOR COURT OF CALIFORNIA

12 COUNTY OF SAN MATEO

NM 422292

13 THE PEOPLE OF THE STATE OF CALIFORNIA,) HP CASE 4835105
14) DA CASE: COM 0464924
15 PLAINTIFF,) (MISDEMEANOR)
16)
17 V.) COMPLAINT
18)
19 *NICOLE T PRODANY)
20 LOCKHART GULCH RD)
21 SCOTTS VALLEY, CA 95066)
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23 ANA NICOLE THELI PRODANY)
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18 I, THE UNDERSIGNED, SAY, ON INFORMATION AND BELIEF, THAT
19 IN THE COUNTY OF SAN MATEO, STATE OF CALIFORNIA:

20
21 COUNT: 001, ON OR ABOUT 11/22/2012, NICOLE T PRODANY DID
22 WILLFULLY AND UNLAWFULLY, WHILE UNDER THE INFLUENCE OF AN
23 ALCOHOLIC BEVERAGE OR A DRUG OR UNDER THEIR COMBINED INFLUENCE,
24 DRIVE A VEHICLE, IN VIOLATION OF CALIFORNIA VEHICLE CODE SECTION

1 123152(A), A MISDEMEANOR.

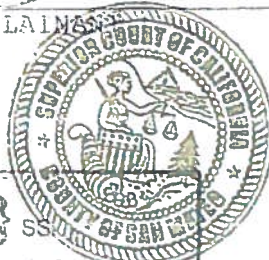
2
3 PURSUANT TO PENAL CODE SECTION 1054.5(B), THE PEOPLE ARE
4 HEREBY INFORMALLY REQUESTING THAT DEFENSE COUNSEL PROVIDE
5 DISCOVERY TO THE PEOPLE AS REQUIRED BY PENAL CODE SECTION
6 1054.3, AND PURSUANT TO THE PROVISIONS OF PENAL CODE SECTION
7 1054.7.

8
9 I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS
10 TRUE AND CORRECT EXCEPT FOR THOSE THINGS STATED ON INFORMATION
11 AND BELIEF AND THOSE I BELIEVE TO BE TRUE.

12
13 EXECUTED ON 09/27/13, AT SOUTH SAN FRANCISCO, CA
14 94080.

15
16 AMC

W. J. C.
COMPLAINANT



STATE OF CALIFORNIA }
COUNTY OF SAN MATEO } SS

I, Neal I. Tanguchi, the Clerk of the Superior Court of the above
entitled County, do hereby certify that the foregoing is a full, true
and correct copy of the original on file in my office, and that I have
carefully compared said copy with the original.

Witness my hand and seal of said Superior Court

This 11 day of June 2019
Clerk of the Superior Court of California, County of San Mateo

By Alexandra Warr
Deputy Clerk

CRIMINAL

CASE SUMMARY

CASE NO. NM422292A

The People of the State of California
vs.
NICOLE T PRODANY

§
§
§
§
§
§

Location: Criminal
Filed on: 10/01/2013
District Attorney Number: 0464924
DMV Docket Number: NM22292

CASE INFORMATION

Offense	Statute	Deg	Date	Case Type: Complaint
Jurisdiction: San Mateo				
001. VC23152(A)-MISD-DUI-ALCOHOL/DRUGS (USE ONLY FOR OFFENSES BEFORE JAN 2014) Charge #: 001	23152(A)	M	11/22/2012	
Arrest: 11/22/2012 CHP - California Highway Patrol				
002. VC23103.5(A)-MISD-RECKLESS ALCOHOL RELATED Charge #: 002	23103.5(A)	M	11/22/2012	
Arrest: 11/22/2012 CHP - California Highway Patrol				

DATE

CASE ASSIGNMENT

Current Case Assignment

Case Number	NM422292A
Court	Criminal
Date Assigned	10/01/2013

PARTY INFORMATION

Plaintiff	The People of the State of California
Defendant	PRODANY, NICOLE T

DATE	EVENTS & OTHER COURT ACTIONS	FILED
10/01/2013	Conversion Event MIASF: CASE SUBJECT TO THE ADMINISTRATIVE SCREENING FEE UPON CONVICTION.	
10/01/2013	Conversion Event MICHF: HP/ SAN MATEO CITE LOCATION.	
10/01/2013	Conversion Event SHNTB: NOTICE TO APPEAR SENT TO DEFENDANT ON 10/01/2013 TO APPEAR ON 10/31/2013 AT 8:30 A.M. IN SUPERIOR COURT SOUTHERN BRANCH DEPT. AR FOR MISDEMEANOR ARRAIGNMENT.	
10/30/2013	Conversion Event SHRES: CASE SHIFTED FROM HEARING ON 10/31/2013 AT 8:30 A.M. IN DEPARTMENT AR OF SUPERIOR COURT SOUTHERN BRANCH TO HEARING ON 10/31/2013 AT 8:30 A.M. IN DEPARTMENT 26 OF SUPERIOR COURT SOUTHERN BRANCH.	
10/31/2013	Conversion Event HHELD: HEARING HELD ON 10/31/13 AT 8:30 A.M. IN SUPERIOR COURT SOUTHERN BRANCH, D- 26. HON. RICHARD C LIVERMORE, JUDGE, PRESIDING. CLERK: JANE TORRES.	

1

CRIMINAL
CASE SUMMARY
CASE No. NM422292A

REPORTER: DIANE PESSAGNO . CLERK2: NONE . DEPUTY D.A. GANNAM . DEFENSE
COUNSEL PRESENT: SAL GALLARDO .

10/31/2013 Conversion Event
HHMAR:
MISDEMEANOR ARRAIGNMENT

10/31/2013 Conversion Event
APAFD:
DEFENDANT NOT PRESENT, BUT IS REPRESENTED BY ATTORNEY SAL GALLARDO
(977) .

10/31/2013 Conversion Event
ARIWVE:
FURTHER ARRAIGNMENT AND ADVISE OF RIGHTS WAIVED.

10/31/2013 Conversion Event
PLEDB:
DEFENDANT ENTERED A PLEA OF NOT GUILTY TO COUNT 1

10/31/2013 Conversion Event
WTIAMJ:
TIME WAIVED FOR JURY TRIAL.

10/31/2013 Conversion Event
SHOTA:
CASE CONTINUED TO 03/05/2014 AT 8:30 A.M. IN REDWOOD CITY IN DEPT. PT FOR
PRETRIAL CONFERENCE. .

10/31/2013 Conversion Event
SHOTA:
CASE CONTINUED TO 04/07/2014 AT 9:05 A.M. IN REDWOOD CITY IN DEPT. JT FOR
JURY TRIAL. .

10/31/2013 Conversion Event
MIENT:
ENTERED BY SG ON 10/31/2013

10/31/2013 **Plea** (Judicial Officer: SUPERIOR COURT JUDGE, SAN MATEO COUNTY)
001. VC23152(A)-MISD-DUI-ALCOHOL/DRUGS (USE ONLY FOR OFFENSES BEFORE
JAN 2014)
Not Guilty
Charge #: 001 Allegation:

03/04/2014 Conversion Event
SHRES:
CASE SHIFTED FROM HEARING ON 03/05/2014 AT 8:30 A.M. IN DEPARTMENT PT OF
SUPERIOR COURT SOUTHERN BRANCH TO HEARING ON 03/05/2014 AT 8:30 A.M. IN
DEPARTMENT 12 OF SUPERIOR COURT SOUTHERN BRANCH. .

03/05/2014 Conversion Event
HHELD:
HEARING HELD ON 03/05/14 AT 8:30 A.M. IN SUPERIOR COURT SOUTHERN BRANCH .
D- 12. HON. ELIZABETH M HILL, JUDGE . PRESIDING. CLERK: VALERIE HRONIS .
REPORTER: VERONICA CALABRESE . CLERK2: NONE . DEPUTY D.A. JENNA
JOHANNSEN . DEFENSE COUNSEL PRESENT: SAL GALLARDO (977) .

03/05/2014 Conversion Event
HHPTC:
PRE TRIAL CONFERENCE

03/05/2014 Conversion Event

CRIMINAL

CASE SUMMARY

CASE No. NM422292A

	APAFD: DEFENDANT NOT PRESENT, BUT IS REPRESENTED BY ATTORNEY SAL GALARDO.
03/05/2014	Conversion Event WTMD: TIME CONTINUES TO BE WAIVED BY DEFENDANT/COUNSEL.
03/05/2014	Conversion Event OTHER: OFFER TO REMAIN OPEN UNTIL 3-18-14
03/05/2014	Conversion Event SHOTA: CASE CONTINUED TO 03/18/2014 AT 8:30 A.M. IN REDWOOD CITY IN DEPT. AR FOR DISPO/CONFIRM.
03/05/2014	Conversion Event MIENT: ENTERED BY VALERIE HIRONIS ON 03/05/2014
03/17/2014	Conversion Event SHRES: CASE SHIFTED FROM HEARING ON 03/18/2014 AT 8:30 A.M. IN DEPARTMENT AR OF SUPERIOR COURT SOUTHERN BRANCH TO HEARING ON 03/18/2014 AT 8:30 A.M. IN DEPARTMENT I OF SUPERIOR COURT SOUTHERN BRANCH.
03/18/2014	Conversion Event HHELD: HEARING HELD ON 03/18/14 AT 8:30 A.M. IN SUPERIOR COURT SOUTHERN BRANCH. D-1. HON. LELAND DAVIS, JUDGE, PRESIDING. CLERK: SANDY HARRIS. REPORTER: ANNETTE JAYCOX. CLERK2: LESLIE SCHNEIDER. DEPUTY D.A. GAUTHIER. DEFENSE COUNSEL PRESENT: SAL GALARDO.
03/18/2014	Conversion Event HHDOC: DISPO/CONFIRM
03/18/2014	Conversion Event APAFD: DEFENDANT NOT PRESENT, BUT IS REPRESENTED BY ATTORNEY GALARDO.
03/18/2014	Conversion Event AMCDF: COMPLAINT AMENDED ORALLY.
03/18/2014	Conversion Event AMABC: COMPLAINT AMENDED TO ADD COUNT 2: MISDEMEANOR, VIOLATION OF VC 23103.5(4), ON MOTION OF THE PROSECUTION.
03/18/2014	Conversion Event WRA4B: ARRAIGNMENT WAIVED ON THE AMENDED COMPLAINT.
03/18/2014	Conversion Event PLPLF: DEFENDANT ENTERED A PLEA OF NOLO CONTENDERE TO COUNT 2 IN AMENDED COMPLAINT.
03/18/2014	Conversion Event FDWOR: DEFENDANT IS ADVISED OF, UNDERSTANDS, AND KNOWINGLY AND VOLUNTARILY WAIVES ALL THE FOLLOWING RIGHTS: WAIVES THE RIGHT TO COUNSEL; TO TRIAL

CASE SUMMARY**CASE No. NM422292A**

BY JURY; TO CONFRONT AND CROSS-EXAMINE ADVERSE WITNESSES; THE PRIVILEGE AGAINST SELF-INCRIMINATION. THE COURT FINDS THAT THE DEFENDANT UNDERSTANDS THE NATURE OF THE CHARGES, THE ELEMENTS OF THE OFFENSE, THE DEFENSE THERETO, THE CONSEQUENCES OF PLEAS AND THE RANGE OF PENALTIES THERETO. WAIVER OF RIGHTS SIGNED.

03/18/2014	Conversion Event <i>RAABV:</i> DEFENDANT ACKNOWLEDGES THAT HE UNDERSTANDS EACH OF HIS ABOVE RIGHTS.
03/18/2014	Conversion Event <i>CDFAD:</i> COUNT 1 DISMISSED ON MOTION OF THE PROSECUTION. REASON FOR DISMISSAL OR DISCHARGE: NEGOTIATED PLEA.
03/18/2014	Conversion Event <i>WTSTB:</i> TIME WAIVED FOR SENTENCING.
03/18/2014	Conversion Event <i>ARWFS:</i> DEFENDANT WAIVES FORMAL ARRAIGNMENT FOR SENTENCING.
03/18/2014	Conversion Event <i>MIVJT:</i> JURY TRIAL SET ON 04/07/2014 AT 9:05 A.M. ORDERED VACATED.
03/18/2014	Conversion Event <i>MICRJ:</i> THE COURT RETAINS JURISDICTION REGARDING RESTITUTION IN THIS MATTER.
03/18/2014	Conversion Event <i>SESCB:</i> COUNT 2 IMPOSITION OF SENTENCE SUSPENDED. DEFENDANT IS PLACED ON COURT PROBATION FOR 2 YEARS; 0 MONTHS; 0 DAYS.
03/18/2014	Conversion Event <i>SEPFEX:</i> TOTAL FINE AMOUNT PAYABLE, INCLUDING ALL ASSESSMENTS, IS \$1,275.00.
03/18/2014	Conversion Event <i>SERET:</i> DEFENDANT ORDERED TO PAY \$165.00 TO STATE RESTITUTION FUND. THIS PAYMENT IS A CONDITION OF PROBATION.
03/18/2014	Conversion Event <i>SEFEC:</i> CITATION PROCESSING FEE OF \$10.00 ORDERED.
03/18/2014	Conversion Event <i>SEEAT:</i> EMERGENCY AIR TRANSPORTATION FUND PENALTY OF \$4.00 ORDERED TO BE PAID.
03/18/2014	Conversion Event <i>SEFEF:</i> COURT OPERATIONS ASSESSMENT(S) FEE(S) OF \$40.00 ORDERED PAID.
03/18/2014	Conversion Event <i>SECCA:</i> CRIMINAL CONVICTION ASSESSMENT OF \$30.00 ORDERED TO BE PAID.

CASE SUMMARY**CASE No. NM422292A**

03/18/2014	Conversion Event <i>SEPFY:</i> <i>DEFENDANT TO PAY FINE AND ASSESSMENTS AS DIRECTED BY REVENUE SERVICES OR PROBATION DEPARTMENT.</i>
03/18/2014	Conversion Event <i>SEPRF:</i> <i>DEFENDANT IS ORDERED TO PAY A \$150.00 PROBATION REVOCATION FINE PURSUANT TO SECTION 1202.44 OF THE PENAL CODE. STAYED PENDING SUCCESSFUL COMPLETION OF PROBATION.</i>
03/18/2014	Conversion Event <i>SEOAL:</i> <i>OBEY ALL LAWS. FOLLOW ALL ORDERS OF THE COURT/PROBATION OFFICER AND REPORT AS DIRECTED. NOTIFY THE COURT/PROBATION OFFICER IMMEDIATELY OF ANY CHANGE OF RESIDENCE ADDRESS.</i>
03/18/2014	Conversion Event <i>SEFOP:</i> <i>DEFENDANT ORDERED TO ENTER AND COMPLETE THE FIRST OFFENDER PROGRAM. DEFENDANT TO ENROLL ON OR BEFORE 04/08/2014. DEFENDANT TO COMPLETE PROGRAM ON OR BEFORE 09/18/2014 WITH PROOF OF COMPLETION TO THE COURT ON OR BEFORE THAT SAME DATE.</i>
03/18/2014	Conversion Event <i>SEOTH:</i> <i>FOP LIGHT PROGRAM.</i>
03/18/2014	Conversion Event <i>SEREF:</i> <i>MAY COMPLETE OR PERFORM IN SANTA CRUZ COUNTY.</i>
03/18/2014	Conversion Event <i>SEDLR:</i> <i>DEFENDANT NOT TO DRIVE WITHOUT A VALID LICENSE OR WITHOUT INSURANCE.</i>
03/18/2014	Conversion Event <i>SEND D:</i> <i>DEFENDANT MAY NOT DRIVE WITH ANY ALCOHOL IN HIS/HER BLOOD DURING HIS/HER PROBATIONARY PERIOD.</i>
03/18/2014	Conversion Event <i>PRALC:</i> <i>DEFENDANT SHALL NOT REFUSE TO SUBMIT TO A CHEMICAL TEST OF HIS/HER BLOOD, BREATH, OR URINE, PURSUANT TO VC 13353 FOR THE PURPOSE OF DETERMINING THE ALCOHOL CONTENT OF HIS/HER BLOOD, IF ARRESTED FOR A VIOLATION OF VC 23152 OR 23153.</i>
03/18/2014	Conversion Event <i>SEACP:</i> <i>DEFENDANT ACCEPTED TERMS AND CONDITIONS OF PROBATION.</i>
03/18/2014	Conversion Event <i>MIATS:</i> <i>ATTORNEY MAY SIGN.</i>
03/18/2014	Conversion Event <i>MIASE:</i> <i>ALL SENTENCE ELEMENTS FOR THIS PROCEEDING ENTERED.</i>
03/18/2014	Conversion Event <i>MIENT:</i> <i>ENTERED BY L.SCHNEIDER ON 03/18/2014</i>

-1

CRIMINAL
CASE SUMMARY
CASE No. NM422292A

03/18/2014	Disposition 001. VC23152(A)-MISD-DUI-ALCOHOL/DRUGS (USE ONLY FOR OFFENSES BEFORE JAN 2014) Dismissal: Negotiated Plea Charge #: 001 Allegation:
03/18/2014	Disposition 002. VC23103.5(A)-MISD-RECKLESS ALCOHOL RELATED Pled Nolo Contendere Charge #: 002 Allegation:
03/18/2014	Plea (Judicial Officer: SUPERIOR COURT JUDGE, SAN MATEO COUNTY) 002. VC23103.5(A)-MISD-RECKLESS ALCOHOL RELATED No Contest / Nolo Contendere Charge #: 002 Allegation:
03/18/2014	Sentenced 002. VC23103.5(A)-MISD-RECKLESS ALCOHOL RELATED 11/22/2012 (M) 23103.5(A) (VC23103.5a) Charge #: 002 Allegation: Probation Type: Court - Summary Probation Start Date: 03/18/2014 Term: 2 Years, 0 Month, 0 Day End Date: 03/17/2016 Status: Active (Active) Status Date: 03/18/2014
03/19/2014	Conversion Event <i>SHAPR:</i> <i>APPEARANCE SET ON 09/18/2014 AT 4:00 P.M. IN SUPERIOR COURT SOUTHERN BRANCH DEPT. AA FOR FURTHER PROCEEDINGS.</i>
03/27/2014	Conversion Event <i>FDCII:</i> <i>CII FORWARDED TO ARRESTING AGENCY.</i>
03/27/2014	DMV Legacy Abstract submissions <i>MI106:</i> <i>DL106 ABSTRACT OF CONVICTION TRANSMITTED TO DMV</i>
04/01/2014	Conversion Event <i>MIPPB:</i> <i>PARTIAL PAYMENT THROUGH REVENUE SERVICES OF \$1559.00 REMAINING BALANCE IS \$.00 .</i>
04/03/2014	Conversion Event <i>FDFPE:</i> <i>PROOF OF FIRST OFFENDER PROGRAM ENROLLMENT FILED.</i>
06/03/2014	Conversion Event <i>FDFOP:</i> <i>PROOF OF ALCOHOL PROGRAM COMPLETION FILED.</i>
06/03/2014	Conversion Event <i>SHVAC:</i> <i>VACATE FURTHER PROCEEDINGS. THAT WAS SET ON 09/18/2014 AT 4:00 P.M.</i>

CASE SUMMARY
CASE NO. NM422292A



STATE OF CALIFORNIA
COUNTY OF SAN MATEO

I, Neal I. Taniguchi, the Clerk of the Superior Court of the above
entitled County, do hereby certify that the foregoing is a full, true
and correct copy of the original on file in my office, and that I have
carefully compared same with the original.

Witness my hand and seal of said Superior Court

This 11 day of June 2019
Clerk of the Superior Court of California, County of San Mateo

By Alycia Wynn
Deputy Clerk

Louise R. Bailey, M.Ed., RN
Louise R. Bailey, M.Ed., RN
Executive Officer



**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation/Petition to
Revoke Probation Against:

NICOLE T. PRODANY
Lockhart Gulch Road
Scotts Valley, CA 95066

Registered Nurse License No. 550752
Nurse Anesthetist Certificate No. 3035

RESPONDENT

Case No. 2013-546

DEFAULT DECISION AND ORDER

[Gov. Code, §11520]

FINDINGS OF FACT

1. On or about January 17, 2013, Complainant Louise R. Bailey, M.Ed.,RN, in her official capacity as the Executive Officer of the Board of Registered Nursing, Department of Consumer Affairs, filed Accusation/Petition to Revoke Probation No. 2013-546 against Nicole T. Prodany (Respondent) before the Board of Registered Nursing. (Accusation/Petition to Revoke Probation attached as Exhibit A.)

2. On or about December 24, 1998, the Board of Registered Nursing (Board) issued Registered Nurse License No. 550752 to Respondent. The Registered Nurse License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2014, unless renewed.

3. On or about October 30, 2003, the Board of Registered Nursing (Board) issued Nurse Anesthetist Certificate No. 3035 to Respondent. The Nurse Anesthetist Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2014, unless renewed.

4. On or about January 17, 2013, Respondent was served by Certified and First Class Mail copies of the Accusation/Petition to Revoke Probation No. 2013-546, Statement to Respondent, Notice of Defense, Request for Discovery, and Government Code sections 11507.5,

1 11507.6, and 11507.7 to Respondent's address of record which, pursuant to Business and
2 Professions Code section 136 and/Title 16, California Code of Regulation, section 1409.1, is
3 required to be reported and maintained with the Board, which was and is:

4 1460 Lockhart Gulch Road
5 Scotts Valley, CA 95066.

6 5. Service of the Accusation/Petition to Revoke Probation was effective as a matter of
7 law under the provisions of Government Code section 11505, subdivision (c) and/or Business &
8 Professions Code section 124.

9 6. On or about January 25, 2013, Respondent signed and returned a Notice of Defense
10 requesting a hearing in this matter. On or about February 20, 2013, Respondent withdrew her
11 request for a hearing.

12 7. Government Code section 11506 states, in pertinent part:

13 (c) The respondent shall be entitled to a hearing on the merits if the respondent files a
14 notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation
15 not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's
16 right to a hearing, but the agency in its discretion may nevertheless grant a hearing.

17 8. California Government Code section 11520 states, in pertinent part:

18 (a) If the respondent either fails to file a notice of defense or to appear at the hearing, the
19 agency may take action based upon the respondent's express admissions or upon other evidence
20 and affidavits may be used as evidence without any notice to respondent.

21 9. Pursuant to its authority under Government Code section 11520, the Board finds
22 Respondent is in default. The Board will take action without further hearing and, based on
23 Accusation/Petition to Revoke Probation No. 2013-546 and the documents contained in Default
24 Decision Investigatory Evidence Packet in this matter which includes:

25 Exhibit 1: Pleadings offered for jurisdictional purposes; Accusation/Petition to
26 Revoke Probation Case No. 2013-546, Statement to Respondent, Notice of
27 Defense (two blank copies), Request for Discovery and Discovery Statutes
28 (Government Code sections 11507.5, 11507.6 and 11507.7), proof of

1 service; Notice of Defense and Respondent's withdrawal of Notice of
2 Defense/Request for Hearing.

3 Exhibit 2: License History Certification for Nicole T. Prodany, Registered Nurse
4 License No. 550752, Nurse Anesthetist Certificate No. 3035;

5 Exhibit 3: Arrest Records;

6 Exhibit 4: Affidavit of Rose Garcia and Kami Pratab;

7 Exhibit 5: Declaration of costs by Office of the Attorney General for prosecution of
8 Case No. 2013-546.

9 The Board finds that the charges and allegations in Accusation/Petition to Revoke Probation No.
10 2013-546 are separately and severally true and correct by clear and convincing evidence.

11 10. Taking official notice of Certification of Board Costs and the Declaration of Costs by
12 the Office of the Attorney General contained in the Default Decision Investigatory Evidence
13 Packet, pursuant to the Business and Professions Code section 125.3, it is hereby determined that
14 the reasonable costs for Investigation and Enforcement in connection with the Accusation/Petition
15 to Revoke Probation are \$5,115.00 as of April 15, 2013.

16 DETERMINATION OF ISSUES

17 1. Based on the foregoing findings of fact, Respondent Nicole T. Prodany has subjected
18 her following license(s) to discipline:

19 a. Registered Nurse License No. 550752

20 b. Nurse Anesthetist Certificate No. 3035

21 2. The agency has jurisdiction to adjudicate this case by default.

22 3. The Board of Registered Nursing is authorized to revoke Respondent's license(s)
23 based upon the following violations alleged in the Accusation/Petition to Revoke Probation,
24 which are supported by the evidence contained in the Default Decision Investigatory Evidence
25 Packet in this case.

26 a. Violation of Business and Professions Code section 2761(a) - Unprofessional
27 Conduct.

- 1 b. Violation of Business and Professions Code section 2762(a) - Obtaining or
- 2 possessing controlled substances without a prescription.
- 3 c. Violation of Business and Professions Code section 2762(b) - Use of controlled
- 4 substance or alcohol to an extent or in a manner dangerous or injurious to
- 5 oneself and others.
- 6 d. Violation of Condition of Probation No. 1 - Obey all laws
- 7 e. Violation of Condition of Probation No. 2 - Comply with the Board's Probation
- 8 Program
- 9 f. Violation of Condition of Probation No. 15 - Abstain from use of psychotropic
- 10 (mood-altering) drugs
- 11 g. Violation of Condition of Probation No. 16 - Submit to tests and samples.

12 //

13 //

ORDER

IT IS SO ORDERED that Registered Nurse License No. 550752, heretofore issued to Respondent Nicole T. Prodany, is revoked.

IT IS SO ORDERED that Nurse Anesthetist Certificate No. 3035, heretofore issued to Respondent Nicole T. Prodany, is revoked.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective on AUGUST 23, 2013.

It is so ORDERED JULY 26, 2013.



Board of Registered Nursing
Department of Consumer Affairs
State of California

Attachment:

Exhibit A: Accusation/Petition to Revoke Probation No. 2013-546

Exhibit A

Accusation/Petition to Revoke Probation No. 2013-546

1 KAMALA D. HARRIS
Attorney General of California
2 DIANN SOKOLOFF
Supervising Deputy Attorney General
3 TIMOTHY J. McDONOUGH
Deputy Attorney General
4 State Bar No. 235850
1515 Clay Street, 20th Floor
5 P.O. Box 70550
Oakland, CA 94612-0550
6 Telephone: (510) 622-2134
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7 E-mail: Tim.McDonough@doj.ca.gov
Attorneys for Complainant

8
9 **BEFORE THE**
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation and Petition to
12 Revoke Probation Against:

13 **NICOLE T. PRODANY**
14 **Lockhart Gulch Road**
Scotts Valley, CA 95066

15 **Registered Nurse License No. 550752**
16 **Nurse Anesthetist Certificate No. 3035**

17
18 Respondent.

Case No. **2013-546**

ACCUSATION AND PETITION TO
REVOKE PROBATION

19
20 Complainant alleges:

21 **PARTIES**

22 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation and Petition to
23 Revoke Probation solely in her official capacity as the Executive Officer of the Board of
24 Registered Nursing, Department of Consumer Affairs.

25 2. On or about December 24, 1998, the Board of Registered Nursing issued Registered
26 Nurse License Number 550752 to Nicole T. Prodany (Respondent). The Registered Nurse
27 License was in full force and effect at all times relevant to the charges brought in this Petition to
28 Revoke Probation and Accusation and will expire on May 31, 2014, unless renewed.

1 3. On or about October 30, 2003, the Board of Registered Nursing issued Nurse
2 Anesthetist Certificate Number 3035 to Nicole T. Prodany (Respondent). The Nurse Anesthetist
3 Certificate was in full force and effect at all times relevant to the charges alleged in this
4 Accusation and will expire on May 31, 2014, unless renewed.

5 4. In a disciplinary action entitled "In the Matter of the Accusation Against Nicole
6 Prodany," Case No. 2011-522, the Board of Registered Nursing issued a Decision and Order
7 (Order) effective April 20, 2012, in which Respondent's Registered Nurse License and Nurse
8 Anesthetist Certificate was revoked. However, the revocation of the license and certificate was
9 stayed and Respondent's Registered Nurse License and Nurse Anesthetist Certificate were placed
10 on probation for three (3) years with certain terms and conditions. A copy of that Decision and
11 Order is attached as exhibit A and is incorporated by reference.

12 JURISDICTION AND STATUTORY PROVISIONS FOR ACCUSATION

13 5. This Accusation is brought before the Board of Registered Nursing (Board),
14 Department of Consumer Affairs, under the authority of the following laws. All section
15 references are to the Business and Professions Code (Code) unless otherwise indicated.

16 6. Section 2750 of the Business and Professions Code (Code) provides, in relevant part,
17 that the Board may discipline any licensee, including a licensee holding a temporary or an
18 inactive license, for any reason provided in Article 3 (commencing with section 2750) of the
19 Nursing Practice Act.

20 7. Section 2826 states, in relevant part:

21 "(a) 'Nurse anesthetist' means a person who is a registered nurse, licensed by the board and
22 who has met the standards for certification from the board."

23 8. Section 2764 of the Code provides, in relevant part, that the expiration of a license
24 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the
25 licensee or to render a decision imposing discipline on the license. Under section 2811,
26 subdivision (b), of the Code, the Board may renew an expired license at any time within eight
27 years after the expiration.

1 9. Section 118, subdivision (b), of the Code provides that the suspension, expiration,
2 surrender, cancellation of a license shall not deprive the Board of jurisdiction to proceed with a
3 disciplinary action during the period within which the license may be renewed, restored, reissued
4 or reinstated.

5 STATUTORY PROVISIONS

6 10. Section 2761 of the Code states, in relevant part:

7 "The board may take disciplinary action against a certified or licensed nurse or deny an
8 application for a certificate or license for any of the following:

9 "(a) Unprofessional conduct . . ."

10 11. Section 2762 of the Code states, in relevant part:

11 "In addition to other acts constituting unprofessional conduct within the meaning of this
12 chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this
13 chapter to do any of the following:

14 "(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed
15 physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or
16 administer to another, any controlled substance as defined in Division 10 (commencing with
17 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as
18 defined in Section 4022.

19 "(b) Use any controlled substance as defined in Division 10 (commencing with Section
20 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in
21 Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to
22 himself or herself, any other person, or the public or to the extent that such use impairs his or her
23 ability to conduct with safety to the public the practice authorized by his or her license."

24 12. Section 4022 of the Code states:

25 "Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in
26 humans or animals, and includes the following:

27 "(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without
28 prescription," "Rx only," or words of similar import.

1 “(b) Any device that bears the statement: “Caution: federal law restricts this device to sale
2 by or on the order of a _____,” “Rx only,” or words of similar import, the blank to be filled
3 in with the designation of the practitioner licensed to use or order use of the device.

4 “(c) Any other drug or device that by federal or state law can be lawfully dispensed only on
5 prescription or furnished pursuant to Section 4006.”

6 DRUGS

7 13. Cocaine is a Schedule II controlled substance as designated by Health and Safety
8 Code section 11055, subdivision (b)(6), and a dangerous drug under Business and Professions
9 Code section 4022.

10 14. Heroin is a Schedule I controlled substance as designated by Health and Safety Code
11 section 11054, subdivision (c)(11), and a dangerous drug under Business and Professions Code
12 section 4022.

13 15. Methadone is a Schedule II controlled substance as designated by Health and Safety
14 Code section 11055, subdivision (c)(14), and a dangerous drug under Business and Professions
15 Code section 4022.

16 16. Vicodin is a brand name for Hydrocodone. Hydrocodone is a Schedule II controlled
17 substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(J), and a
18 dangerous drug under Business and Professions Code section 4022.

19 COST RECOVERY

20 17. Section 125.3 provides, in relevant part:

21 “(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary
22 proceeding before any board within the department . . . , upon request of the entity bringing the
23 proceedings, the administrative law judge may direct a licensee found to have committed a
24 violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the
25 investigation and enforcement of the case.

26 . . .

27 “(i) Nothing in this section shall preclude a board from including the recovery of the costs
28 of investigation and enforcement of a case in any stipulated settlement.”

FIRST CAUSE FOR DISCIPLINE
((Unprofessional Conduct: Possession and Use of Controlled Substances)
(Bus. & Profs. Code § 2762, subd. (a) & (b))

18. Respondent has subjected her Registered Nurse License and Nurse Anesthetist Certificate to discipline for unprofessional conduct under Code section 2762, subdivision (a) (unprofessional conduct relating to the illegal possession of controlled substances) and 2762, subdivision (b) (unprofessional conduct relating to use of controlled substances or dangerous drugs) in that she illegally possessed and used controlled substances and dangerous drugs in July of 2012. The circumstances are as follows:

19. On or about July 1, 2012, Respondent's roommate found Respondent unconscious on the bathroom floor with a needle next to her. Respondent's roommate called for help. Capitola police officers and Capitola fire department personnel responded and talked with Respondent—as she had regained consciousness. Officers noted objective symptoms of Respondent being under the influence of opiates. Respondent admitted to fire department personnel that she had injected herself with heroin and that the needle was in the bathroom. She also indicated that she had more heroin in a brown box in the closet. While Respondent resisted the efforts of Capitola police officers to handcuff her and place her under arrest, they ultimately handcuffed and arrested Respondent. One of the officers located a syringe containing a brown substance in the bathroom and located a brown box in the Respondent's closet which contained heroin. Respondent was charged with violating Health and Safety Code section 11350, subdivision (a) (possession of controlled substance), Health and Safety Code section 11550, subdivision (a) (use of a controlled substance/or being under the influence of a controlled substance.), and Penal Code section 148, subdivision (a) (resisting, delaying, or obstructing an officer).

SECOND CAUSE FOR DISCIPLINE
(Unprofessional Conduct: Possession and Use of Controlled Substances)
(Bus. & Profs. Code § 2762, subd. (a) & (b))

20. Respondent has subjected her Registered Nurse License and Nurse Anesthetist Certificate to discipline for unprofessional conduct under Code section 2762, subdivision (a) (unprofessional conduct relating to the illegal possession of controlled substances), and 2762, subdivision (b) (unprofessional conduct relating to use of controlled substances or dangerous

1 drugs), in that she illegally possessed and used controlled substances and dangerous drugs in
2 August of 2012. The circumstances are as follows:

3 21. On or about August 6, 2012, police officers from Scotts Valley, California arrested
4 Respondent when they found her passed out in her car. Respondent admitted that she passed out
5 as a result of taking Methadone and Vicodin.

6 **THIRD CAUSE FOR DISCIPLINE**
7 **(Unprofessional Conduct: Use of Controlled Substances and Dangerous Drugs)**
8 **(Bus. & Profs. Code § 2762, subd. (a) & (b))**

9 22. Respondent has subjected her Registered Nurse License and Nurse Anesthetist
10 Certificate to discipline for unprofessional conduct under Code section 2762, subdivision (a)
11 (unprofessional conduct relating to the illegal possession of controlled substances) and 2762,
12 subdivision (b) (unprofessional conduct relating to use of controlled substances or dangerous
13 drugs) in that she possessed and used controlled substances and dangerous drugs in August of
14 2012. The circumstances are as follows:

15 23. On or about August 15, 2012, Respondent tested positive for cocaine after giving a
16 random urine sample to a drug testing facility as part of her probation terms with the Board of
17 Registered Nursing.

18 **JURISDICTION FOR PETITION TO REVOKE PROBATION**

19 24. Section 2750 of the Business and Professions Code (Code) provides, in relevant part,
20 that the Board may discipline any licensee, including a licensee holding a temporary or an
21 inactive license, for any reason provided in Article 3 (commencing with section 2750) of the
22 Nursing Practice Act.

23 25. Section 2826 states, in relevant part:

24 “(a) ‘Nurse anesthetist’ means a person who is a registered nurse, licensed by the board and
25 who has met the standards for certification from the board.”

26 26. Section 118, subdivision (b), of the Code provides that the suspension, expiration,
27 surrender, cancellation of a license shall not deprive the Board of jurisdiction to proceed with a
28 disciplinary action during the period within which the license may be renewed, restored, reissued
or reinstated.

1 27. Grounds exist for revoking the probation and re-imposing the order of revocation of
2 Respondent's Registered Nurse License No. 550752 and her Nurse Anesthetist Certificate No.
3 3035. Probation Term and Condition Number 12 of the Order states:

4 "Violation of Probation. If respondent violates the conditions of her probation, the board,
5 after giving respondent notice and an opportunity to be heard, may set aside the stay order and
6 impose the stayed revocation of her license.

7 "If during the period of probation, an accusation or petition to revoke probation has been
8 filed against respondent's license or the Attorney General's office has been requested to prepare
9 an accusation or petition to revoke probation against respondent's license, the probationary period
10 shall automatically be extended and shall not expire until the accusation or petition has been acted
11 upon by the board."

12 28. Respondent has violated the Probation Program, as more particularly set forth in the
13 paragraphs below:

14 **FIRST CAUSE TO REVOKE PROBATION**
15 **(Comply with Probation Program)**

16 29. At all times after the effective date of Respondent's probation, Condition 2 stated:

17 "Comply with Probation Program. Respondent shall fully comply with the terms and
18 conditions of the probation program established by the board and cooperate with representatives
19 of the board in its monitoring and investigation of his [sic] compliance. Respondent shall inform
20 the board in writing within no more than 15 days of an address change and shall at all times
21 maintain an active, current license status with the board, including during any period of
22 suspension."

23 30. Respondent's probation is subject to revocation because she failed to comply with
24 Probation Condition 2, referenced above. The facts and circumstances regarding this violation
25 are as follows:

26 A. Respondent failed to comply with the Order and with the Board's Probation Program,
27 by failing to comply with Probation conditions Nos. 1, 15, and 16, as more fully set forth below.

28 ///

SECOND CAUSE TO REVOKE PROBATION
(Obey all Laws)

31. At all times after the effective date of Respondent's probation, Condition 1 stated:

"Obey All Laws: Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by respondent to the board in writing within 72 hours of occurrence. To permit monitoring of compliance with this term, respondent shall submit completed fingerprint cards and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process."

32. Respondent's probation is subject to revocation because she failed to comply with Probation Condition 1, referenced above. The facts and circumstances regarding this violation are as follows:

A. Respondent failed to inform the Board of her arrest on July 1, 2012 within 72 hours of the occurrence. In fact, she never informed the Board of this arrest.

B. Respondent violated Health and Safety Code sections 11350, subdivision (a) (possession of controlled substance), Health and Safety Code section 11550, subdivision (a) (use of a controlled substance/or being under the influence of a controlled substance.), and Penal Code section 148, subdivision (a) (resisting, delaying, or obstructing an officer) when she was arrested on July 1, 2012.

C. Respondent violated Health and Safety Code sections 11350, subdivision (a) (possession of controlled substance), Health and Safety Code section 11550, subdivision (a) (use of a controlled substance/or being under the influence of a controlled substance), when she was arrested on August 6, 2012.

D. Respondent violated Health and Safety Code sections 11350, subdivision (a) (possession of controlled substance) and 11550, subdivision (a) (use of a controlled substance/or being under the influence of a controlled substance) on or about August 15, 2012. On August 15, 2012, Respondent tested positive for cocaine after giving a random urine sample to a drug testing facility as part of her probation terms with the Board of Registered Nursing.

1 E. Respondent violated Vehicle Code section 23152, subdivision (a) (driving under the
2 influence of drugs) on or about November 22, 2012. On that day, Respondent was involved in a
3 car accident in Redwood City, California. At the scene of the accident, she was arrested by a
4 California Highway Patrol Officer after they determined that she was driving while under the
5 influence of drugs.

6
7 **THIRD CAUSE TO REVOKE PROBATION**
(Abstain from Psychotropic (mood-Altering) Drugs)

8 33. At all times after the effective date of Respondent's probation, Condition 15 stated:

9 "Abstain From Psychotropic (Mood-Altering) Drugs. Respondent shall completely abstain
10 from the possession, injection or consumption by any route of all psychotropic (mood-altering)
11 drugs, including alcohol, except when the same are ordered by a health care professional legally
12 authorized to do so as part of documented medical treatment. Respondent shall have sent to the
13 board, in writing and within 14 days, by the prescribing health professional, a report identifying
14 the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the
15 date the medication will no longer be required, and the effect on the recovery program, if
16 appropriate.

17 "Respondent shall identify for the board a single physician, nurse practitioner or physician
18 assistant who shall be aware of respondent's history of substance abuse and will coordinate and
19 monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-
20 altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report
21 to the board on a quarterly basis respondent's compliance with this condition. If any substances
22 considered addictive have been prescribed, the report shall identify a program for the time limited
23 use of any such substances. The board may require the single coordinating physician, nurse
24 practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a
25 specialist in addictive medicine."

26 34. Respondent's probation is subject to revocation because she failed to comply with
27 Probation Condition 15, referenced above. The facts and circumstances regarding this violation
28 are as follows:

1 A. Respondent failed to abstain from the use of controlled substances and dangerous
2 drugs. Specifically, Respondent used psychotropic (mood-altering) drugs on at least three
3 occasions on July 1, 2012, August 6, 2012, and on or about August 15, 2012. The use of these
4 controlled substances is further explained in paragraphs 19, 21, and 23, respectively.

5
6 **FOURTH CAUSE TO REVOKE PROBATION**
7 **(Submit to Tests and Samples)**

8 35. At all times after the effective date of Respondent's probation, Condition 16 stated:

9 "Submit to Tests and Samples. Respondent, at her expense, shall participate in a random,
10 biological fluid testing or a drug screening program which the board approves. The length of
11 time and frequency will be subject to approval by the board. Respondent is responsible for
12 keeping the board informed of her current telephone number at all times. Respondent shall also
13 ensure that messages may be left at the telephone number when she is not available and ensure
14 that reports are submitted directly by the testing agency to the board, as directed. Any confirmed
15 positive finding shall be reported immediately to the board by the program and respondent shall
16 be considered in violation of probation.

17 "In addition, respondent, at any time during the period of probation, shall fully cooperate
18 with the board or any of its representatives, and shall, when requested, submit to such tests and
19 samples as the board or its representatives may require for the detection of alcohol, narcotics,
20 hypnotics, dangerous drugs, or other controlled substances.

21 "If respondent has a positive drug screen for any substance not legally authorized and not
22 reported to the coordinating physician, nurse practitioner, or physician assistant, and the board
23 files a petition to revoke probation or an accusation, the board may suspend respondent from
24 practice pending the final decision on the petition to revoke probation or the accusation. The
25 period of suspension will not apply to the reduction of this probationary time period.

26 "If respondent fails to participate in a random, biological fluid testing or drug screening
27 program within the specified time frame, respondent shall immediately cease practice and shall
28 not resume practice until notified by the board. After taking into account documented evidence
of mitigation, if the board files a petition to revoke probation or an accusation, the board may

1 suspend respondent from practice pending the final decision on the petition to revoke probation or
2 the accusation. This period of suspension will not apply to the reduction of this probationary time
3 period."

4 36. Respondent's probation is subject to revocation because she failed to comply with
5 Probation Condition 16, referenced above. The facts and circumstances regarding this violation
6 are as follows:

7 A. Respondent failed to properly and fully participate in a random, biological fluid
8 testing or a drug screening program. As part of her random drug screening program, Respondent
9 is required to call First Lab (the Board's contracted drug testing center) every day to determine if
10 she has been selected for drug testing. Respondent missed calling in to First lab on numerous
11 occasions including May 25, 2012, July 21, 2012, July 26, 2012, August 5, 2012, October 13,
12 2012, November 22, 2012, and December 2, 2012. Further, Respondent failed to submit a urine
13 sample for testing on July 27, 2012, November 15, 2012, and December 1, 2012.

14 PRAYER

15 WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this
16 Accusation and Petition to Revoke Probation, and that following the hearing, the Board of
17 Registered Nursing issue a decision:

18 1. Revoking the probation that was granted by the Board of Registered Nursing in Case
19 No. 2011-522 and imposing the disciplinary order that was stayed thereby revoking Registered
20 Nurse License No. 550752 issued to Nicole T. Prodany;

21 2. Revoking or suspending Registered Nurse License No. 550752, issued to Nicole T.
22 Prodany;

23 3. Revoking or suspending 'Nurse anesthetist' Certificate No. 3035, issued to Nicole T.
24 Prodany;

25 4. Ordering Nicole T. Prodany to pay the Board of Registered Nursing the reasonable
26 costs of the investigation and enforcement of this matter, pursuant to Business and Professions
27 Code section 125.3, including \$2600 which Respondent currently owes the Board of Registered
28

Exhibit A

Decision and Order

Board of Registered Nursing Case No. 2011-522

1

BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA .

In the Matter of the Accusation Against:

NICOLE PRODANY

Registered Nurse License No. 550752
Nurse Anesthetist Certificate No. 3035

Respondent.

CASE No. 2011-522

OAH No. 2011030041

NOTICE OF DECISION AND ORDER

No action having been taken on the attached Proposed Decision,
pursuant to Government Code section 11517(c)(2) the attached decision is
hereby deemed adopted by operation of law on March 22, 2012.

Pursuant to Government Code section 11519, this Decision shall become
effective on April 20, 2012.

Date: March 22, 2012.


Louise R. Bailey, M.Ed., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California

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BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

NICOLE T. PRODANY

Registered Nurse License No. 550752
& Nurse Anesthetist Certificate No. 3035,

Respondent.

Case No. 2011-522

OAH No. 2011030041

PROPOSED DECISION

This matter was heard before Diane Schneider, Administrative Law Judge, State of California, Office of Administrative Hearings, in Oakland, California, on October 25, 2011.

Complainant Ruth Ann Terry, M.P.H., R.N., Executive Officer of the Board of Registered Nursing, was represented by Shana A. Bagley, Deputy Attorney General.

Respondent Nicole Prodany was represented by Paul Chan, Attorney at Law.

The matter was submitted for decision on October 25, 2011.

SUMMARY AND ISSUE

Respondent stipulated at hearing to the truth of the factual allegations in the Accusation, and to the two causes for discipline. The sole issue is whether or not respondent is rehabilitated from her drug addiction to the extent that she can be trusted to practice nursing safely. As set forth below, respondent presented sufficient evidence of rehabilitation to allow her to continue to practice nursing while on probation to the board.

FACTUAL FINDINGS

1. On December 24, 1998, the Board of Registered Nursing issued Registered Nurse License No. 550752 to respondent Nicole T. Prodany. The license has been in full force and effect at all times relevant to this proceeding, and will expire on May 31, 2012, unless it is renewed. On October 30, 2003, the board issued Nurse Anesthetist Certificate No. 3035 to respondent. The certificate has been in full force and effect at all times relevant to this proceeding and will expire on May 31, 2012, unless it is renewed.

Stipulated Factual Findings

2. Respondent admits to the truth of the factual allegations in the Accusation. She also admits that she possessed and used dangerous drugs and controlled substances, within the meaning of Business and Professions Code section 2762, subdivisions (a) and (b). The following Factual Findings are based upon respondent's stipulation.

3. In March 2009, respondent began diverting opiates and benzodiazepines while working as a nurse anesthetist at Kaiser-Santa Clara Medical Facility (Kaiser). At times, respondent would go to work on days she was not scheduled in order to divert various drugs for her own use. Ultimately, her diversion of drugs was discovered by Kaiser. She worked at Kaiser until February 19, 2010, and resigned from her position on May 20, 2010.

4. Respondent sought assistance from the board's Diversion Program, and she was accepted by the Diversion Evaluation Committee (DEC) on May 16, 2010. On June 15, 2010, respondent's urine sample tested positive for alcohol. In response, the DEC mandated that respondent enter a 28-day residential treatment program. Respondent told the board that she had purchased the urine sample online, and that it was not hers. She also informed the board that she did not want to attend a residential treatment program because she wanted to drink alcohol occasionally, and she did not want to be away from her significant other. On June 28, 2010, the DEC terminated respondent from the Diversion Program and deemed her a public safety risk.

Complainant's Evidence

5. Maximus Corporation administers the board's Diversion Program. Stephanie Trumm works as a clinical case manager at Maximus Corporation. She has over 30 years of experience as a registered nurse and specializes in the area of addictions. Trumm was respondent's case manager from May through June 2010.

6. The Diversion Program requires complete abstinence from drugs and alcohol and does not approve of the treatment model known as harm reduction. Trumm explained that harm reduction treatment for opiate addiction involves prescribing patients small amounts of methadone or Suboxone. Suboxone is taken by prescription and helps people avoid withdrawals from opiates. According to Trumm, Suboxone may affect a person's critical thinking. For this reason, she explained that the DEC does not believe that a nurse can practice safely while using Suboxone.

Respondent's Evidence

7. Respondent testified to the following facts, with credibility and candor, regarding her descent into drug addiction.

8. Respondent received a nursing degree in 1994 from the University of Wisconsin, where she practiced as an intensive care nurse until 2000. She received a master's degree in anesthesia in 2003 from the University of Southern California.

9. From 2005 to 2010, respondent worked at Kaiser as a certified nurse anesthetist. The work was stressful, and the hours were long. (Respondent worked a 24-hour shift and a 16-hour shift.) In 2009, on a date not established by the evidence, respondent inadvertently went home with two ampoules of narcotics in her scrubs. Three months later, in October 2009, she used it intravenously. At the time of this incident, respondent was romantically involved in a physically and emotionally abusive relationship with someone at work.¹

10. From October 2009 to January 2010, respondent diverted drugs from Kaiser for her personal use on a "sporadic" basis. In January 2010, it became a "regular pattern to divert narcotics" such as Demerol, Morphine, and Dilaudid.

11. Respondent never used drugs while at work. She typically used drugs after she completed her shifts. When she resigned from her position in May 2010 she disclosed to the chiefs of staff that she was seeking treatment for chemical dependency.

12. In February 2010 she entered therapy and admitted that she had an opiate addiction. Respondent participated in a harm reduction program, which prescribed the use of Subutex. Aside from the prescribed dosage of Subutex, respondent has not used opiates or alcohol since March 8, 2010.

13. After she was accepted in the Board's Diversion Program, respondent learned that she could not remain on Subutex while on Diversion. Respondent wanted to continue her treatment with Subutex, as it worked well for her. As a result, she resisted the treatment regimen required by the Diversion Program. This led to her termination from the Diversion Program in July 2010.

14. Stephen M. Stein, M.D., is a specialist in addiction medicine. He worked for Santa Cruz County Health Services Agency from 1989 to 2005. Since 2005, he has had a private practice in addiction medicine. Dr. Stein testified at the hearing to respondent's treatment and her ability to practice nursing safely.

15. Respondent began treatment with Dr. Stein in October 2010. When he met respondent, she had already been prescribed Subutex. Dr. Stein prescribed Subutex to respondent. He has been prescribing Subutex and Suboxone for 10 years. He has found that these medications help opiate addicts with their endorphin deficiency, and helps them "feel normal."² Dr. Stein is slowly tapering respondent off of Subutex. The plan is to have

¹ In July 2010, respondent's ulner nerve was bruised after her significant other slammed her arm into a door.

respondent off of Subutex by October 2012. By then, respondent's natural endorphin system will "kick in." Dr. Stein is not concerned with the amount of time that a particular patient takes to taper off from Subutex or Suboxone. What is most important is that the patient is comfortable with the plan. In respondent's case, she is withdrawing so slowly that she does not feel withdrawal symptoms.

16. Dr. Stein believes that the board has taken a stance that Suboxone or Subutex are always mind-altering. He believes that this stance stems from a misunderstanding of the effects of these drugs. While it is true that Subutex or Suboxone may be initially mood-altering, if a person builds up tolerance to either of these drugs, the drug loses its mood-altering effects.

17. According to Dr. Stein, respondent is stable on Subutex, and has built up a tolerance to it. In fact, Dr. Stein noted that she was stable on Subutex when he began treating her in October 2010. For this reason, Dr. Stein firmly believes that respondent "is not at all impaired by it." He prescribes Subutex to many patients, such as firemen, lawyers and plumbers, none of whom are impaired by the Subutex once they have built up a tolerance to the drug.

18. Dr. Stein's testimony established that respondent's use of Subutex does not impair her ability to practice nursing safely.

19. Respondent has been attending a weekly WE CARE nurse support group since December 2010. Sharon Lutman, RN, LMFT, submitted a letter in which she praises respondent's progress in recovery. Lutman writes:

She works diligently on her recovery skills to ensure to any employer that she can practice safely, and her intense desire to return to her field also guarantees her commitment to work thoroughly and consistently for any employer.

20. In January 2011, respondent entered an intensive out-patient treatment program at Sobriety Works, a state-certified drug and alcohol treatment program. Respondent completed the 36-session program on April 21, 2011, and participated in weekly aftercare sessions through August 17, 2011. Sobriety Works Case Manager Dan Gibson submitted a letter in support of respondent. He writes:

She has built a recovery support group. Ms. Prodany was attending 12-step meetings and other self-support meetings regularly, and was working with a sponsor. She appears to have internalized the concepts of the recovery process and was

BOARD OF REGISTERED NURSING
DEC 16 2011

² According to Dr. Stein, both Subutex and Suboxone both contain Buprenorphine; the difference between the two is that Suboxone also contains Naloxone, an opiate antagonist.

openly sharing her experience and enthusiasm with other clients. While in treatment Ms. Prodany was drug tested 28 times with no positive tests.

21. Respondent currently attends five 12-step meetings per week, in addition to a weekly WE CARE support group.

22. Respondent paid for the costs associated with her recovery, which were over \$100,000, from her own funds. She has not worked as a nurse since leaving Kaiser. Respondent wants nothing more than to return to nursing, but at the same time, she realizes that she needed to take sufficient time to "get better."

23. Respondent is "incredibly grateful" for what she has in her life. She possesses a tremendous amount of insight into the reasons for her drug abuse. In the course of her rehabilitation, she was diagnosed with depression, and she began taking anti-depressants. Respondent no longer suffers from insomnia or depression. Respondent also has a solid support system: she has a different partner, and she has a close relationship with her sister and her stepfather.

24. In looking back on her life, respondent realizes that she was "burning out," and "on a path that was not sustainable." She wishes that she had not been so resistant to treatment. Respondent understands that her recovery is a life-long process, and she believes that she is a better person for it. She believes that she is capable of returning to work as nurse, but she does not want to work as a nurse anesthetist because it is too stressful for her.

Costs

25. The board has incurred Attorney General costs in the amount of \$4,292.50, in the enforcement of this matter. The costs are found to be reasonable.

LEGAL CONCLUSIONS

First Cause for Discipline

1. Findings 3.4 and 10: Respondent is subject to disciplinary action pursuant to Business and Professions Code section 2761, subdivision (a), for unprofessional conduct in that while working as a nurse anesthetist, she diverted drugs from her employer for her own use.

Second Cause for Discipline

2. Findings 2 through 4 and 10: Respondent is subject to disciplinary action pursuant to Business and Professions Code section 2762, subdivisions (a) and (b), together with Business and Professions Code section 2761, subdivision (a), for unprofessional conduct in that she used controlled substances and dangerous drugs to such an extent or in

such a manner to be dangerous or injurious to herself and the public, and to such an extent that it impaired her ability to practice nursing safely.

Costs

3. Business and Professions Code section 125.3 provides that a licensee found to have violated the licensing act may be required to pay a sum not to exceed the reasonable costs of enforcement of the case. By reason of the matters set forth in Legal Conclusions 1 and 2, cause exists to require respondent to pay cost recovery.

In *Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, 45, the Supreme Court enumerated several factors that a licensing board must consider in assessing costs. The board must not assess the full costs of investigation and enforcement when to do so would unfairly penalize a respondent who has committed some misconduct, but who has used the hearing process to obtain the dismissal of some charges or a reduction in the severity of the penalty; the board must consider a respondent's subjective good faith belief in the merits of his or her position and whether the respondent has raised a colorable challenge; and the board must consider a respondent's ability to pay.

Here, respondent used the hearing process to lessen the severity of the penalty imposed. She presented rehabilitation evidence which provided the basis for determining that a stayed revocation with probation, rather than outright revocation, should be imposed. In consideration of these factors it is determined that cause exists to reduce the board's cost recovery to the sum of \$3,292.50. This represents a reduction of \$1,000, from the amount requested by complainant.

Penalty Determination

4. To respondent's credit, she takes full responsibility for actions. She is also to be commended for taking serious and positive steps to address the causes of her addiction as well as the addiction itself. Towards this end, she has regained control over life, both medically, through treatment, and through lifestyle changes. She has completed an intensive drug treatment program, which included drug testing. She has regularly attended 12-step meetings as well as a nurse's support group. She has found a stable support system in her family and her partner. The professionals who have treated respondent in her recovery endeavors attest to the great strides that respondent has made in the recovery process.

In determining the appropriate penalty, public safety is the board's paramount concern. While respondent is currently prescribed Subutex as part of her medical treatment, respondent has built up a tolerance to Subutex to the point that it does not impair her ability to practice nursing safely. While there was evidence of the potential mind-altering effects of Subutex or Suboxone, there was no evidence that respondent cannot practice safely in the context of her current treatment. It is also noted that there is no evidence that respondent was ever impaired while on duty as a nurse.

In consideration of these factors, it is concluded that respondent has demonstrated sufficient evidence of her rehabilitation that the public safety will not be put at risk if she is permitted to retain her nursing license while on probation to the board. While respondent is on probation, she will be required to comply with conditions that require her to undergo substance abuse treatment and rehabilitation, including physical and mental health examinations, drug testing, and to abstain from the use of alcohol and drugs, in addition to the board's standard terms and conditions. Pursuant to a physical examination that is ordered as probation condition 14, respondent will be required to undergo a medical examination by a board-approved medical professional. The assessment will include a determination of respondent's capability to perform the duties of a registered nurse. In the event that the medical examiner determines that respondent cannot practice nursing safely, the board may request that a petition to revoke probation be filed against respondent.

ORDER

Registered Nurse License No. 550752 and Nurse Anesthetist Certificate No. 3035 issued to respondent Nicole T. Prodany, is revoked. The order of revocation shall be stayed and respondent shall be placed on probation for a period of three (3) years on the following conditions:

Each condition of probation is separate and distinct. If any condition of this order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this order, and all other applications thereof, shall not be affected. Each condition of this order shall separately be valid and enforceable to the fullest extent permitted by law.

1. OBEY ALL LAWS: Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by respondent to the board in writing within 72 hours of occurrence. To permit monitoring of compliance with this term, respondent shall submit completed fingerprint cards and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.
2. COMPLY WITH PROBATION PROGRAM: Respondent shall fully comply with the terms and conditions of the probation program established by the board and cooperate with representatives of the board in its monitoring and investigation of his compliance. Respondent shall inform the board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the board, including during any period of suspension.
3. REPORT IN PERSON: During the period of probation, respondent shall appear in person at interviews/meetings as directed by the board or its designated representatives.

4. RESIDENCY, PRACTICE OR LICENSURE OUTSIDE OF STATE: Periods of residency or practice as a registered nurse outside of California shall not apply toward reduction of this probation time period. Respondent's probation is tolled, if and when he resides outside of California. Respondent must provide written notice to the board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the board if she applies for or obtains a new nursing license during the term of probation.

5. SUBMIT WRITTEN REPORTS: During the period of probation, respondent shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury as required by the board. These reports/declarations shall contain statements relative to respondent's compliance with all the terms and conditions of the board's probation program. Respondent shall immediately execute all release of information forms as may be required by the board or its representatives.

PROVIDE DECISION: Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he has a registered nurse license.

6. FUNCTION AS A REGISTERED NURSE: Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the board.

For purposes of compliance with this condition, "engage in the practice of registered nursing" may include, when approved by the board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the board.

If respondent has not complied with this condition during the probationary term but has presented sufficient documentation of his good faith efforts to comply, and if no other conditions have been violated, the board, in its

discretion, may grant an extension of respondent's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation shall apply.

7. EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS:

Respondent shall obtain prior approval from the board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the board all performance evaluations and other employment-related reports as a registered nurse upon request of the board.

Respondent shall provide a copy of this decision to her employer and immediate supervisors prior to commencement of any nursing or other health care-related employment.

In addition to the above, respondent shall notify the board in writing within 72 hours after she obtains any nursing or other health care related employment. Respondent shall notify the board in writing within 72 hours after she is terminated or separated, regardless of cause, from any nursing, or other health care-related employment, with a full explanation of the circumstances surrounding the termination or separation.

8. SUPERVISION: Respondent shall obtain prior approval from the board regarding her level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the board, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- a. Maximum – The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- b. Moderate – The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- c. Minimum – The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

- d. Home Health Care – If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with him as required by the board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the board, periodic, on-site visits to patients' homes visited by respondent with or without respondent being present.

9. EMPLOYMENT LIMITATIONS: Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, for a temporary nurse placement agency, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If respondent is working or intends to work in excess of 40 hours per week, the board may request documentation to determine whether there should be restrictions on the hours of work.

10. COMPLETE REFRESHER COURSE: Respondent, at her own expense, shall enroll in and successfully complete a refresher course or equivalent set of courses as approved by representatives of the board. Respondent is suspended from practice until the required course work is successfully completed, but she may use his license for the limited purpose of completing clinical requirements of the course work.

11. COST RECOVERY: Respondent shall pay to the board costs associated with its investigation and enforcement pursuant to Business and Professions Code

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section 125.3 in the amount of \$3,292.50. Respondent shall be permitted to pay these costs in a payment plan approved by the board, with payments to be completed no later than three months prior to the end of the probation term.

12. **VIOLATION OF PROBATION:** If respondent violates the conditions of her probation, the board, after giving respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed revocation of her license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's office has been requested to prepare an accusation or petition to revoke probation against respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the board.

13. **LICENSE SURRENDER:** During respondent's term of probation, if she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender his license to the board. The board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the board. A registered nurse whose license has been surrendered may petition the board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

- a. Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or
- b. One year for a license surrendered for a mental or physical illness.

14. **PHYSICAL EXAMINATION:** Within 45 days of the effective date of this decision, respondent, at her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the board before the assessment is performed, submit an assessment of the respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the board. If medically determined, a recommended treatment program will be instituted and followed by the respondent, with the physician, nurse practitioner, or

physician assistant providing written reports to the board on forms provided by the board.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the board and respondent by telephone, and the board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the board is required until the board has notified respondent that a medical determination permits him to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to have the above assessment submitted to the board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the board. This period of suspension will not apply to the reduction of this probationary time period. The board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

15. ABSTAIN FROM PSYCHOTROPIC (MOOD-ALTERING) DRUGS:

Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood-altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the board, in writing and within 14 days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time-limited use of any such substances.

The board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

16. SUBMIT TO TESTS AND SAMPLES: Respondent, at her expense, shall participate in a random, biological fluid testing or a drug screening program which the board approves. The length of time and frequency will be subject to approval by the board. Respondent is responsible for keeping the board informed of her current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when she is not available and ensure that reports are submitted directly by the testing agency to the board, as directed. Any confirmed positive finding shall be reported immediately to the board by the program and respondent shall be considered in violation of probation.

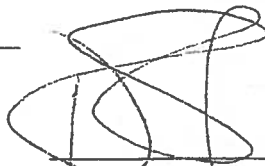
In addition, respondent, at any time during the period of probation, shall fully cooperate with the board or any of its representatives, and shall, when requested, submit to such tests and samples as the board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the board files a petition to revoke probation or an accusation, the board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, respondent shall immediately cease practice and shall not resume practice until notified by the board. After taking into account documented evidence of mitigation, if the board files a petition to revoke probation or an accusation, the board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

DATED: _____

12/14/11



DIANE SCHNEIDER
Administrative Law Judge
Office of Administrative Hearings

Exhibit A

Accusation Case No. 2011-522

1 EDMUND G. BROWN JR.
Attorney General of California
2 DIANN SOKOLOFF
Supervising Deputy Attorney General
3 TIMOTHY J. McDONOUGH
Deputy Attorney General
4 State Bar No. 235850
1515 Clay Street, 20th Floor
5 P.O. Box 70550
Oakland, CA 94612-0550
6 Telephone: (510) 622-2134
Facsimile: (510) 622-2270
7 *Attorneys for Complainant*

8 **BEFORE THE**
BOARD OF REGISTERED NURSING
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 2011-522

12 **NICOLE PRODANY**
13 **Woolsey Cr.**
Capitola, CA 95010
14 **Registered Nurse No. 550752**
Nurse Anesthetist Certificate No. 3035

ACCUSATION

15 Respondent.

16
17 Complainant alleges:

18 **PARTIES**

19 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
20 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
21 Consumer Affairs.

22 2. On or about December 24, 1998, the Board of Registered Nursing issued Registered
23 Nursing License Number 550752 to Nicole Prodany (Respondent). The Registered Nursing
24 License was in full force and effect at all times relevant to the charges alleged in this Accusation
25 and will expire on May 31, 2012, unless renewed.

26 3. On or about October 30, 2003, the Board of Registered Nursing issued Nurse
27 Anesthetist Certificate Number 3035 to Nicole Prodany (Respondent). The Nurse Anesthetist
28

1 Certificate was in full force and effect at all times relevant to the charges alleged in this
2 Accusation and will expire on May 31, 2012, unless renewed.

3 JURISDICTION

4 4. This Accusation is brought before the Board of Registered Nursing (Board),
5 Department of Consumer Affairs, under the authority of the following laws. All section
6 references are to the Business and Professions Code unless otherwise indicated.

7 5. Section 2750 of the Business and Professions Code (Code) provides, in pertinent part,
8 that the Board may discipline any licensee, including a licensee holding a temporary or an
9 inactive license, for any reason provided in Article 3 (commencing with section 2750) of the
10 Nursing Practice Act.

11 6. Section 2826 states, in relevant part:

12 "(a) 'Nurse anesthetist' means a person who is a registered nurse, licensed by the board and
13 who has met the standards for certification from the board."

14 7. Section 2764 of the Code states:

15 "The lapsing or suspension of a license by operation of law or by order or decision of the
16 board or a court of law, or the voluntary surrender of a license by a licensee shall not deprive the
17 board of jurisdiction to proceed with any investigation of or action or disciplinary proceeding
18 against such license, or to render a decision suspending or revoking such license."

19 8. Under section 2811, subdivision (b) of the Code, the Board may renew an expired
20 license at any time within eight years after the expiration.

21 9. Section 118, subdivision (b) of the Code provides that the suspension, expiration,
22 surrender, or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a
23 disciplinary action during the period within which the license may be renewed, restored, reissued
24 or reinstated.

25 STATUTORY PROVISIONS

26 10. Section 2761 of the Code states, in relevant part:

27 "The board may take disciplinary action against a certified or licensed nurse or deny an
28 application for a certificate or license for any of the following:

1 "(a) Unprofessional conduct . . ."

2 11. Section 2762 of the Code states, in relevant part:

3 "In addition to other acts constituting unprofessional conduct within the meaning of this
4 chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this
5 chapter to do any of the following:

6 "(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed
7 physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or
8 administer to another, any controlled substance as defined in Division 10 (commencing with
9 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as
10 defined in Section 4022.

11 "(b) Use any controlled substance as defined in Division 10 (commencing with Section
12 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in
13 Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to
14 himself or herself, any other person, or the public or to the extent that such use impairs his or her
15 ability to conduct with safety to the public the practice authorized by his or her license."

16 12. Section 2770.11 of the Code states:

17 "(a) Each registered nurse who requests participation in a diversion program shall agree to
18 cooperate with the rehabilitation program designed by the committee and approved by the
19 program manager. Any failure to comply with the provisions of rehabilitation program may
20 result in termination of the registered nurse's participation in a program. The name and license
21 number of a registered nurse who is terminated for any reason, other than successful completion,
22 shall be reported to the board's enforcement program.

23 "(b) If the program manager determines that a registered nurse, who is denied admission
24 into the program or terminated from the program, presents a threat to the public or his or her own
25 health and safety, the program manager shall report the name and license number, along with a
26 copy of all diversion records for that registered nurse, to the board's enforcement program. The
27 board may use any of the records it receives under this subdivision in any disciplinary
28 proceeding."

1 13. Section 4022 of the Code states:

2 "Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in
3 humans or animals, and includes the following:

4 "(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without
5 prescription," "Rx only," or words of similar import.

6 "(b) Any device that bears the statement: "Caution: federal law restricts this device to sale
7 by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled
8 in with the designation of the practitioner licensed to use or order use of the device.

9 "(c) Any other drug or device that by federal or state law can be lawfully dispensed only on
10 prescription or furnished pursuant to Section 4006."

11 DRUGS

12 14. Dilaudid is a brand name for Hydromorphone. Hydromorphone is a Schedule II
13 controlled substance as designated by Health and Safety Code section 11055, subdivision
14 (b)(1)(k), and a dangerous drug as designated by Business and Professions Code section 4022.

15 15. Valium is a brand name for Diazepam. Diazepam is a Schedule IV controlled
16 substance as designated by Health and Safety Code section 11057, subdivision (d)(9), and a
17 dangerous drug as designated by Business and Professions Code section 4022.

18 16. Morphine is a Schedule II controlled substance as designated by Health and Safety
19 Code section 11055, subdivision (a)(1)(M), and a dangerous drug as designated by Business and
20 Professions Code section 4022.

21 17. Midazolam is a Schedule IV controlled substance as designated by Health and Safety
22 Code section 11057, subdivision (d)(21), and a dangerous drug as designated by Business and
23 Professions Code section 4022.

24 18. Xanax is a brand name for Alprazolam. Alprazolam is a Schedule IV controlled
25 substance as designated by Health and Safety Code section 11057, subdivision (d)(1), and a
26 dangerous drug as designated by Business and Professions Code section 4022.

27 ///

28 ///

1 19. Vicodin is a brand name for Hydrocodone. Hydrocodone is a Schedule II controlled
2 substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(J), and a
3 dangerous drug as designated by Business and Professions Code section 4022.

4 COST RECOVERY

5 20. Section 125.3 of the Code provides, in relevant part, that the Board may request the
6 administrative law judge to direct a licensee found to have committed a violation or violations of
7 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
8 enforcement of the case.

9 FIRST CAUSE FOR DISCIPLINE

10 (Unprofessional Conduct)

(Bus. & Prof. Code §§ 2761(a))

11 21. Respondent has subjected her nursing license to discipline for unprofessional conduct
12 under Code section 2761, subdivision (a), in that, while working as a nurse anesthetist, she
13 diverted drugs for her own use from her employer. The circumstances are as follows:

14 22. On or about March 2009, Respondent began diverting various drugs while working as
15 a nurse anesthetist at Kaiser-Santa Clara Medical Facility (Kaiser). At times, Respondent would
16 go to work on days she was not scheduled to divert various drugs for her own use. Ultimately,
17 her diversion of drugs was discovered by Kaiser. She worked at Kaiser until February 19, 2010,
18 and resigned from her position on May 20, 2010.

19 SECOND CAUSE FOR DISCIPLINE

20 (Unprofessional Conduct: Use of Controlled Substances and Dangerous Drugs)

(Bus. & Prof. Code §§ 2762(a) and 2762(b))

21 23. Respondent has subjected her nursing license to discipline for unprofessional conduct
22 under Code section 2762, subdivision (a) and 2762, subdivision (b) (unprofessional conduct
23 relating to use of controlled substances or dangerous drugs) in that she used various controlled
24 substances and dangerous drugs. The circumstances are as follows:

25 24. On or about March 9, 2010, after a break-up with a boyfriend, Respondent began
26 diverting drugs from Kaiser, her employer, for her own use. Respondent admits to using various
27 opiates and benzodiazepines including Morphine, Vicodin, Dilaudid, Midazolam, and Zanax.
28

25. Respondent applied for the Board's Diversion Program and was accepted into the program by the Diversion Evaluation Committee (DEC) on May 16, 2010. On June 15, 2010, Respondent's urine sample tested positive for alcohol. The DEC deemed this a relapse and mandated that she enter a residential treatment program for a minimum of 28 days. On June 25, 2010, Respondent notified the Board's Diversion Program that she had been buying urine on the internet to use for her drug tests and that the specimen that tested positive was not hers. Respondent explained that she did not want to attend an inpatient treatment program because she did not want to be away from her significant other and she wanted to be able to drink wine occasionally. On June 28, 2010, the Diversion Program manager terminated Respondent from the Board's Diversion Program and deemed Respondent a public safety risk.

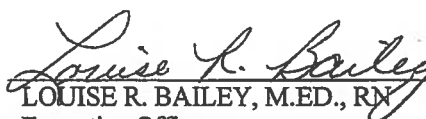
PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this Accusation, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nursing License Number 550752, issued to Nicole Prodan;
2. Revoking or suspending Nurse Anesthetist Certificate Number 3035;
3. Ordering Nicole Prodan to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
4. Taking such other and further action as deemed necessary and proper.

DATED: _____

12/14/10


LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

SF2010900423
90164050.doc

9E

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: ANJMAN Middle: — Last: SHARMA

Practice Name (if any): GOLDEN VALLEY MEDICAL CENTER

Nevada Address: 515 W. HASKELL ST. WINNEMUCCA, NV Suite #:

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: WINNEMUCCA State: NV Zip Code: 89445

PO Box: Ø SS# or ITIN

E-mail address:

Work Telephone: 719-313-8401 Personal Phone:

Fax: 1-775-625-4653 Degree: MD

Date of Birth: Sex: ☒ M or ☐ F

Practitioner License Number: 15536 NV Specialty: FAMILY PRACTICE

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 <u>any</u> state?				☐	☒
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...				☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				☐	☒
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation: <u>ALREADY REPORTED TO NVMS 2018.</u>					
Board Administrative Action: <u>REPPREMANA</u>		State: <u>CO</u>	Date: <u>18/OCT/18</u>	Case #: <u>245-1601B RESOLVED</u>	
Criminal Action: <u>Ø</u>	State: <u>Ø</u>	Date: <u>Ø</u>	Case #: <u>Ø</u>	County: <u>Ø</u>	Court: <u>Ø</u>

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.

[Signature] SHARMA
Original Signature, no copies or stamps accepted.

13OCT20
Date

Board Use Only: Date Processed: Amount:

Candy Nally

From: Anjmun Sharma <
Sent: Monday, November 9, 2020 9:56 AM
To: Candy Nally
Subject: Explanation To Question Number 1
Attachments: Ltr Martinez 2018.08.27 Requesting Termination Probation.pdf; 2018-10-19
 _Sharma_TermStipFAO.pdf; AccumenPhasel.pdf; AccumenPhasell.pdf; Sharma stip.pdf;
 Ltr CMB 2018.08.10 Update from CPHP.pdf; OregonStipulatedOrder.pdf; Anjmun
 Sharma, MD.pdf; OregonStip.pdf; Anjmun Sharma, MD Order of Release.pdf

I Anjmun Sharma, MD reported previously to the NVMB an incident that occurred in 2015 for which I was admonished in August 2018. I had the crossed professional boundary with a female patient by text and phone. This resulted in the Colorado Medical Board recommending that I complete a Longitudinal Treatment Program at the Acument Assessment Center in Lawrence, Kansas in 2015 and 2016 that I successfully completed in 2016. Please see the attached documents that provide this information to you. In addition, reciprocal Board Action was filed in New Mexico by the New Mexico Medical Board as well. I have attached these documents as well Oregon Medical Board Reciprocal Action as well.

Anjmun Sharma, MD

Level II Certified

MRO Certified

Aviation Medical Examiner A.M.E.

Division Independent Medical Examiner State Of Colorado

Department Of Labor & Employment

Division Of Workers' Compensation

Monument Occupational Medicine, PC

1150 W. Baptist Road

Suite 100

Monument, CO 80921-2424

Cell: 719-313-8401

Fax: 888-390-1539

E-Mail: anjmun@gmail.com



KRESL & SINGER

ATTORNEYS AT LAW

A Professional Corporation

130 Rampart Way, Suite 200, Denver, CO 80230

303-336-2100 Phone 303-388-1749 Fax

www.kreslsinger.com

1

August 27, 2018

Paula E. Martinez
Program Director
Colorado Medical Board
1560 Broadway, Suite #1300
Denver, CO 80202-5146
Email: dora_medicalboard@state.co.us

**Re: CMB Case No.: 2015-1602-B
Request to Terminate Probation**

Dear Ms. Martinez:

On July 23, 2018, Anjmun Sharma, M.D. entered into a Stipulation and Final Agency Order, in Medical Board Case No. 2015-1602-B, which placed Dr. Sharma on a term of indefinite probation. Paragraph No. 22 of the Stipulation provides that *"(a)fter successful completion of treatment monitoring and report from CPHP that Respondent is safe to practice without monitoring, Respondent may submit a written request for restoration of Respondent's license to unrestricted status. With any request, Respondent must provide the Panel with a report from CPHP finding Respondent safe to practice with skill and safety to patients. If Respondent has complied with the requirements set forth in this paragraph, such release shall be granted by the Panel in the form of a written notice."*

Attached please find CPHP's August 10, 2018 letter stating that Dr. Sharma safe to practice medicine without continued monitoring. In accordance with Paragraph No. 22 of the Stipulation and Final Agency Order, Dr. Sharma requests that the Medical Board restore his medical license to unrestricted status.

Thank you for your prompt attention to this matter.

Best Regards,

Thomas J. Kresl

Encl.: August 10, 2018 CPHP Letter



RECEIVED FROM APPLICANT PUBLIC DOCUMENT

Phase I Treatment Discharge Summary and Recommendations

RE: SHARMA, Anjmun
DOB:

Identifying Information:

Dr. Sharma is a 44 year-old family medicine physician who successfully completed Phase I of our comprehensive intensive day treatment and educational process at Acumen Institute for professional boundary problems. The specifics associated with the boundary problems revolved around Dr. Sharma engaging in inappropriate text messaging and phone calls with a female patient whom he evaluated. The topics discussed via text messaging and phone calls involved topics of a personal and intimate nature (discussing personal life conflicts, interests, and sexual preferences). Additional information and details associated with this referral can be found in the CPHP evaluation dated 08/31/15 and in his Pine Grove assessment report, dated 11/19/15.

Dr. Sharma was admitted to our treatment facility on November 30, 2015 and was discharged on December 18, 2015. He will be returning to Acumen Institute for follow-up on March 28-April 1, 2016; July 11-15, 2016; and December 14-16, 2016.

Procedures:

Dr. Sharma's treatment team consisted of John R. Whipple, MD, Peter Graham, PhD, Scott C. Stacy, PsyD, Monica Söderberg, LCSW, and Sue Beckley, LCSW. Dr. Stacy functioned as the primary clinician. Prior to admission, Dr. Sharma was notified about: 1) the nature of the treatment; 2) the core treatment concepts and philosophy of Acumen Institute; 3) the Institute's treatment code of conduct; 4) a description of daily therapeutic and educational interventions; and 5) emergency contact information. Dr. Sharma acknowledged receipt of this information by signing our Consent to Treatment form. The limits of confidentiality were outlined in this document.

Dr. Sharma and the referral source were requested to provide pertinent collateral information to aid in the process of conducting a helpful and objective treatment process. The diagnostic conclusions and recommendations contained within this report are stated with a reasonable degree of psychological/medical certainty unless otherwise indicated. Additional information not disclosed to the examiners could alter the findings outlined in this report. Acumen Institute reserves the right to amend these conclusions and recommendations should additional data become known to them. Natural limitations in the treatment process and our state of knowledge are acknowledged. Questions regarding medical competence were not specifically

addressed during treatment. However, psychological, psychiatric, and medical matters and their potential negative impact on competency were thoroughly explored.

Day Treatment Program Components and Treatment Goals and Objectives:

Morning Psychotherapeutic Process Group
 Professional Boundaries and Self-Regulation Group
 Medical Narrative and Executive Consciousness Group
 Role Definition and Intentional Professional Identity Group
 Emotional, Psychological, and Physical Self-Regulation and Self-Care Group
 Wrap-Up Process Group
 Individual Treatment Coordination

In conjunction with the group day treatment program, Dr. Sharma participated in 73 group sessions, 8 individual sessions with Dr. Stacy, and 2 individual sessions with Ms. Soderberg. The central issues discussed in these individual meetings revolved around: conceptualizing his personal vulnerabilities that contributed to his professional and personal boundary problems; integration of group processes, focused on a wide variety of medical executive-, professional boundary-, role definition-, ethical and moral requirements-, professionalism-, and self-regulation-related concepts. Additionally, this writer helped Dr. Sharma to develop a boundary protection plan to organize his practice of medicine in a manner that is never sexualized, ethical, in alignment with medical board regulations and requirements, and morally beyond reproach.

Clinical Disposition Over the Course of Treatment:

Dr. Sharma was an alert and oriented over the course of treatment, well kempt, and cooperative over the course of his treatment. He was actively involved and made important contributions to the group process. He was entirely orientated to person, place, and time over the past three weeks. The staff has not noticed any abnormalities of motor movement, gait, or stance. He never presented to our facility in a manner that would suggest intoxication. To our knowledge, he did not engage in any compulsive behaviors or problems with impulse control during his treatment. His thought processes were clear and goal-directed. He did not exhibit any looseness of associations or diversions into tangential idiosyncratic (non-contextual) thinking during treatment. He did not exhibit thought disorder, memory problems, or cognitive difficulties over the course of treatment. In the course of his treatment, he was able to comprehend issues in an abstract manner and use that information to facilitate insight. We are confident that he will be able to translate that insight into behavioral change in multiple areas of his life. His mood remained euthymic over the course of treatment and his affect fluctuated appropriately. He was not observed to engage in any poor judgment over the course of his treatment. He did not report any suicidal or homicidal ideation or intent over the course of his treatment.

Laboratory Testing:

Weekly, random comprehensive drug and alcohol tests (EtG/EtS) were negative over the course of treatment.

Summary of Professional Boundary Treatment:

During the course of three weeks of intensive day treatment, Dr. Sharma actively participated in our treatment and professional coaching process aimed at remediating professional boundary deficits. He was actively involved in both individual and group processes. He also completed a comprehensive boundary protection plan (see attached). The educational and therapeutic elements of this process included:

- A systematic conceptual examination of professional boundaries, role-related responsibilities and behaviors, and ethics, especially as the latter relate to statutes and regulations governing the practice of medicine
- Relationship domain definition and the clarification of motivations and intentions in professional and personal relationships
- Education about the vulnerabilities and challenges inherent in a professional career in which the welfare of others is a fiduciary responsibility
- Victim empathy exercises
- Development of a boundary protection plan (see attached)
- Cognitive exercises focused on clarifying automatic thoughts, distorted beliefs, and reasoning that predisposed Dr. Sharma to compromised judgment in the past
- Defining the environmental, situational, internal and interpersonal stimulus cues that can trigger misconduct in the work setting and in the physician's private life
- Presentation of an algorithm that addresses universal boundary violation potential, risk factors, vulnerabilities, and accountability
- Defining boundary phenomena (Boundary Drift, Boundary Crossings, Boundary Transgressions, and Boundary Violation) in order to evaluate patient-doctor interpersonal interactions in and outside the workplace

In addition to Dr. Sharma's group participation, he authored a narrative story exploring the underlying conscious and (later revealed) unconscious motivating factors that contributed to his lapse in maintaining professional and personal boundaries. After completing a draft of this narrative, and receiving feedback from the treatment team and peers in his group, he went back through his narrative and added commentary and insight to those sections in his narrative where his judgment had gone awry. Dr. Sharma's writing and reworking of his narrative in the treatment process helped to produce a positive treatment outcome and most importantly will serve to lower his risk for boundary problems in the future.

Dr. Sharma's ability to take full responsibility for his error in judgment speaks to his good character – character that was compromised because he was not appropriately attending to his personal needs and unresolved marital issues. As already supported in the results of his assessment at Pine Grove, the treatment team did not observe any behaviors or dynamics over the course of treatment to suggest predatory, antisocial, or paraphilic psychopathology.

Regarding previous concerns about the possibility of an Alcohol Use Disorder, at this time there is no evidence to support a problem with alcohol. However, continued diagnostic monitoring for at least 3 months is recommended.

Diagnoses:

Based on the results of the evaluation, the following diagnoses are offered based on DSM-V criteria:

V62.29 Professional Boundary Problem Related to Employment

Note: According to DSM-V standards, the hierarchical Axis system is no longer in use. GAF estimates were deemed unreliable and have been removed. If clinicians or institutions require our opinion regarding GAF scores for administrative purposes, please contact us directly.

Conclusions:

The treatment team feels that Dr. Sharma has demonstrated the capacity to learn from his mistakes and experience genuine remorse over his professional misconduct. We are of the opinion that he has successfully internalized the skills needed to maintain a safe, helpful and ethical clinical practice, as long as he adheres to the recommendations outlined below.

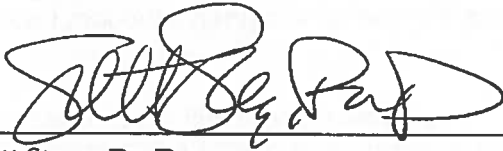
Recommendations:

1. The treatment team recommends that Dr. Sharma maintain a monitoring contract with CPHP for a period of time deemed appropriate by this program.
2. We recommend that CPHP continue diagnostic monitoring for an Alcohol Use Disorder for three months.
3. The treatment team recommends that Dr. Sharma conduct his practice in a manner that is beyond reproach and in adherence to the American Medical Association's ethical guidelines. This includes, but is not limited to, maintaining a practice environment that excludes personal or romantic involvement with patients.
4. We recommend that Dr. Sharma utilize a chaperone for all intimate female examinations and that the chaperone document their presence in the patient's chart. Our definition of the term *intimate examination* refers to any examination in which the patient is required to disrobe in order for the physician to gain access to a bodily location to perform an

examination. For example, the removal of a shirt, top, or dress or the need to wear a gown so as to provide access to a bodily location would be considered an intimate examination. The loosening of a patient's pants in order to palpate the lower abdomen would be considered an intimate examination. Obviously, a breast, pelvic, genital, or examination of the anus or buttocks would be considered an intimate examination.

5. We recommend that Dr. Sharma and his wife participate in 10-12 sessions of couples counseling.
6. Dr. Sharma has agreed to return to Acumen Institute for follow up on March 28-April 1, 2016; July 11-15, 2016; and December 14-16, 2016. Polygraph monitoring may be employed during one of these return visits for purposes of accountability.

Thank you for the opportunity to work with Dr. Sharma. If you have any questions, please do not hesitate to contact me.



Scott Stacy, PsyD
Program Director, Acumen Institute

Date: 2/1/16

Boundary or Ethical Behavior Protection Plan

Nature of Referring Problem and Memorandum of Understanding:

In February 2015, I saw a female patient for a Division Independent Medical Examination (DIME) in the State Of Colorado. In the course exchanging text messages with this patient the conversation turned from one of providing directions to my office to later, after the examination, to me introducing personal topics. In the course of my telephone contact with this patient, after the examination, I turned a telephone conversation both personal and sexual. After exchanging text messages, I initiated an explicit phone call. My personal and professional judgment was clearly impaired. Although I was under significant personal strain, this does not excuse my conduct and I take full responsibility for my actions, regardless of what signals I thought I was receiving from this patient.

I am in the process of completing a one-year professional treatment and coaching process to remediate this matter. Presently, I have no stipulations, restrictions, or limitations on my medical license.

Intentional Stance to Insure Ethical Practice:

My role and professional intention as it pertains to returning to the practice of medicine includes the following:

1. I will conduct myself according to the code of ethics of the Hippocratic Oath and abstain from any type of behavior that could be perceived as exploitive in both my personal and professional life. This includes specifically abstaining from any type of seductive sexual behavior with any patient or relative of a patient.
2. Maintain a strict code of professional conduct that will be used in the clinic for all staff.
 - a. Maintain a clear demarcation between professional medical work and personal life
 - b. No treatment or diagnostic services provided to employees or relatives
 - c. No sexual innuendo in the office
 - d. Use of professional language
 - e. Maintain a neat and clean professional dress code
 - f. Maintain proper grooming habits as I have previously done in my life
 - g. Increase awareness of NOW and mindfulness in daily practice activities.
 - h. Practice with a clear understanding of my role as physician and to carry myself in the proper task oriented manner.
 - i. Maintain a keen awareness, discipline, and discernment in my approach to patients.
 - j. Demonstrate through practice with this Boundary Protection Plan the ability to self regulate and monitor self with support through Acumen as needed.

3. I will engage a female chaperone for all examinations of female patients that require any form of intimate examination. The chaperone will document her presence and I will document the presence of a chaperone as well.
4. In order to provide an excellent standard of care, I will conduct all intimate examinations (breast, genital, vaginal, rectal, and/or groin area) with a chaperone present for both male and female patients regardless of age. A parent or guardian is not a substitute for a chaperone.
5. The role of the chaperone is to assist in documenting the procedure(s), to assist or take notes in the patient's chart, and to provide a third party record of the procedure in the patient's chart documenting adherence to this policy. All chaperones need to be acquainted with this policy.
6. All of the physician's intimate and physical examinations follow a set protocol:
 - A. The patient is provided with a gown and asked to undress in private
 - B. The physician and the chaperone enter into the examination room together
 - C. The patient is informed that the chaperone will be present to assist
 - D. The chaperone is seated or stands in a manner that provides the patient with a reasonable degree of modesty
 - E. The reason for the examination is clearly explained to the patient before beginning the examination and he/she is provided with an opportunity to ask questions
 - F. The entire examination from start to finish is narrated aloud by the physician in order to provide the patient with a clear idea of what is occurring and why it is occurring
 - G. The clinical nature of breast, genital, vaginal, and/or rectal examinations are conducted in a manner consistent with the American Board of Family Medicine
 - H. When the examination is complete, the patient is instructed to dress in private. After dressing, the chaperone and physician join the patient for feedback
 - I. The patient is dismissed
 - J. The chaperone documents his/her presence during the examination in the patient's chart.
7. When treating or examining infants and pre-adolescents, a parent will be required to be in the exam room and the parent's presence will be documented in the patient's chart by this physician. This includes those examinations that include Sports Physical Exams regardless of the adolescent's age.
8. I will not text patients or former patients.
9. I will not connect with patients on any social media.
10. I will not treat personal friends or family members anymore. If I have a patient that sees me regularly in my office I will be sure to document findings and perform an exam with recommendation to follow up with PCP.
11. I will, at all times, remain cognizant of the importance of the physician-patient relationship and I will be ever-vigilant regarding addressing potential professional

boundary issues in an authoritative and clear manner - doing so to protect the patient's well-being and as a form of reputational risk management. I will be self-regulating myself.

12. If, for any reason, I feel uncomfortable regarding a boundary matter with a patient, I will immediately bring this to the attention of a trusted colleague or Dr. Stacy and seek a resolution that best serves the patient and myself.
13. I will refrain from intentional social contact with patients outside the parameters of my practice.
14. I will write out prescriptions or send them electronically. Copies of the prescriptions will be kept on the chart. No prescriptions will be called into a pharmacy. I will not allow anyone in my practice to call in or write out a prescription in my name.
15. Orders given to a nurse will be written out clearly on the chart. The nurse taking off the orders will initial, date and time when it is carried out.

Scope of Practice:

My practice is confined to Urgent Care in Colorado Springs, CO and at my own office for legal workers' compensation cases where I complete Division Independent Medical Examinations, Independent Medical Examinations, Depositions, and other Special Reports in Monument, CO.

Tasks List to Reduce My Risks Of Relapse in the future will include an active approach for me to continue"

1. Develop a social life away from medicine
 - a. Reconnect with family
 - b. Re-populate roles to insure diversity of needs are met
2. Attend to your recovery/remediation
 - a. Continue 100% compliance with Acumen Tools and Techniques in daily practice and in my daily living to harmonize and align both my personal and professional realms.
3. Longitudinal professional coaching/therapeutic contact with Dr. Stacy.
 - a. Phone contact 2X/month for first three months
 - b. Follow-up visits as scheduled and outlined as per Acumen in March, June, and December 2016.
 - c. Outstanding debts/fees/penalties due will be paid timely.
 - d. Continue to become aware of emotional triggers and anger response (rage as well as sexualization) as signs of traumatic conditioning and to actively manage these if and when they are to ever arise.
4. Continue to follow up with my own Counselor in Colorado Springs weekly for continued support on a weekly basis as I have been since February 2015.

5. Seek Couples Counseling to assist with resolution of underlying triggers that contributed to my behavior.
6. Maintain vacation times planned each year up to 4—6 weeks vacation time to recharge and energize the NOW, to maintain behaviors, to manage work life balance, and to maintain my personal relationships with my wife and children.

Signature: Signed copy on file

Name: Anjmun Sharma, MD

Date: 06DEC15

BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NO. 2015-1602-B

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE
LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF
ANJMUN SHARMA, M.D., LICENSE NUMBER DR-46192,

Respondent.

IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel B
("Panel") of the Colorado Medical Board ("Board") and Anjmun Sharma, M.D.
("Respondent") (collectively, the "Parties") as follows:

JURISDICTION AND CASE HISTORY

1. Respondent was licensed to practice medicine in the state of Colorado on November 14, 2007 and was issued license number DR-46192, which Respondent has held continuously since that date.

2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.

3. On April 21, 2016, the Panel reviewed case number 2015-1602-B and determined that further proceedings by formal complaint were warranted pursuant to Section 12-36-118(4)(c)(IV), C.R.S. The Panel thereupon referred the matter to the Attorney General pursuant to Section 12-36-118(4)(c)(IV), C.R.S..

4. It is the intent of the parties and the purpose of this Stipulation and Final Agency Order ("Order") to provide for a settlement of all matters set forth in case number 2015-1602-B, without the necessity of conducting a formal disciplinary hearing. This Order constitutes the entire agreement between the parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Order.

5. Respondent understands that:

- a. Respondent has the right to be represented by an attorney of the Respondent's choice and Respondent is represented by counsel;
- b. Respondent has the right to a formal complaint and disciplinary hearing pursuant to Sections 12-36-118(4)(c)(IV) and 12-36-118(5), C.R.S., and a formal complaint was filed on July 28, 2017;
- c. By entering into this Order, Respondent is knowingly and voluntarily giving up the right to a disciplinary hearing, admits the facts contained in this Order, and relieves the Panel of its burden of proving such facts;
- d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence and to cross-examine witnesses who would testify on behalf of the Panel; and
- e. Respondent is knowingly and voluntarily waiving the right to seek judicial review of this Order.

FACTUAL BASIS

6. Respondent specifically admits and the Panel finds that:

- a. On or about February 3, 2015, Respondent examined Patient A for a Division of Workers' Compensation Independent Medical Examination ("DIME").
- b. Respondent contacted Patient A by text and phone and by these means engaged in communications of a sexual nature with patient A between February 3, 2015 and February 6, 2015.
- c. On or about February 7, 2015, Respondent filed his DIME report regarding Patient A's examination.
- d. Respondent had an obligation to be objective and impartial.
- e. The DIME rules provide that a physician shall "[n]ot evaluate an IME claimant if the appearance of or an actual conflict of interest exists." 7 CCR 1101-3, Rule 11-2(H).
- f. The DIME rules state: "During the IME process, there shall be no communication allowed between the parties and the IME physician unless

approved by the Director, or an administrative law judge." 7 CCR 1101-3, Rule 11-6(A).

g. Contacting Patient A and engaging in communications of a sexual nature with Patient A between February 3, 2015 and February 6, 2015, breached appropriate professional boundaries under the circumstances and thus fell below the generally accepted standards of medical practice.

h. Respondent failed to meet the generally accepted standards of medical practice, and thus engaged in unprofessional conduct pursuant to § 12-36-117(1)(p), C.R.S., by contacting Patient A after an IME and prior to submission of the DIME Report and having conversations and sending text messages of a sexual nature.

7. Respondent admits and the Panel finds that the acts and/or omissions set forth above constitutes unprofessional conduct as defined in Sections 12-36-117(1)(p), C.R.S., which states:

(1) "Unprofessional conduct" as used in this article means:

(p) Any act or omission which fails to meet generally accepted standards of medical practice.

8. Based upon the above, the parties stipulate that the terms of this Order are authorized by Section 12-36-118(5)(g)(III), C.R.S.

LETTER OF ADMONITION

9. This provision shall constitute a Letter of Admonition as set forth in Sections 12-36-118(4)(c)(III)(A) and 12-36-118(5)(g)(III), C.R.S. Respondent is hereby admonished for the acts and omissions described in the factual basis above.

10. By entering this Order, Respondent agrees to waive the rights provided by Section 12-36-118(4)(c)(III)(B), C.R.S., to contest this Letter of Admonition.

PROBATIONARY TERMS

11. Respondent's license to practice medicine is hereby placed on probation indefinitely, commencing on the effective date of this Order. All terms of probation shall be effective throughout the probationary period and shall constitute terms of this Order.

12. During the probationary period, Respondent agrees to be bound by the terms and conditions set forth below.

TREATMENT MONITORING

13. During the probationary period, Respondent shall receive such treatment as is determined to be appropriate by the Colorado Physician Health Program ("CPHP"). All instructions and recommendations to Respondent by CPHP shall constitute terms of this Order, and Respondent must comply with any such instructions and recommendations. Failure to comply with such instructions and recommendations shall constitute a violation of this Order. CPHP shall also function as the "treatment monitor" as that term is used in this Order.

14. Within 30 days of the effective date of this Order, Respondent shall sign any and all releases necessary to allow CPHP to communicate with the Panel. Within 60 days of the effective date of this Order, Respondent shall provide the Panel with a copy of such releases. This information may include alcohol and drug abuse treatment program records that may be confidential under federal or state law. Respondent shall update any and all releases as often as may reasonably be required to allow the Panel access to Respondent's privileged or confidential information. Respondent shall not revoke such releases prior to successful completion of the probationary period as set forth in this Order. Any failure to execute such a release, failure to provide copies to the Panel, or any premature revocation of such a release shall constitute a violation of this Order. In the event Respondent revokes such release, CPHP may, because of confidentiality concerns, refuse to acknowledge Respondent's participation in CPHP. CPHP's refusal to acknowledge Respondent's participation with that organization shall constitute a violation of this Order.

15. Respondent shall also complete any and all unrestricted releases as are necessary to permit CPHP to disclose to the Panel information generated by other sources. Respondent authorizes the Panel to re-disclose and make public, consistent with Board Policy 30-9, information obtained from CPHP necessary for the limited purposes of enforcing this Order, seeking sanctions for noncompliance with this Order, or other purposes authorized in the Medical Practice Act. Medical records shall not become public records by virtue of such use. Any failure to execute such a release, failure to provide copies to the Panel, or any premature revocation of such a release shall constitute a violation of this Order.

16. CPHP's treatment monitoring activities shall constitute ongoing examinations of Respondent for the purpose of Section 12-36-118(9)(a), C.R.S. Respondent's failure to comply with CPHP's instructions and recommendations

shall have the full force and effect of a violation of an order pursuant to Section 12-36-118(9)(a), C.R.S. and subject Respondent to action pursuant to Sections 12-36-118(5)(g)(IV) and 12-36-118(9)(a), C.R.S.

17. Respondent shall ensure that CPHP submits quarterly written reports to the Panel. The reports shall briefly describe CPHP's ongoing examinations and treatment monitoring of Respondent. The reports shall also state whether Respondent is in compliance with this Order. If at any time CPHP has reasonable cause to believe that Respondent has violated the terms of this Order, is unable to practice with reasonable skill and with safety to patients or has committed unprofessional conduct as defined in Section 12-36-117(1), C.R.S., CPHP shall immediately inform the Panel.

18. CPHP's treatment monitoring instructions and recommendations shall constitute terms of this Order for so long as this Order remains in effect. Nothing in this agreement shall limit the ability of CPHP to impose any other instruction or recommendation as part of its treatment monitoring of Respondent.

19. If at any time, CPHP believes that any of the above terms are no longer necessary, CPHP may relax the terms as it deems appropriate and, at CPHP's direction, the Respondent may comply with this Order as determined by CPHP. CPHP shall inform the Panel of any such action relaxing the above terms in its quarterly report. All such reports shall be reviewed by the Board's staff and, at the staff's discretion, may be reviewed by the Panel. Following receipt and review of such a quarterly report, the Panel reserves the right to reject and nullify CPHP's decision regarding the relaxing of such terms. If the Panel nullifies CPHP's decision regarding the relaxing of any of the above terms, the Respondent specifically agrees to comply with the Order as set forth above in accordance with the Panel's directions.

20. It is the responsibility of the Respondent to provide information to CPHP in a timely and complete manner and to assure that all CPHP written reports are timely transmitted to the Panel.

OUT OF STATE PRACTICE

21. Respondent may wish to leave Colorado and practice in another state. At any time other than during a period of suspension imposed by this Order, and whether to practice out of state or for any other reason, Respondent may request, in writing, that the Board place Respondent's license on inactive status as set forth in Section 12-36-137, C.R.S. Respondent's request to place his license on inactive status must include written evidence that Respondent has reported this Order to all other jurisdictions in which Respondent is licensed, as required by the "Other

Terms" Section of this Order. Upon the approval of such request, Respondent may cease to comply with the terms of this Order. Failure to comply with the terms of this Order while inactive shall not constitute a violation of this Order. While inactive, Respondent shall not perform any act in the state of Colorado that constitutes the practice medicine, nor shall Respondent perform any act in any other jurisdiction pursuant to the authority of a license to practice medicine granted by the state of Colorado. Unless Respondent's license is inactive, Respondent must comply with all terms of this Order, irrespective of Respondent's location. The probationary period will be tolled for any period of time Respondent's license is inactive.

TERMINATION OF INDEFINITE PROBATION

22. After successful completion of treatment monitoring and report from CPHP that Respondent is safe to practice without monitoring, Respondent may submit a written request for restoration of Respondent's license to unrestricted status. With any request, Respondent must provide the Panel with a report from CPHP finding Respondent safe to practice with skill and safety to patients. If Respondent has complied with the requirements set forth in this paragraph, such release shall be granted by the Panel in the form of a written notice.

OTHER TERMS

23. The terms of this Order were mutually negotiated and determined.

24. Both parties acknowledge that they understand the legal consequences of this Order; both parties enter into this Order voluntarily; and both parties agree that no term or condition of this Order is unconscionable.

25. All costs and expenses incurred by Respondent to comply with this Order shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.

26. If Respondent is licensed by any other jurisdiction, Respondent shall report this Order to all other jurisdictions in which Respondent is licensed.

27. Respondent shall submit an update to his profile with the Healthcare Professions Profiling Program regarding this Order within thirty (30) days of the effective date of this Order.

28. During the probationary period or any period in which a physician is subject to prescribing restrictions, no physician shall perform an assessment of a patient's medical history and current medical condition, including a personal

physical examination, for the purpose of concluding that a patient may benefit from the use of medical marijuana, recommending the use of medical marijuana or certifying a debilitating medical condition for an applicant to the Colorado Medical Marijuana Program. Respondent hereby understands and agrees that he shall not certify to the state health agency that a patient has a debilitating medical condition or that the patient may benefit from the use of medical marijuana.

29. Respondent shall obey all state and federal laws while the terms of this Order are in effect.

30. So that the Board may notify hospitals of this agreement pursuant to Section 12-36-118(13), C.R.S., Respondent presently holds privileges at or is employed by the following hospitals and facilities:

Centura Health

Monument Occupational Medicine

31. This Order and all its terms shall have the same force and effect as an order entered after a formal disciplinary hearing pursuant to Section 12-36-118(5)(g)(III), C.R.S., except that it may not be appealed. Failure to comply with the terms of this Order may be sanctioned by the Inquiry Panel as set forth in Section 12-36-118(5)(g)(IV), C.R.S. This Order and all its terms also constitute a valid board order for purposes of Section 12-36-117(1)(u), C.R.S.

32. This Order shall be admissible as evidence at any proceeding or future hearing before the Board.

33. Invalidity of any portion of this Order by judgment or court order shall in no way affect any other provision, which shall remain in full force and effect.

34. During the pendency of any action arising out of this Order, the terms of this Order shall be deemed to be in full force and effect and shall not be tolled.

35. Respondent acknowledges that the Panel may choose not to accept the terms of this Agreement and that if the Agreement is not approved by the Panel and signed by a Panel member or other authorized person, it is void.

36. This Order shall be effective upon service by electronic means on Respondent at Respondent's electronic address of record with the Board. Respondent hereby consents to service by electronic means if Respondent has an electronic address on file with the Board.

37. Upon becoming effective, this Order shall be open to public inspection and shall be publicized pursuant to the Board's standard policies and procedures. This Order constitutes discipline against Respondent's license. Additionally, this Order shall be reported to the Federation of State Medical Boards, the National Practitioner Data Bank and as otherwise required by law.

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Anjmun Sharma, M.D.

THE FOREGOING Stipulation and Final Agency Order is approved this ____ day of _____, 2018.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B

Paula E. Martinez
Program Director
Delegated Authority to Sign by Inquiry Panel

THE FOREGOING Stipulation and Final Agency Order is effective upon service to Respondent, on _____, 2018.

APPROVED AS TO FORM:

FOR THE RESPONDENT
ANJMUN SHARMA, M.D.

KRESL & SINGER

Thomas J. Kresl
130 Rampart Way, Suite 200
Denver, CO 80230
Telephone: 303-336-2100
FAX: 303-388-1749
tkresl@kreslsinger.com

FOR THE COLORADO MEDICAL
BOARD

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amy.lopez@coag.gov
*Counsel of Record

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein as designated below, at Denver, Colorado, this _____ day of _____, 2018, addressed as follows:

☐ By United States mail, postage prepaid ☐ By Electronic Mail Anjmun Sharma, M.D. 9820 Palisade Ridge Drive Colorado Springs, CO 80920 anjum@gmail.com	
☐ By United States mail, postage prepaid ☐ By Electronic Mail ☐ By Facsimile Thomas J. Kresl 130 Rampart Way, Suite 200 Denver, CO 80230	CPHP

Copy sent via ___ interagency mail, x electronic mail or ___ facsimile
to:

Eric Maxfield, #29485
First Assistant Attorney General
Amy R. Lopez
Assistant Attorney General
Colorado Department of Law
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 8th Floor
Denver, CO 80203
Telephone: 720-508-6407
FAX: (720) 508-6037
eric.maxfield@coag.gov
amy.lopez@coag.gov

**COLORADO**Department of
Regulatory Agencies

Division of Professions and Occupations

Via email only to: anjmun@gmail.com

PERSONAL AND CONFIDENTIAL

October 19, 2018

Case No. 2015-1602-B

Anjmun Sharma, M.D.
 alisade Ridge Dr.
Colorado Springs, CO 80920

RE: Request to Terminate Stipulation & Final Agency Order

Dear Dr. Sharma:

Please be advised that on October 18, 2018, Inquiry Panel B of the Colorado Medical Board reviewed your request to terminate your Stipulation and Final Agency Order dated August 23, 2018. The Panel granted early termination of your Stipulation and Final Agency Order.

Accordingly, the conditions on your medical license have been removed, effective October 19, 2018, and I have updated the data banks as well. Please do not hesitate to contact me if you have any questions or concerns about this matter.

Sincerely,

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B

Shannon May
Enforcement Specialist

cc: Thomas J. Kresl, Esq.; tkresl@kresljohnson.com





Phase II Treatment Discharge Summary and Recommendations

RE: SHARMA, Anjmun

DOB:

Identifying Information:

Dr. Sharma is a 44 year-old family medicine physician who successfully completed Phase I and Phase II of our comprehensive intensive day treatment and educational process at Acumen Institute for professional boundary problems.

The specifics associated with the boundary problems revolved around Dr. Sharma engaging in inappropriate text messaging and phone calls with a female patient whom he evaluated. The topics discussed via text messaging and phone calls involved topics of a personal and intimate nature (discussing personal life conflicts, interests, and sexual preferences). Additional information and details associated with this referral can be found in the CPHP evaluation dated 08/31/15; in his Pine Grove assessment report, dated 11/19/15; and our Phase I Treatment Discharge Summary, dated 2/1/16.

Dr. Sharma was admitted to our treatment facility on November 30, 2015 and was discharged on December 18, 2015. He returned to Acumen Institute for follow-up on March 28-April 1, 2016 and July 11-15, 2016. He will be returning for Phase III on December 14-16, 2016.

Procedures:

Dr. Sharma's treatment team consisted of John R. Whipple, MD, Peter Graham, PhD, Scott C. Stacy, PsyD, Monica Söderberg, LCSW, and Sue Beckley, LCSW. Dr. Stacy functioned as the primary clinician.

Dr. Sharma and the referral source were requested to provide pertinent collateral information to aid in the process of conducting a helpful and objective treatment process. The diagnostic conclusions and recommendations contained within this report are stated with a reasonable degree of psychological/medical certainty unless otherwise indicated. Additional information not disclosed to the examiners could alter the findings outlined in this report. Acumen Institute reserves the right to amend these conclusions and recommendations should additional data become known to them. Natural limitations in the treatment process and our state of knowledge are acknowledged. Questions regarding medical competence were not specifically addressed during treatment. However, psychological, psychiatric, and medical matters and their potential negative impact on competency were thoroughly explored.

Day Treatment Program Components and Treatment Goals and Objectives:

Morning Psychotherapeutic Process Group
Professional Boundaries and Self-Regulation Group
Medical Narrative and Executive Consciousness Group
Role Definition and Intentional Professional Identity Group
Emotional, Psychological, and Physical Self-Regulation and Self-Care Group
Wrap-Up Process Group
Individual Treatment Coordination

In conjunction with the group day treatment program, Dr. Sharma participated in 35 group sessions, 5 individual sessions with Dr. Stacy, and 2 individual sessions with Ms. Soderberg over Phases I and II. The central issues discussed in these individual meetings revolved around: further exploration into personal vulnerabilities that could potentially lead to professional and personal boundary problems; integration of group processes, focused on a wide variety of medical executive-, professional boundary-, role definition-, ethical and moral requirements-, professionalism-, and self-regulation-related concepts. Additionally, this writer and Dr. Sharma revisited his boundary protection in Phase I and reinforced the ideas behind it in Phase II.

Clinical Disposition Over the Course of Treatment:

Dr. Sharma was alert and oriented, well kempt, and cooperative over the course of his treatment. He was actively involved and made helpful contributions to the group process. He was entirely orientated to person, place, and time during Phases I and II. His thought processes were clear and goal-directed. He did not exhibit any looseness of associations or diversions into tangential idiosyncratic (non-contextual) thinking during treatment. He did not exhibit thought disorder, memory problems, or cognitive difficulties over the course of treatment. In the course of his treatment, he was able to comprehend issues in an abstract manner and use that information to facilitate insight. He continues to be very insightful and dutiful in the way in which he thinks about maintaining professional boundaries in his practice and articulating the way in which he utilizes a chaperone and interacts with patients. His mood remained euthymic over the course of treatment and his affect fluctuated appropriately. He was not observed to engage in any poor judgment. He did not report any suicidal or homicidal ideation or intent over the course of his treatment.

Laboratory Testing:

Random comprehensive drug and alcohol tests (EtG/EtS) have been negative over the course of treatment.

Forensic Polygraph Examination Results:

On July 11, 2016, Dr. Sharma voluntarily agreed to undergo a polygraph examination by Kipp Low, MCJ. Polygraph examinations are considered to be one piece of data amongst many sources of data gathered over the course of an assessment. Error rates are between 10-12%. Readers should be aware that various academic, clinical, and legal experts cite deviations in favor and against the validity and reliability of polygraph examinations. The following questions were asked of Dr. Sharma and his responses are noted below:

1. Since your last polygraph, have you had sexual relations with any patients? Dr. Sharma responded, "No."
2. Have you used a chaperone for all intimate female examinations? Dr. Sharma responded, "Yes."
3. Since your last polygraph, have you engaged in any texting relationships with patients for purposes of sexual or romantic gratification? Dr. Sharma responded, "No."

Dr. Sharma passed the polygraph, indicating the absence of deception.

Summary of Professional Boundary Treatment:

The focus of Phases I and II have focused on exploring Dr. Sharma's personal life – specifically the dynamics in his marriage. In the course of individual treatment processes, this writer has been coaching him on how to interact with his wife in a way that will hopefully break a cycle of bickering and him feeling slighted. We have been reviewing his practice; his utilization of a chaperone, and discussing the move into his own office and how he is going to surround himself with staff as a part of his boundary protection plan.

Dr. Sharma is probably the only participant that we have had in a long time who regularly reviews his treatment notes as a part of his boundary protection plan. He has essentially become a boundary expert for lack of a better term. With this part of his life grounded in awareness of himself and the dynamics in the doctor-patient relationship, we have turned our attention toward addressing various negative marital dynamics and patterns – dynamics that probably seeded the potential for professional boundary problems and looking for positive attention outside his marriage. In the course of Phase IIa and Phase IIb we have been discussing matters of resentment, alienation, and resistance to changing the marital dynamics. In this last session, Phase II July 2016, this writer impressed upon Dr. Sharma that he is now (ironically) the "healthiest" individual in the marriage. Therefore, he must guard himself against regressing to old communication patterns and purposefully and mindfully change the marriage dynamics. In our last session, he seemed up to this challenge. He was encouraged to see if, after some time, his wife might be willing to see a marital therapist.

Based on abstinence monitoring, we do not believe Dr. Sharma has an alcohol problem.

Overall, Dr. Sharma is progressing very well.

Diagnoses:

Based on the results of the evaluation, the following diagnoses are offered based on DSM-V criteria:

V62.29 Professional Boundary Problem Related to Employment

Note: According to DSM-V standards, the hierarchical Axis system is no longer in use. GAF estimates were deemed unreliable and have been removed. If clinicians or institutions require our opinion regarding GAF scores for administrative purposes, please contact us directly.

Conclusions:

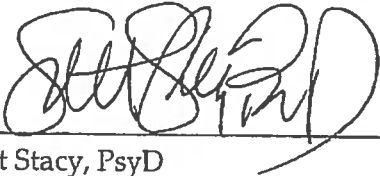
The treatment team is of the belief that Dr. Sharma continues to demonstrate the capacity to learn from his mistakes. We are of the opinion that he continues to internalize the skills needed to maintain a safe, helpful and ethical clinical practice, as long as he adheres to the recommendations outlined below.

Recommendations:

1. The treatment team recommends that Dr. Sharma maintain a monitoring contract with CPHP for a period of time deemed appropriate by this program.
2. The treatment team recommends that Dr. Sharma conduct his practice in a manner that is beyond reproach and in adherence to the American Medical Association's ethical guidelines. This includes, but is not limited to, maintaining a practice environment that excludes personal or romantic involvement with patients.
3. We recommend that Dr. Sharma utilize a chaperone for all intimate female examinations and that the chaperone document their presence in the patient's chart. Our definition of the term *intimate examination* refers to any examination in which the patient is required to disrobe in order for the physician to gain access to a bodily location to perform an examination. For example, the removal of a shirt, top, or dress or the need to wear a gown so as to provide access to a bodily location would be considered an intimate examination. The loosening of a patient's pants in order to palpate the lower abdomen would be considered an intimate examination. Obviously, a breast, pelvic, genital, or examination of the anus or buttocks would be considered an intimate examination.
4. We recommend that Dr. Sharma and his wife participate in 10-12 sessions of couples counseling.

5. Dr. Sharma has agreed to return to Acumen Institute for follow up on December 14-16, 2016.

Thank you for the opportunity to work with Dr. Sharma. If you have any questions, please do not hesitate to contact me.



Scott Stacy, PsyD
Program Director, Acumen Institute

Date: 7/26/16

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 - Reno, NV 89521

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE
REGISTRATION FEE: FOR AUTHORITY TO PRESCRIBE DANGEROUS DRUGS ONLY \$80.00 TOTAL
FOR AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES \$200.00 TOTAL
 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

First: Carrie Middle: Kay Last: Belman
 Home Address: 3 W. Pleasant Dr.
 City: Pesca State: AZ Zip Code: 85345
 SS# or ITIN: A Date of Birth: 11/27/20 Sex: ☐ M or ☒ F
 Telephone: 101 E-mail address: 101.com

PRACTICING LOCATION (Required)

Practice Name (if any): Grand Desert Psychiatric Services
 Physical Address: 2021 S Jones Blvd Suite #: A2
 City: Las Vegas State: NV Zip Code: 89146
 Telephone: 702-202-0099 Fax:
 Nursing Board #: Issued: Expires:

☒ Check this box if you are an APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.) (Provide \$200.00 Total Registration fee)

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 <u>any</u> state?				☒	☐
2. Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?				☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?				☐	☒
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:					
Board Administrative Action:		State	Date:	Case #:	
			11		
Criminal Action:	State	Date:	Case #:	County	Court
		11			

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 APRN 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.

Carrie K Belman
 Original Signature of APRN, no copies or stamps accepted

10/30/20
 Date

COLLABORATING PHYSICIAN's name (If required): _____

Original Signature of Collaborating Physician, no copies or stamps accepted _____ Date _____

Board Use Only: Date Processed _____ Amount 200.00

~~5/16/2014~~

10/3/2020

Carrie Bowman
N. Montebella Road APT #
Tucson, AZ 85704

~~Arizona Board of Fingerprinting~~
~~Mail Code 185~~
~~PO Box 6129~~
Phoenix, AZ 85005-6129

To whom it may concern,

My name is Carrie Kay Bowman. I am writing this letter in reference to a Good Cause Exception. I am being investigated by the Arizona Board of Nursing as well. I moved to Tucson Arizona in March to begin employment as a Psychiatric Mental Health Nurse Practitioner. I was living in Washington and working in Idaho when I accepted a position with Sonora Behavioral Hospital. I am licensed to practice and prescribe in Idaho and Washington. I have sent a separate letter for the arrest and judgment noted in the denial letter. This response will document the other incidents on my extensive record. It will also document my ongoing recovery from alcoholism and Bipolar Disorder Type I.

On 11/13/2000, (CR-MD-2000-0013100) I was arrested and charged with a DUI. I pleaded guilty. I have included documentation of the arrest as well as judgment. I was given a withheld judgment but have left it alone to serve as a reminder of why I cannot drink. I was drinking before I left home. I am very lucky I did not kill myself or someone else as I was seen crossing the yellow line and driving erratically. I was already drinking heavily and daily. I vaguely remember being arrested. I did not believe I was an alcoholic at the time. I thought I simply drank too much. I lost my driving license for 30 days then received a restricted license for 60 days. I received 30 days jail time suspended; placed on 12 months unsupervised probation; 60 hours of community service served with the red cross assisting with blood drives; \$616.50 in fines; order to attend alcohol and victims classes. I had a blood alcohol level of .19 at 1000. This should have confirmed my psychiatrists diagnosis of alcoholism as well as Bipolar Disorder. I chose to ignore everyone and continued on my destructive path. I was able to complete all the requirements of the judgment and the case was closed.

3/26/2001, (CR-2001-0006147-C), Domestic Battery/Violence. Detailed letter included in packet.

5/04/2001 (CR-IN-2001-0022366) Excessive speed; Fail to provide proof of insurance. I provided proof of insurance and that charge was dropped. I paid a fine of \$53.00 and the case was closed.

3/07/2002 (CR-IN-2002-0012471). Inattentive Driving. I was observed driving erratically and stopped by the police. I do not remember why but I do know I was not taking my medications appropriately, because I did not like the way they made me feel. One of my primary symptoms is difficulty staying focused or on task when not taking

1

them. I explained this to the officer, showed him my medication bottles which had my diagnoses printed on them and he charged me with inattentive driving. I pleaded guilty to this charge and received fines and fees of \$167.50 and the case was closed.

4/16/2003 (CR-2003-0002817). Domestic Battery/Violence. Amended to Disturbing the Peace. This was my last alcohol related charge. I continued to drink in spite of the AA meetings I was attending on AA meetings. I was drinking every day and knew I needed to stop. I do not remember the events of this night clearly but know my 12-year-old daughter called the police when I became verbally and physically aggressive toward my husband. This was a recurrent theme in my life by that time and my daughter was angry about my behavior—as was my husband. When the police arrived, I tried to convince them I had bitten my husband out of self-defense. They could not see any evidence of this but they did find a bite mark on my husband's arm. I was arrested and placed in custody. My friends and family refused to bail me out. My sobriety date is May 13, 2003—two days prior to my court date of May 15, 2003. I decided at that time I could not continue to drink but was terribly afraid I could not stop. The judge stated, "I believe you have a serious alcohol problem as well as your mental illness". I was ordered to pay \$365.50 in fines and fees and 90 days in jail (suspended contingent on the following); probation for two years in which I did not violate any misdemeanor or felony of any jurisdiction; consume no alcohol, enroll in substance abuse program, file an alcohol evaluation within 30 days and follow all recommendations. I was too broken to lie during the evaluation and it was determined I had reached end-stage alcoholism. My counselor originally wanted me to return to inpatient treatment. I asked to do intensive outpatient instead as I felt my time at the Walker Center had provided me with a strong foundation. I had started a position as an RN in a geropsych facility two weeks prior and did not want to lose my job.

The counselor did not think I would make it without returning to inpatient but agreed to intensive outpatient treatment including group and individual therapy, CBT and relapse prevention. In August, my license came up for renewal. I notified the board that I was in treatment for alcoholism at that time. They did not restrict or in any way document my treatment in return for my entry into the Program for Recovering Nurses. This was a five year program and consisted of random alcohol swabs and UA tests, participation in weekly groups and three AA meetings a month.

Sincerely,
Carrie Bowman

Carrie Bowman
PMHNP-BC
6363 N. Montebella Road APT #18202

*These statements
remain true by
C. Bowman
17 years now
not 11.*

5/15/2014 10/3/20

Carrie Bowman
N. Montebella Road #
Tucson, AZ 85704

Re: CR-2001-0006147-C 3/26/2001

To whom it may concern,

I was arrested for Domestic Battery/Violence 3/26/2001. I served 6 months supervised and 12 months unsupervised probation. I underwent an anger management evaluation and required no further treatment as my actions were the direct result of excessive alcohol use. I was in a 28-day inpatient treatment facility for alcoholism at the time of my hearing. While in treatment, I received a confirmed diagnosis of Bipolar disorder. My medications were changed. They remain the same today. I am in sustained remission from the diagnoses of alcoholism and Bipolar disorder.

I do not remember the events of the night in question due to a blackout. The judge asked me several times if I wanted to plead not guilty in order to try for a reduced sentence. I wanted to follow the principles of honesty I was learning in treatment and chose to plead guilty. I knew I became aggressive when I drank. The police report consisted of a statement from nephew and evidence that I had slapped my husband on his chest and face. This occurred after my husband had taken my children to my parents' house because of my drinking. I remained sober for 5 months, participated in an aftercare program, was hired as a registered nurse in a skilled nursing facility, and promoted to assistant director of nursing. Unfortunately, I began drinking again. Please refer to the letter detailing my journey to recovery for further details.

Sincerely,

*These statements remain true today
p 17 years as well
as sustained remission
for both Alcohol and
Bipolar*

Carrie Bowman
PMHNP-NP
6363 N. Montebella Road #18202

ARREST/CITATION/CHARGE QUESTIONNAIRE

CL-MD-2000-0013100 DID CASE MD0013100

When submitting a written explanation for an arrest, charge or conviction, be sure to address the "who, what, where, when, and why" of the circumstances regarding the incident, or it will be considered insufficient.

If you answered "yes" to the felony question in error because a charge or conviction was a misdemeanor, you will also need to submit a retraction stating that you answered the question in error, along with an explanation why it was checked in error.

A completed questionnaire MUST BE submitted for EACH offense. Make as many copies of the questionnaire as you need.
PLEASE PRINT OR TYPE.

1. Name: Carrie Kay Bowman
First Middle Last

Social Security Number: 111 111 111

Maiden name, prior married names, other names used Kelley; Cormier

2. For what offense(s) were you arrested, charged or cited? Driving Under Influence

3. Was the charge/arrest/citation for: ☒ misdemeanor ☐ felony 30.1058

4. What were the circumstances that led to your arrest or citation? Provide a written, detailed explanation describing the circumstances and events. Attach with your court documents.

5. Date arrested/charged/cited 11/13/2000

6. Name/address of Police, Sheriff, or law enforcement agency who arrested/cited you ADA County PD
7200 W. Barrister Dr. Boise ID 83704
Street address City State Zip code

7. Of what offense(s) were you convicted? DUI - Withheld judgement

8. Date of conviction: <u>5/9/01</u>	Was the conviction:		Did you plead:	
	a misdemeanor	☒	guilty	☐
	undesignated	☐	nolo contendere	☐
	a felony	☐	no contest	☐

9. If the conviction was a felony, what was the date of absolute discharge?

10. Type of court/jurisdiction: ☐ Justice ☐ Municipal ☐ City ☐ District ☒ County
☐ Superior ☐ Circuit ☐ Federal ☐ Other

11. Name of Court Magi Straile - T.R. Madden County ADA
200 W. Front St Boise ID 83704
Street address City State Zip Code

12. What was your sentence? (Include all fines, courses, counseling or group sessions, restitution, probation/parole, community service)
Withheld judgement; fines - \$614.50 30 days/30 days susp.
60 hours Community Service - red cross; 12 months unsup. probation

12. Has there been any change in the designation of your conviction since the original sentencing? MAAD Etoh
☒ No ☐ Yes 30 days no licence
60 days restricted
(Examples: reduced to a misdemeanor, set aside, dismissed, expunged, deferred)
I Defered having record expunged.

14. Are you currently on probation/parole? ☒ No ☐ Yes

00111701957

CLOSING SHEET

DEFENDANT CORMIER, CARRIE KAY

CASE NO M0013100

HA SAW

COUNT I DUI

DISPO 05/09/01-DEF/DEF ATTY PRES; DEF PG; WHJ, 1-YR PROB,
1000/500+CC, 30/30 ACJ, VP, AFTER CARE TXT PER
EVAL, 60 HRS CSA IN 120 DAYS, 90 DLS(30 ABS), NO
REFUSALS

COUNT II

DISPO

COUNT III

DISPO

COUNT IV

DISPO

DR# 39368

OFFICER DEWEY/ACSO

ACAPP

TOM WILSON

SANE

EXPLANATION

P.D. REIMBURSEMENT & AMOUNT

RESTITUTION

POSTED ON CRT DATE

VICTIM AMOUNT /MONTH

VICTIM AMOUNT /MONTH

ADDRESS

SPECIAL INSTRUCTIONS

PROPERTY - RELEASE ALL PROPERTY HELD IN ABOVE REFERRED MATTER

OTHER

CONTACT HANDLING ATTORNEY/INVESTIGATOR IF YOU HAVE ANY QUESTIONS.

VICTIM NOTIFICATION,

DATED

HANDLING ATTORNEY

DATED

APPROVED FOR CLOSING

DATED

[Signature]

5/21/02

JUDGMENT SUPPLEMENT - PROGRAMS

**THIS JUDGMENT SUPPLEMENT IS INCORPORATED BY REFERENCE AND
HEREBY MADE A PART OF THE JUDGMENT ENTERED IN THIS CASE**

Defendant Carrie K. Cormier Case No. M6013100
Address Woodvine Apartments Charge DUI
City Boise Date Ordered 5/9/01
State/Zip ID 83704 Judge Morden
Phone 208-342-1100 Clerk @Thomas
Prosecuting Agency: ☒ Ada County ☐ Boise ☐ Garden City ☐ Meridian

The above-named defendant is hereby ordered to attend, cooperate with, and complete a program designed to address the following categories:

- ☐ Supervised Misdemeanor Probation from _____ until _____
- ☒ Alcoholism/Abuse Hrs. Aftercare ☐ Drug/Substance Abuse Hrs. _____ ☐ Anger Management Level _____
- ☐ Driving School Level _____ ☐ Tobacco Education Hrs. _____ ☐ Theft
- ☐ DUI Education ☐ Domestic Violence ☒ Victims Panel
- ☒ Community Service 60 hrs. 120 days to complete for. ☐ Fine ☒ Jail ☐ Sentence
- Other _____

The defendant shall make immediate contact with the programs listed below within 24 hours, pay any required fee, arrive at each class on time, and fully cooperate with program sponsors. Also, take all court paperwork from your sentencing on this case to each of the programs below.

**FAILURE TO COMPLETE THESE PROGRAMS AS ORDERED MAY RESULT IN THE
ISSUANCE OF A WARRANT FOR YOUR ARREST FOR A VIOLATION OF PROBATION**

COURT REFERRAL SERVICES
803 BEACON ST
BOISE, ID 83706
208-342-0768

Community Service Alternatives
1940 W. State Street
Boise, ID 83702 CSA
208/345-2523

ADA COUNTY
SHERIFF'S DEPT

Contract cities of:
☒ Eagle ☐ Star ☐ Kuna

301058

IDAHO UNIFORM CITATION

IN THE DISTRICT COURT OF THE 4TH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA
STATE OF IDAHO

COMPLAINT AND SUMMONS

vs.

☐ Infraction Citation
OR
☒ Misdemeanor Citation
☐ Accident Involved

301058

CORNIER

LAST NAME

CARRIE

FIRST NAME

K

MIDDLE INITIAL

IPUC #

USDOT TK Census #

☐ Operator ☐ Class A ☐ Class B ☐ Class C ☒ Class D ☐ Other

☐ GVWR 25001+ ☐ 15+ Persons ☐ Placard Hazardous Materials DR# 39348

Home Address: W 7TH ST. NORTH MIDDLETON ID 83644

Business Address Ph #

THE UNDERSIGNED OFFICER (PARTY) HEREBY CERTIFIES AND SAYS:

I certify that the above-named Defendant,

DL or SS # State ID Sex: M

Height 5'9" Wt 125 Hair BLN Eyes BLU DOB

Veh. Lic. # 2CFL761 State ID Yr. of vehicle 96 Make FORD

Model TAU Color MAR

Did commit the following act(s) on 11-13 2000 at 1013 o'clock A.M.

Vio. #1 DRIVING UNDER THE INFLUENCE 18-8004

197.19 BAC

Code Section

Vio. #2 11/17/00

Code Section

Location 3450 W. STATE EAGLE, ID 83614

Hwy. Mp. ADA County, Idaho

11-13-00 J. Dewey 4490 ADA COUNTY SHERIFF

Date Officer/Party Serial #/Address Dept.

11-13-00 J. McDaniel ACSO

Date Witnessing Officer Serial #/Address Dept.

THE STATE OF IDAHO TO THE ABOVE NAMED DEFENDANT:

You are hereby summoned to appear before the Clerk of the Magistrate's Court of the

District Court of ADA County, BOISE Idaho

located at 7180 BARRISTER on or after 2000

but on or before 2000, at 8 A.M.-4 o'clock P.M.

I acknowledge receipt of this summons and I promise to appear at the time indicated.

ARRESTED

Defendant's Signature

I hereby certify service upon the defendant personally on 11-13 2000

J. Dewey 4490

Officer

NOTICE: See reverse side of your copy for PENALTY and COMPLIANCE instructions

COURT COPY VIOLATION #1

11/00/12/00

Defendant's Name: LAST

FIRST

PC
11-17-00
REV

ARREST/CITATION/CHARGE QUESTIONNAIRE

CR-2004-0001223

closed

When submitting a written explanation for an arrest, charge or conviction, be sure to address the "who, what, where, when, and why" of the circumstances regarding the incident, or it will be considered insufficient.

If you answered "yes" to the felony question in error because a charge or conviction was a misdemeanor, you will also need to submit a retraction stating that you answered the question in error, along with an explanation why it was checked in error.

A completed questionnaire MUST BE submitted for EACH offense. Make as many copies of the questionnaire as you need.
PLEASE PRINT OR TYPE.

1. Name: Carrie Kay Bowman
First Middle Last

Social Security Number: _____

Maiden name, prior married names, other names used Kelley; Cormier

2. For what offense(s) were you arrested, charged or cited? Fail to license Dog

3. Was the charge/arrest/citation for: ☒ misdemeanor ☐ felony DOG AT LARGE

4. What were the circumstances that led to your arrest or citation? Provide a written, detailed explanation describing the circumstances and events. Attach with your court documents.

5. Date arrested/charged/cited 5/26/04

6. Name/address of Police, Sheriff, or law enforcement agency who arrested/cited you B. Newell EPD
501 E. MAIN ST Emmett ID 83617
Street address City State Zip code

7. Of what offense(s) were you convicted? FAIL to License Dog / DOG AT LARGE

8. Date of conviction: _____	Was the conviction:	Did you plead:
	a misdemeanor ☒	guilty ☒
	undesignated ☐	nolo contendere ☐
	a felony ☐	no contest ☒

9. If the conviction was a felony, what was the date of absolute discharge? _____

10. Type of court/jurisdiction: ☐ Justice ☐ Municipal ☐ City ☐ District ☒ County
☐ Superior ☐ Circuit ☐ Federal ☐ Other

11. Name of Court Magistrate R. Grant County LEM
415 E MAIN ST EMMETT ID 83617
Street address City State Zip Code

12. What was your sentence? (Include all fines, courses, counseling or group sessions, restitution, probation/parole, community service)

Unsupervised Probation 6 months
& Fines

12. Has there been any change in the designation of your conviction since the original sentencing?
☒ No ☐ Yes

(Examples: reduced to a misdemeanor, set aside, dismissed, expunged, deferred)

14. Are you currently on probation/parole? ☒ No ☐ Yes

ARREST/CITATION/CHARGE QUESTIONNAIRE

CR-2003-002817

Closed

When submitting a written explanation for an arrest, charge or conviction, be sure to address the "who, what, where, when, and why" of the circumstances regarding the incident, or it will be considered insufficient.

If you answered "yes" to the felony question in error because a charge or conviction was a misdemeanor, you will also need to submit a retraction stating that you answered the question in error, along with an explanation why it was checked in error.

A completed questionnaire MUST BE submitted for **EACH** offense. Make as many copies of the questionnaire as you need.
PLEASE PRINT OR TYPE.

1. Name: Carrie Kay Bowman
First Middle Last

Social Security Number: _____

Maiden name, prior married names, other names used Kelley; Cormier

2. For what offense(s) were you arrested, charged or cited? Battery - domestic violence

3. Was the charge/arrest/citation for: ☒ misdemeanor ☐ felony

4. What were the circumstances that led to your arrest or citation? Provide a written, detailed explanation describing the circumstances and events. Attach with your court documents.

5. Date arrested/charged/cited 4/16/03

6. Name/address of Police, Sheriff, or law enforcement agency who arrested/cited you Hunter, John EPD
501 E MAIN ST Emmett ID 83617
Street address City State Zip code

7. Of what offense(s) were you convicted? Disturbing the Peace I 18-6409

8. Date of conviction: <u>5/15/03</u>	Was the conviction:		Did you plead:	
	a misdemeanor	☒	guilty	☒
	undesignated	☐	nolo contendere	☐
	a felony	☐	no contest	☐

9. If the conviction was a felony, what was the date of absolute discharge? _____

10. Type of court/jurisdiction: ☐ Justice ☐ Municipal ☐ City ☐ District ☒ County
☐ Superior ☒ Circuit ☐ Federal ☐ Other

11. Name of Court Magistrate R. Grant County Gem
415 E Main St Emmett ID 83617
Street address City State Zip Code

12. What was your sentence? (Include all fines, courses, counseling or group sessions, restitution, probation/parole, community service)

90 days / 90 days suspension; Alcohol Evaluation - 1 year intensive outpt.

turned self into IDAHO Board of Nursing; 5 year monitoring through PRN & license resnum

12. Has there been any change in the designation of your conviction since the original sentencing? Contingent on completion of Program; 2 years unsupervised Probation.

☒ No ☐ Yes

(Examples: reduced to a misdemeanor, set aside, dismissed, expunged, deferred)

14. Are you currently on probation/parole? ☒ No ☐ Yes

ARREST/CITATION/CHARGE QUESTIONNAIRE

CR-2001-0006147-C

When submitting a written explanation for an arrest, charge or conviction, be sure to address the "who, what, where, when, and why" of the circumstances regarding the incident, or it will be considered insufficient.

If you answered "yes" to the felony question in error because a charge or conviction was a misdemeanor, you will also need to submit a retraction stating that you answered the question in error, along with an explanation why it was checked in error.

A completed questionnaire **MUST BE** submitted for **EACH** offense. Make as many copies of the questionnaire as you need.
PLEASE PRINT OR TYPE.

1. Name: Carrie Kay Bowman
First Middle Last

Social Security Number:

Maiden name, prior married names, other names used Kelley; Cormier

2. For what offense(s) were you arrested, charged or cited? Battery - Domestic Violence

3. Was the charge/arrest/citation for: ☒ misdemeanor ☐ felony

4. What were the circumstances that led to your arrest or citation? **Provide a written, detailed explanation describing the circumstances and events.** Attach with your court documents.

5. Date arrested/charged/cited 3/26/2001 - 136.750

6. Name/address of Police, Sheriff, or law enforcement agency who arrested/cited you Middleton CCO-MI
1115 Albany Street Caldwell ID 83501
Street address City State Zip code

7. Of what offense(s) were you convicted?

8. Date of conviction: <u> </u>	Was the conviction:	
	a misdemeanor	☒
	undesignated	☐
	a felony	☐
Did you plead:		
guilty		☒
nolo contendere		☐
no contest		☐

9. If the conviction was a felony, what was the date of absolute discharge?

10. Type of court/jurisdiction: ☐ Justice ☐ Municipal ☐ City ☐ District ☒ County
☐ Superior ☐ Circuit ☐ Federal ☐ Other

11. Name of Court Magistrate County Canyon
1115 Albany St Caldwell ID 83501
Street address City State Zip Code

12. What was your sentence? (Include all fines, courses, counseling or group sessions, restitution, probation/parole, community service)

Domestic violence evaluation; Fine 300.00; Jail 180
time served (in rehab 26 days) 154 days suspended.
probation 18 months 2 incidents

12. Has there been any change in the designation of your conviction since the original sentencing?
☒ No ☐ Yes

(Examples: reduced to a misdemeanor, set aside, dismissed, expunged, deferred)

14. Are you currently on probation/parole? ☒ No ☐ Yes

From: Kristina Jenkins Kristina@co.gem.id.us
 Subject: Bowman, Carrie
 Date: November 24, 2020 at 10:54 AM
 To: namaste491@icloud.com

Thank you,

Kristina Jenkins

Deputy Clerk

Gem County Magistrate Court

208-365-4221

GEM COUNTY CONFIDENTIALITY DISCLAIMER: This message (including any attachments) may be privileged, confidential and/or protected from disclosure under applicable law. It is intended only for the use of the individual or entity above-named. You are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you are not the intended recipient please notify the sender by reply email and immediately delete this email.

Case History Summary

Bowman, Carrie Kay Bowman, Camie K; Bowman, Karrie K; Cormier, Carrie K; Cormier, Carrie Kay
 Active Warrants: 0 Person ID: 418996 - , 568578 - , 2403798 - , 2847590 - , 2917012 - , 4446276 - , 6382406 -
 Height: 5'0" DOB: Gender: F Weight: 145 DL: ID-

CR-2005-672 State of Idaho vs. Carrie Kay Bowman

Case Type: CRIM Filed On: 03/11/2005 Status: 03/22/2005 CLO Connection: DEF
 Last Activity: 03/22/2005 CrimDispEventGLTY

Cal	Description	Statute	Doc	Off Date	Fine	Disposition
1	Speed-exceed Maximum Speed Limit	149-654(2)	INF	03/11/2005	03/22/2005 GLTY	03/22/2005 GLTY

CR-2004-1223 State of Idaho vs. Carrie Kay Bowman

Case Type: CRIM Filed On: 05/27/2004 Status: 12/22/2004 CLO Connection: DEF
 Last Activity: 12/22/2004 EventCSCP

Cal	Description	Statute	Doc	Off Date	Fine	Disposition
2	Dog At Large	M5-2A-5	MIS	05/26/2004	06/08/2004 GLTY	06/08/2004 GLTY

Sentence: 06/08/2004 MISD (Petrie, Gordon W.): Condition - Adult: 1. Unsupervised Probation. (1) Violate no misdemeanor or felony of any jurisdiction, 0Y 6M OD. 06/08/2004 - 12/08/2004, Closed 12/08/2004

Cal	Description	Statute	Doc	Off Date	Fine	Disposition
1	Fail To License Dog	M5-2A-3	MIS	05/26/2004	06/08/2004 GLTY	06/08/2004 GLTY

CR-2003-2817 State of Idaho vs. Carrie Kay Bowman

Case Type: CRIM Filed On: 04/17/2003 Status: 02/10/2005 CLO Connection: DEF
 Last Activity: 02/10/2005 EventCSCP

Sentence: 05/13/2003 MISD (Petrie, Gordon W.): ConfinementType: County Jail Facility: Gem County Jail Term: 90 Days Suspended: 90 Days Effective Date: 05/13/2003; Condition - Adult: 1. Unsupervised Probation, (1) Violate no misdemeanor or felony of any jurisdiction (2) Consume No Alcohol (3) Enroll In Substance Abuse Program, complete and file proof within ___ days of judgment (4) Notify court in writing of any address change within 48 hours of change (5) Refuse no evidentiary test for presence of alcohol or drugs with or without probable cause. (6) Accept all future orders at last known address by regular US Mail. (7) Not operate any motor vehicle on public roadway after having consumed any amount of alcohol. (8) File alcohol evaluation w/court nlt 6/13/03 &amp; follow all recommendations. 2Y 0M 0D 05/13/2003 - 05/13/2005, Closed 05/13/2005, Continued Disposition: 05/13/2005

Program for Recovering Nurses

Certificate of Completion

This certificate is presented to

CARRIE BOWMAN

*In recognition of her commitment to working a
life-long recovery program while maintaining a
professional career.*


John Southworth, CADC

August 5, 2008

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

4

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE
REGISTRATION FEE: FOR AUTHORITY TO PRESCRIBE DANGEROUS DRUGS ONLY \$80.00 TOTAL
FOR AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES \$200.00 TOTAL
(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

First: Bayink-Raine Middle: Frederick Last: Falter
Home Address: W. Azure Dr., Ste. 140
City: Las Vegas State: NV Zip Code: 89130
SS# or ITIN: _____ Date of Birth: _____ Sex: ☒ M or ☐ F
Telephone: _____ E-mail address: _____

PRACTICING LOCATION (Required)

Practice Name (if any): _____
Physical Address: 7260 W Azure Dr. Suite #: 140
City: Las Vegas State: NV Zip Code: 89130
Telephone: 775 513 3852 Fax: _____
Nursing Board #: 836624 Issued: 12/11/2020 Expires: 01/06/2023

☐ Check this box if you are an APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.) (Provide \$200.00 Total Registration fee)

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 <u>any</u> state?				☒	☐
2. Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?				☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?				☐	☒
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:					
Board Administrative Action:		State	Date:	Case #:	
agreement for monitoring		NV	04/30/2018	0101-17YR	
Criminal Action:	State	Date:	Case #:	County	Court
		11		please	see attached

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 APRN 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.

[Signature]
Original Signature of APRN, no copies or stamps accepted

12-16-2020
Date

COLLABORATING PHYSICIAN's name (If required): _____

Original Signature of Collaborating Physician, no copies or stamps accepted

Date

Board Use Only: Date Processed

Amount 80.00

12/16/2020

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy. #206

Reno, NV 89521

Application for APRN-Prescribe

Re: Explanation and Documentation for "Yes" answers

Criminal Action: DUI Liquor State: NV Date: 10/06/2010 Case: C1027886A County: Clark

Court: Las Vegas Municipal

I worked graveyard for a security company. I got off early at around 2am. I was eating food and drinking a beer in my parking spot at my apartment so I didn't wake up my family that was still asleep. Metro officers were patrolling the community from a call and seen me in my car with the open container. I pled nolo contest for DUI Liquor. The case was closed in 2012.

Criminal Action: Disorderly Conduct State: NV Date: 08/19/2011 Case: 11M37788X County: Clark

Court: Justice Court, Las Vegas Township

I went to pick up a rental car with my family for vacation. I had already prearranged the payment and schedule. I was told when I got there I couldn't rent the car. It was already 10 pm at night and I got upset demanding to speak with a manager. I still was unable to rent the car. Metro officers were onsite and cited me for disorderly conduct. The case was dismissed and closed 10/20/2011.

Criminal Action: DUI Liquor Subsequent Arrest State: NV Date: 01/18/2014 Case: C1109639A

County: Clark Court: Las Vegas Municipal

I got off work from the ICU after a 12-hour day shift. I met up with a colleague for some food, drinks and karaoke. On my way home I fell asleep while waiting at a red light. Metro officers pulled up behind me and cited me for DUI liquor. I pled nolo contest and the case was closed in 2016.

Criminal Action: Battery State: NV Date: 02/28/2016 Case: 16M15195X County: Clark

Court: Justice Court, Las Vegas Township

I got into an argument with my girlfriend while she was getting ready for work. She burned her back on her curling iron while arguing. Metro officers responded and I was cited for battery. I pled guilty and the case was closed in April 2018.


Bayink Falter

ORDR

Your Name: Christian Frederick Falter

Address: ~~6715 N. Tenaya Way~~ 50 W. Azure Dr. . . . O

City, State, Zip: Las Vegas NV, ~~89134~~ 89130

Phone: 9

Email: n

Self-Represented Petitioner

DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the Application of:

Christian Frederick Falter

(print the old name you do not want anymore)
For Change of Name.

CASE NO.: D-18-571715-N

DEPT: Dept. B

ORDER FOR CHANGE OF NAME

This Order was submitted (☒ check one) ☐ after a hearing ☐ without a hearing before the above-entitled court, and after a review of the pleadings and papers on file and the testimony given, if any, and good cause appearing therefore:

IT IS ORDERED that the name of the Petitioner, who was born on (date of birth) _____ in (city) Las Vegas (state) NV be legally changed from

To
Christian Frederick Falter
(first) (middle) (last)
Bay-Ink-Raine Frederick Falter
(first) (middle) (last)

A new birth certificate (☒ check one) ☒ shall ☐ shall not be issued.

DATED this 6th day of August, 2018.

DISTRICT COURT JUDGE

LINDA MARQUIS

Submitted By: (your signature)

(print your name)

Christian Frederick Falter

CERTIFIED COPY

DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY
OF THE ORIGINAL ON FILE

Order for Adult Name Change

CLERK OF THE COURT

AUG 17 2018

© 2017 Family Law Self-Help Center

☐ Dismissed - Want of Prosecution
☐ Involuntary (Statutory) Dismissal
☐ Default Judgment
☐ Transferred
☐ Disposed After Trial Start
☐ Judgment Reversed by Trial
☐ Settled/Withdrawn
☐ Without Judicial Conf/Hrg
☐ With Judicial Conf/Hrg
☐ By ADR

DISTRICT COURT
DEPT B

AUG 03 2018

RECEIVED

RECEIVED

JUL 23 2018

RECEIVED

MAY 22 2018

ORIGINAL

BEFORE THE NEVADA STATE BOARD OF NURSING

IN THE MATTER OF
CHRISTIAN FALTER
LICENSED PROFESSIONAL NURSE
NEVADA LICENSE NO. RN76897
RESPONDENT

AGREEMENT FOR MONITORING

CASE NO. 0101-17YR

This Agreement is hereby entered into between CHRISTIAN FALTER, (RESPONDENT) and the NEVADA STATE BOARD OF NURSING, (BOARD).

It is hereby stipulated and agreed, by and between the parties to the above-entitled matter, that the following statements are true:

1. Respondent is aware of, understands, and has been advised of the effect of this Agreement, which Respondent herein has carefully read and fully acknowledges. No coercion has been exerted on the Respondent. Respondent acknowledges his right to an attorney at his own expense. Respondent has had the benefit at all times of obtaining advice from competent counsel of his choice.

2. Respondent understands the nature of the allegations under investigation by the Nevada State Board of Nursing. Respondent freely admits that he is addicted to alcohol and/or controlled substances. Respondent freely admits that he was convicted for disorderly conduct in 2011, driving under the influence of alcohol two times between 2011 and 2015, and for battery/domestic violence in 2016, a prohibitive conviction. Respondent acknowledges this conduct constitutes a violation of the Nevada Revised Statutes 632.347 (1)(b) criminal convictions, and (1)(e) controlled substances and/or alcohol. Respondent further acknowledges that such acts and admissions subject him to disciplinary action by the Board.

3. Respondent is aware of the Respondent's rights, including the right to a hearing on any charges and allegations, the right to an attorney at his own expense, the right to examine witnesses who would testify against him, the right to present evidence in his favor and call witnesses on his behalf, or to testify himself, the right to contest the charges and allegations, the

right to reconsideration, appeal or any other type of formal judicial review of this matter, and any other rights which may be accorded to him pursuant to the Nevada Administrative Procedures Act and the provisions of Chapter 632 of the Nevada Revised Statutes and the Nevada Administrative Code. Respondent agrees to waive the foregoing rights upon acceptance of this Agreement by the Board.

4. Respondent understands that the Board is free to accept or reject this Agreement, and if rejected by the Board, a disciplinary proceeding may be commenced. It is agreed that presentation to and consideration by the Board of such proposed Agreement, shall not disqualify 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 therefore. This Agreement shall only become effective when both parties have duly executed it and unless so executed, this Agreement will not be construed as an admission.

5. This Agreement shall not be construed as excluding or reducing any criminal or civil penalties or sanction or other remedies that may be applicable under federal, state or local laws.

6. This Agreement shall cover any nursing license or certificate issued by the State of Nevada. Based upon the foregoing stipulations and recitals, it is hereby agreed that the Board may issue the following decision and order:

DECISION AND ORDER

IT IS HEREBY ORDERED that Nevada Licensed Professional Nurse, license number RN76897, issued in the name of CHRISTIAN FALTER is placed on monitoring for a minimum of three (3) years with the following terms and conditions:

1. COMPLETION OF COURSES

Respondent shall take, and submit documentation of successful completion of the National Council of State Board of Nursing Understanding Substance Use Disorder in Nursing, and the Nevada Nurse Practice Act course within (30) days of acceptance and execution of the Agreement by the Board.

1 2. **ABSTINENCE AND DRUG TESTING**

2 Respondent shall abstain from the use of alcohol and all mood-altering drugs and
3 controlled substances except when legally prescribed by a treating practitioner who is
4 knowledgeable about the disease of addiction and the Respondent's history. This treatment must
5 be reported to the Board, in writing, within seven (7) days, accompanied by documentation from
6 the practitioner regarding the medical treatment and all other methods of alternative treatment
7 having been tried first. The Board may require additional testing and reporting until Respondent
8 documents sobriety after periods of prescribed drug use.

9 Respondent shall register with the Board approved drug-screening program and submit to
10 random urine, blood or other tests for drugs of abuse and/or alcohol on the day requested by the
11 drug testing company, his counselor, or representative of the Board. These tests shall occur no
12 less than twenty-four (24) times per year and shall be treated as forensic specimens by a Board-
13 approved laboratory. Respondent shall cause test results to be provided to the requesting party
14 and the Board. Any confirmed positive finding shall be reported immediately to the Board.
15 Changes in frequency of tests may be approved by the Compliance Coordinator and the Director
16 of Nursing Practice.

17 3. **COUNSELOR REPORTS (DUE QUARTERLY)**

18 Respondent shall participate in counseling for a minimum of twice per month with a
19 Board approved provider who shall submit progress reports related to the plan of treatment every
20 three (3) months. At the completion of one (1) year of counseling, the respondent may
21 discontinue individual counseling upon the provider's submission of a discharge summary to the
22 Board.

23 4. **ATTENDANCE AT MEETINGS AND SUBMISSION OF QUARTERLY**
24 **REPORTS TO THE BOARD**

25 Respondent shall comply with required attendance at meetings and shall cause all reports
26 to be submitted in writing to the Board on a quarterly basis as follows. These reports must be
27 submitted no later than the last day of March, June, September and December. The Executive
28

1 Director or the Compliance Coordinator and the Director of Nursing Practice may evaluate and
 2 approve or deny changes in the frequency of reporting. Respondent shall:

- 3 a. Attend a minimum of two (2) meetings per week of Alcoholics
 4 Anonymous (AA) or Narcotics Anonymous (NA) and shall submit
 5 documentation of all meetings attended **whether working or not.**
 6 The Compliance Coordinator will evaluate consideration for alternative
 7 recovery support groups;
- 8 b. Cause his AA or NA sponsor to submit reports addressing
 9 Respondent's progress in recovery on forms provided by the Board
 10 **whether working or not;**
- 11 c. Attend weekly meetings of a Board-approved Nurse Support Group and
 12 submit documentation of all meetings attended **whether working or not;**
- 13 d. Submit self reports in a detailed format as provided by the Board, **whether**
 14 **working or not;**
- 15 e. Cause his direct nursing supervisor to submit written reports to the
 16 Board addressing work attendance, reliability, nursing competence, and
 17 any other information the supervisor identifies as appropriate to report to
 18 the Board for evaluation of compliance.

15 5. **LIMITATIONS AND RESTRICTIONS ON EMPLOYMENT**

16 The Board shall approve all employment sites requiring a nursing license (including
 17 changes within the same worksite or unit) **prior to commencement of work.** Respondent shall:

- 18 a. Provide a complete copy of this Agreement to his employer and
 19 direct supervisor **prior to commencement of work.**
- 20 b. Be employed in a setting in which direction is provided by a Registered
 21 Nurse. Direction shall mean: the intermittent observation, guidance and
 22 evaluation of the nursing practice by a licensed professional nurse who
 23 may only occasionally be physically present;
- 24 c. Cause his direct nursing supervisor to submit a job description and an
 25 initial written report on a form provided by the Board **prior to the**
 26 **commencement of employment,** and by each additional or subsequent
 27 supervisor;
- 28 d. Work only day or evening shift that ends prior to midnight. Respondent
 may not work for a nursing registry, work in home health, for a traveling
 agency, or any other temporary employing agencies, float pool, per diem,

or position that requires on-call status. Respondent shall not be self-employed or contract for services. Multiple employers are prohibited;

- e. Not work more than ninety (90) hours in nursing in a two (2) week period for a **minimum of one (1) year**;
- f. Not function as a supervisor, including as a head nurse or charge nurse for a **minimum of one (1) year**;
- g. Notify the Board in writing within seventy-two (72) hours after termination of any nursing employment for any reason and include a full explanation of the circumstances surrounding the termination;
- h. Have no access to controlled substances during his employment as a licensed nurse for a **minimum of one (1) year**.

Upon receipt of a written request by the Respondent at the successful completion of one year of this Agreement, the Executive Director or the Compliance Coordinator and the Director of Nursing Practice may evaluate and approve or deny changes in the above employment limitations and restrictions that indicate a term of a minimum of one year.

6. **REQUIREMENT TO ATTEND ORIENTATION AND MEET WITH THE BOARD OR STAFF**

Respondent shall attend a **mandatory orientation** meeting within thirty days of execution of this Agreement by the Board to facilitate understanding and accountability of the terms and conditions of this Agreement as scheduled by the Compliance Coordinator. Upon request, Respondent shall meet with the Board or its representatives and cooperate with representatives of the Board in their supervision and investigation of Respondent's compliance with the terms and conditions of this Agreement.

7. **FINANCIAL RESPONSIBILITY**

Respondent shall be financially responsible for all requirements of this Agreement.

8. **REQUIRED NOTIFICATION OF OTHER STATES OF LICENSURE**

Respondent shall, upon execution of this Agreement, provide a copy of this Agreement to any other state Board of Nursing in whose jurisdiction he has been issued a nursing license (current or not). Respondent shall also provide a copy of this Agreement to any other regulatory agency in whose jurisdiction he has applied or will apply for a license.

1 9. **VIOLATIONS OF THIS AGREEMENT - CONSEQUENCES**

2 Respondent acknowledges that if he violates any of the terms and conditions of this
3 Agreement, the Board may revoke, or invoke other appropriate discipline against his license to
4 practice nursing, subject to a hearing in accordance with the Nevada Nurse Practice Act for the
5 purpose of establishing that there has, in fact, been a violation of the stipulations of this
6 Agreement.

7 Respondent acknowledges that any violation of the Nevada Nurse Practice Act, any dilute urine
8 or positive drug screen may be considered a violation of this Agreement and subject to further
9 action by the Board.

10 10. **AGREEMENT TO SURRENDER LICENSE**

11 In the event that a violation of the terms and conditions of this Agreement is alleged,
12 Respondent agrees to surrender his license to the Executive Director, or the Compliance
13 Coordinator, if they so request, and refrain from practicing nursing until requirements have been
14 met, violations resolved, or entry of a final order of the Board or a court of competent
15 jurisdiction, whichever last occurs, regarding a potential violation.

16 Respondent acknowledges that pursuant to NRS 632.405, this Agreement shall become a
17 public record if an entry of a final order of the Board results in disciplinary action against his
18 license for violation of this agreement.

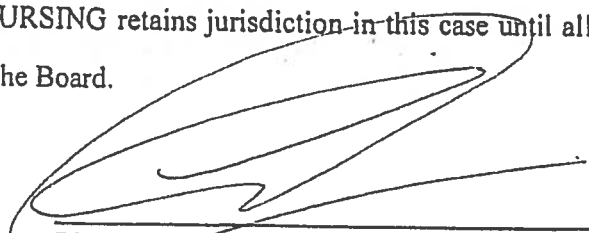
19 11. **COMPLETION AND TERMINATION OF MONITORING**

20 Respondent shall only receive credit toward service of his monitoring period while
21 employed in a capacity for which nursing licensure is required and subject to adequate
22 supervision approved by the Board. Respondent acknowledges he is not eligible for early
23 termination of this Agreement. The Agreement shall be terminated at the time the Board receives
24 documentation verifying the Respondent's completion of all terms and conditions of the
25 Agreement and when respondent receives notice of termination from the Board.

26 ///

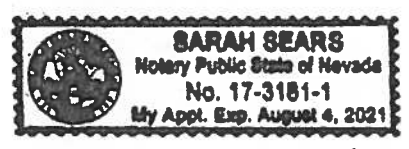
1 The NEVADA STATE BOARD OF NURSING retains jurisdiction in this case until all
2 conditions have been met to the satisfaction of the Board.

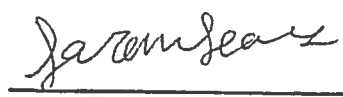
3
4 Dated this 27 day of April, 2018


RESPONDENT
CHRISTIAN FALTER

7 State of Nevada
8 County of CLARK

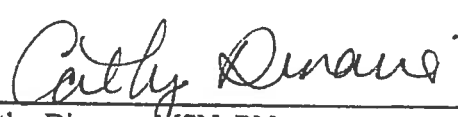
9 This instrument was acknowledged before me on April, 27, 2018, by
10 Christian Falter




Notary Public

15 Accepted and approved this 30th day of April, 2018
16 ~~27th~~ ~~April~~

NEVADA STATE BOARD OF NURSING

19 By: 
20 Cathy Dinan, MSN, RN
21 Executive Director

C5082421
J5082421-REPORT 2A

PAGE: 155
10/20/2011

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101
COURT 128
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 11M37788X

STATE VS: FALTER, CHRISTIAN FREDERICK

ID #: 01801613

AKA: FALTER, CHRISTIAN

DR NUMBER:

START DATE: 08/19/2011

ARRESTED BY: ROBERTS, SCOTT D

ARREST DATE: 08/19/2011

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 08/30/2011

PROSECUTOR: STEPHANIE GRAHAM

DISPO DATE: 10/20/2011

001 CHARGE: COUNTY M DISORDERLY CONDUCT
DISPOSITION: -----GUILTY----- DISORDERLY CONDUCT

SENTENCED: 10/20/2011

FINED: \$ 0	EXCUSED: \$ 0	
JAIL TIME: MOS	DAYS HRS	CONS/CONC:
CTS : MOS	DAYS 000 HRS	
COMM SERV: DAYS	HRS MIN	
RESTITUTION: \$	0 CONTRIBUTION: \$ 0	DRUG FEE: \$ 0
EDUCATION:		

NONE

CITATION: 104736745 PCN: 0028439100 SEQ: 001

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, in and for the County of Clark, State of Nevada.

By [Signature] Deputy
Date 7/23/11

[Signature]
JUSTICE OF THE PEACE - DEPT. 05

English | Español



Las Vegas Municipal Court
At the Regional Justice Center
200 Lewis Avenue
Las Vegas, NV

Mailing Address:
P.O. Box 3960
Las Vegas, NV 89127
www.lasvegasnevada.gov

Phone: 38-Court(382-6878)

Payment History Report

Defendant: FALKER, CHRISTIAN FREDERICK **History Number:** 597520 **As Of:** 4/13/2018

Viol Date: 10/6/2010	Case: C1027886A	Description: DUI LIQUOR	Case Status: CLOSED
Date	Description	Amount Paid	
10/7/2010	Payment Receipt # 10-LEST-8-009551	\$ 40.00	
	Bond Filing Fee - State 50% : \$ 20.00		
	Bond Filing Fee - City 50% : \$ 20.00		
11/1/2011	Payment Receipt # 11-ASED FC7-003776	\$ 35.00	
	WP FEE : \$ 35.00		
7/25/2012	Payment Receipt # 12-ASED FC7-002130	\$ 707.00	
	Administrative Assessment - County : \$ 2.00		
	Administrative Assessment - City : \$ 7.00		
	Administrative Assessment - State (SGF) : \$ 5.00		
	Administrative Assessment - State : \$ 106.00		
	Construction Assessment : \$ 10.00		
	Specialty Court Program Assess : \$ 7.00		
	DUI Chemical Analysis Assessme : \$ 60.00		
	Fine : \$ 510.00		
		\$ 782.00	

Viol Date: 1/18/2014	Case: C1109639A	Description: DUI SUBSEQUENT ARREST	Case Status: CLOSED
Date	Description	Amount Paid	
1/18/2014	Payment Receipt # 14-LEST 4-000285	\$ 50.00	
	Bond Filing Fee - City 50% : \$ 25.00		
	Bond Filing Fee - State 50% : \$ 25.00		
4/11/2016	Payment Receipt # 16-ASED FC5-001263	\$ 810.00	
	Administrative Assessment - County : \$ 2.00		
	Administrative Assessment - City : \$ 7.00		
	Administrative Assessment - State (SGF) : \$ 5.00		
	Administrative Assessment - State : \$ 106.00		
	Construction Assessment : \$ 10.00		
	Specialty Court Program Assess : \$ 7.00		
	Genetic Marker Testing AA : \$ 3.00		

Justice Court, Las Vegas Township
Clark County, Nevada

Department: 11

Court Minutes



L007029657

16M15195X State of Nevada vs. FALTER, CHRISTIAN

Lead Atty: Michael R. Pandullo

9/15/2016 9:00:00 AM Bench Trial (no bail posted)

Result: Matter Heard

PARTIES PRESENT:
State Of Nevada
Attorney
Defendant
Bunnett, Matthew
Pandullo, Jennifer
FALTER, CHRISTIAN

Judge: Goodman, Eric
Court Reporter: Smith, Patsy
Court Clerk: Powers, Rissa

PROCEEDINGS

Events: Matter dismissed by State pursuant to NRS 174.085

Case Closed - Dismissed

Judgment Entered

Plea/Disp: 001: Battery [50212]

Disposition: Dismissed - State Not Proceeding (Nolle Prosequi)

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, In and for the County of Clark, State of Nevada.

By [Signature] Deputy

Date 7/23/18

Las Vegas Justice Court: Department 11

LVJC_RW_Criminal_MinuteOrder

Case 16M15195X Prepared By: montj
9/15/2016 2:46 PM

10C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 - Reno, NV 89521

Y

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE
REGISTRATION FEE: FOR AUTHORITY TO PRESCRIBE DANGEROUS DRUGS ONLY \$80.00 TOTAL
FOR AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES \$200.00 TOTAL
 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

First: Jordan Middle: Christopher Last: Hays
 Home Address: Pintura
 City: St. George State: UT Zip Code: 84790
 SS# or ITIN: _____ Date of Birth: 01/01/1976 Sex: ☒ M or ☐ F
 Telephone: _____ E-mail address: _____

PRACTICING LOCATION (Required)

Practice Name (if any): Intermountain Heart & Vascular
 Physical Address: 786 W Pioneer Blvd Suite A Suite #: _____
 City: Mesquite State: NV Zip Code: 89027
 Telephone: 435-251-2500 Fax: _____
 Nursing Board #: 833796 Issued: 9/29/2020 Expires: 1/1/2022

☒ Check this box if you are an APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.) (Provide \$200.00 Total Registration fee)

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?					☐ Yes ☒ No
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?					☒ Yes ☐ No
2. Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?					☐ Yes ☒ No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?					☐ Yes ☒ No
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:					
Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
	ID	10/1/1994	See provided Dec's.	Bonneville	Bonneville co

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 APRN 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 of APRN, no copies or stamps accepted

Date: 11/19/2020

COLLABORATING PHYSICIAN's name (If required): _____

Original Signature of Collaborating Physician, no copies or stamps accepted

Date

Board Use Only: Date Processed

Amount 200.00

RECEIVED FROM APPLICANT PUBLIC DOCUMENT

7th JUDICIAL DISTRICT, STATE OF IDAHO COUNTY OF BONNEVILLE MISDEMEANOR MINUTE ENTRY/LOG/ORDER/JUDGMENT

STATE JORDAN C. HAYS CASE NO: CR-95-1867
 DOB _____ D.L./SSN _____
 ADDRESS: DOUGLAS, IDAHO FALLS, ID 83402 PHONE _____
 TAPE No. CRC 2721 BEGIN AT 634 Date 4/18/95 Time 1:00 Judge RIDDOCH
☐ Interpreter _____

DEFENDANT having been charged with the following:

COUNT 1 26024B POSSESSION OF PARAPHERNALIA AMENDED _____
 COUNT 2 PETIT THEFT AMENDED _____
 COUNT 3 _____ AMENDED _____
 COUNT 4 _____ AMENDED _____

- ☒ DEFENDANT appeared ☐ Requested continuance ☐ Failed to Appear ☐ Bench Warrant/Bond Forfeiture Ordered
☐ Advised of Rights & penalties per ICR 5, 11; IMCR 5.6 ☒ Advised of All Charges ☐ New Bond \$ _____
☒ Waived Reading Complaint ☐ Read by Court Judge _____
☐ Represented by Counsel _____ ☐ Requested P.D. ☐ Granted ☐ Denied
☐ NOT GUILTY PLEA ENTERED ☐ Advised of Bond \$ _____ ☐ Ordered Released O.R. _____
☐ PTC/TRIAL NOTICE Personally Served on Defendant ☐ Remanded to Custody of Sheriff END TAPE _____

Clerk _____
 JUDGE _____ Date _____

BEGIN TAPE _____

- ☒ DEFENDANT understands charge(s), results of guilty plea; plea is voluntary and enters:
☐ WAIVED RIGHT TO: ☒ Counsel ☐ Reading Complaint ☐ Jury Trial
☒ GUILTY Plea ☒ Confront accuser ☒ Against self-incrimination ☐ All Defenses
☒ JUDGMENT/CONVICTION ENTERED ☐ DISMISSED _____
☐ WITHHELD JUDGMENT Granted/Conditions _____
☐ ORDERED: DEFENDANT'S DRIVING PRIVILEGES SUSPENDED _____ days CONSECUTIVE
 Reinstatement of driving privileges must be accomplished before you can drive. Commencing _____
 Apply to: Driver's Services P.O. Box 7129, Boise, ID 83707-1129 ☐ Personally served on Defendant, Order of Suspension
☐ ORDERED: DEFENDANT APPEAR FOR SENTENCING ON _____ Time _____
 at Law Enforcement Building, 605 N Capital Avenue, Idaho Falls, Idaho.
☒ ORDERED: PSI/ALCOHOL EVALUATION Defendant shall contact an APPROVED DUI Evaluator within 48 hours
 Judge _____ Date _____

☒ ORDERED: DEFENDANT PAY TO THE CLERK:

COUNT 1 Fine \$ _____ + Costs \$51.50 or ☐ \$66.50 (Count 1 Only) COUNT 3 Fine \$ _____ + Costs \$51.50
 COUNT 2 Fine \$ 100 + Costs \$51.50 COUNT 4 Fine \$ _____ + Costs \$51.50
☐ Restitution \$ _____ ☐ Reimbursement for P.D. \$ _____ Other _____ + \$2 each Installment

☐ ORDERED: DEFENDANT BE INCARCERATED:

Count 1 Jail _____ days	Suspended _____ days	DOC <u>30</u> days	SERVE _____ days
Count 2 Jail _____ days	Suspended _____ days	DOC _____ days	SERVE _____ days
Count 3 Jail _____ days	Suspended _____ days	DOC _____ days	SERVE _____ days
Count 4 Jail _____ days	Suspended _____ days	DOC _____ days	SERVE _____ days

☐ Minus Credit for days served TOTAL TO SERVE _____ days

☐ Consecutive ☐ Concurrent REPORT _____
☐ Work Release ☐ House Arrest ☒ Paid by Defendant ☐ Community Service _____

☐ ORDERED: DEFENDANT BE RELEASED ☐ Jail served ☐ Other _____

☒ PROBATION ORDERED 6 months Above Jail Suspended /DOC - CONDITIONED ON:
6 months completion of treatment and/or
Classes as recommended

DEFENDANT: [Signature] DATE _____ CLERK [Signature] END TAPE _____

JUDGE [Signature] DATE 4/28/95 JUDGE NO: 297

7th JUDICIAL DISTRICT, STATE OF IDAHO
COUNTY OF BONNEVILLE
MISDEMEANOR MINUTE ENTRY/LOG/ORDER/JUDGMENT

7TH JUDICIAL DISTRICT COURT
BONNEVILLE COUNTY, IDAHO

94 DEC 20 P4:23

STATE Jordan Christopher Hays CASE NO: cR-94-4078
DOB _____ D.L./SSN _____
ADDRESS: Douglas, Idaho Falls, ID 83402 PHONE _____
TAPE No. crc 2481 BEGIN AT _____ Date 11/30/94 Time 1:00 Judge Cook
☐ Interpreter

DEFENDANT having been charged with the following:

COUNT 1 32389I Possession of Paraphernalia AMENDED Dismissed
COUNT 2 _____ AMENDED _____
COUNT 3 _____ AMENDED _____
COUNT 4 _____ AMENDED _____

- ☒ DEFENDANT appeared ☐ Requested continuance ☐ Failed to Appear ☐ Bench Warrant/Bond Forfeiture Ordered
☒ Advised of Rights & penalties per ICR 5, 11; IMCR 5,6 ☒ Advised of All Charges
☐ Waived Reading Complaint ☐ Read by Court
☐ Represented by Counsel ☒ Requested P.D. ☒ Granted ☐ Denied
☒ NOT GUILTY PLEA ENTERED ☐ Advised of Bond \$ 300.00 ☐ Ordered Released O.R. _____
☒ PTC/TRIAL NOTICE Personally Served on Defendant ☐ Remanded to Custody of Sheriff END TAPE

JUDGE Linda Cook Clerk NP
Date 11-30-94

BEGIN TAPE

- ☐ DEFENDANT understands charge(s), results of guilty plea; plea is voluntary and enters:
☐ WAIVED RIGHT TO: ☐ Counsel ☐ Reading Complaint ☐ Jury Trial
☐ GUILTY Plea ☐ Confront accuser ☐ Against self-incrimination ☐ All Defenses
☐ JUDGMENT/CONVICTION ENTERED ☐ DISMISSED
☐ WITHHELD JUDGMENT Granted/Conditions _____
☐ ORDERED: DEFENDANT'S DRIVING PRIVILEGES SUSPENDED _____ days CONSECUTIVE
Reinstatement of driving privileges must be accomplished before you can drive. Commencing _____
Apply to: Driver's Services P.O. Box 7129, Boise, ID 83707-1129 ☐ Personally served on Defendant, Order of Suspension
☐ ORDERED: DEFENDANT APPEAR FOR SENTENCING ON _____ Time _____
at Law Enforcement Building, 605 N Capital Avenue, Idaho Falls, Idaho.
☐ ORDERED: PSI/ALCOHOL EVALUATION Defendant shall contact an APPROVED DUI Evaluator at 2048 E 17th St., Idaho Falls,
(Tel. 528-4220) within 48 hours.
☐ ORDERED: DEFENDANT PAY TO THE CLERK:
COUNT 1 Fine \$ _____ + Costs \$51.50 or ☐ \$66.50 (Count 1 Only) COUNT 3 Fine \$ _____ + Costs \$51.50
COUNT 2 Fine \$ _____ + Costs \$51.50 COUNT 4 Fine \$ _____ + Costs \$51.50
☐ Restitution \$ _____ ☐ Reimbursement for P.D. \$ _____ Other _____ + \$2 each Installment
☐ ORDERED: DEFENDANT BE INCARCERATED:
Count 1 Jail _____ days Suspended _____ days DOC _____ days SERVE _____ days
Count 2 Jail _____ days Suspended _____ days DOC _____ days SERVE _____ days
Count 3 Jail _____ days Suspended _____ days DOC _____ days SERVE _____ days
Count 4 Jail _____ days Suspended _____ days DOC _____ days SERVE _____ days
☐ Minus Credit for days served TOTAL TO SERVE _____ days
☐ Consecutive ☐ Concurrent REPORT _____
☐ Work Release _____ ☐ House Arrest _____ ☐ Paid by Defendant _____ ☐ Community Service _____
☐ ORDERED: DEFENDANT BE RELEASED ☐ Jail served ☐ Other _____
☐ PROBATION ORDERED _____ months Above Jail Suspended CONDITIONED ON: _____
Dismissed

DEFENDANT: _____ DATE _____ CLERK _____ END TAPE _____
JUDGE Deanne R. McCune DATE 12-2-94 JUDGE NO: 331

26024

IDAHO UNIFORM CITATION
IN THE DISTRICT COURT OF THE 7TH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE
STATE OF IDAHO

COMPLAINT AND SUMMONS

- ☐ Infraction Citation
OR
☒ Misdemeanor Citation
☐ Accident Involved

26024

vs.

HAYS
LAST NAME
JORDAN C
FIRST NAME MIDDLE INITIAL

CASE 9510042

IPUC # _____ USDOT TK Census # _____
☐ Operator ☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Other _____
☐ GVWR 28001+ ☐ 16+ Persons ☐ Placard Hazardous Materials DR # _____
Home Address 1 DOUGLAS IDAHO FALLS, ID.
Business Address _____ Ph # _____

THE UNDERSIGNED OFFICER (PARTY) HEREBY CERTIFIES AND SAYS:
I certify I have reasonable grounds, and believe the above-named Defendant,

DL or SS # _____ State ID Sex: ☒ M ☐ F
Height 505 Wt. 135 Hair BRO Eyes BRO DOB _____
Veh. Lic. 815 DVB State WA Yr. of vehicle 84 Make PONTIAC
Model FIREBIRD Color TEAL GRN
Did commit the following act(s) on 04-27 1995 at 4:58 o'clock P.M.

Vio. #1 PELT THEFT 18-2407(2)
Code Section

TRUCK GAS SKIP FROM AMMAN SPEED MART
Vio. #2 POSSESSION OF DRUG PARAPHERNALIA 37-2731(4)
Code Section
(1 MARIJUANA PIPE)

Location AMMAN / SUNNYSIDE SPEED MART
Hwy _____ Mp _____ BONNEVILLE County, Idaho

4-28-95 Spencer Baldwin 3450 Rick Lane
Date Officer / Party Serial # / Address Dept.
4-28-95 Raymond 460 524-3168 BCEO
Date Witnessing Officer Serial # / Address Dept.

THE STATE OF IDAHO TO THE ABOVE NAMED DEFENDANT:

You are hereby summoned to appear before the Clerk of the Magistrate's Court of the
District Court of BONNEVILLE County, IDAHO FALLS, Idaho,
located at 605 N. CAPITAL on the 28 day of
APRIL, 1995, at 1:00 o'clock P.M.

I acknowledge receipt of this summons and I promise to appear at the time indicated.

BOOKED INTO JAIL

Defendant's Signature

I hereby certify service upon the defendant personally on _____, 19____.

Officer

NOTICE: See reverse side of your copy for PENALTY and COMPLIANCE instructions.

COURT COPY VIOLATION #1

95-1867

Defendants: Name HAYS, JORDAN
LAST FIRST



Idaho Falls Police Department
Arrest Report

Report Date: 11-30-94

Report #Id : 9431981.A84

AR 7325
DI 9431981
IN 431981

94-4078

Offenses
Criminal Arrest Warrant
Paraphernalia

Arrestee: HAYS, JORDAN CHRISTOPHER
AKA:
Age: 18 DOB: -- -- -- ADULT
Race: W Eth. N Hair: BRO Ht: 505
Sex: M Eyes: BRO Wt: 135

Occ. on: WED, 11-30-94 at 08:57
or Btwn: , at

HP#
SS#
DL#

WP#
Hold for:
Booked: BONN CO JAIL

If Juvenile: _____
Par. Notified:
Detained? N
Adult at interview:
Detention appr. by:
Prints? Y Photos? Y

Birthplace: IDAHO FALLS ID
Residence Addr: DOUGLAS
Residence City: IDAHO FALLS ID 83401
Occupation/Grade: NONE
Employer/School:

Loc. of Arrest: 128 4TH
Loc. of Crime: 128 4

ARRESTED
Date: 11-30-94
Time: 08:57

BOOKED
Date: 11-30-94
Time: 09:20

Means:
Motive: DRUG RELATED
ng Characteristics:

Distinguishi

Clothing Worn:
Driving (direction):
Driving (at or between):
Connecting Reports, People etc.:
Emergency Contact and Phone No.:
Case Clearance/Disposition: 2. Arrest

ADDITIONAL PEOPLE INVOLVED

CODES: S=Suspect, V=Victim, W=Witness, C=Complainant, F=Father, M=Mother

PROPERTY DETAIL

Owner	Quan	Stat.	Article	Manufacturer	Model	Color/Desc	Serial#	IBR Value
A1	1	E	DRUG EQ.	ZIG-ZAG		WHITE, CIGARETTE PAPER		1.50
Total Stolen Property Value: .00								

The Details are as follows:

ON 11-30-94 I WENT TO 614 DOUGLAS TO SERVE A WARRANT ON JORDAN HAYS. I SPOKE WITH HIS MOTHER WHO SAID THAT HAYS HAD NOT BEEN HOME FOR THE PAST FEW DAYS. SHE SAID THAT HE MIGHT BE STAYING A 128 4TH STREET. I FOUND HAYS AT 128 4TH STREET AND SERVED HIM WITH THE WARRANT. I SEARCHED HAYS INCIDENT TO THE ARREST AND FOUND A PACKAGE OF ZIG-ZAG CIGARETTE PAPERS IN HIS WALLET. HAYS SAID THAT HE USED THE PAPERS TO ROLL HIS OWN CIGARETTES. ALGATE ASKED HIM IF HE WOULD TEST POSITIVE FOR ANY DRUGS IF HE WAS TESTED TODAY. AT FIRST HAYS SAID THAT HE WOULDN'T. HE THEN CHANGED HIS STORY. HE SAID THAT HE WOULD PROBABLY TEST POSITIVE BECAUSE HE HAD SMOKED MARIJUANA A COUPLE OF DAYS AGO. HE ALSO SAID THAT HE HAD SMOKED SOME A COUPLE WEEKS AGO. ALGATE ASKED HIM IF THERE WOULD BE ANY OTHER DRUGS IN HIS SYSTEM. HE SAID HE DIDN'T THINK SO. HE SAID THAT MARIJUANA WAS HIS "DRUG OF CHOICE." I CHARGED HAYS WITH POSSESSION OF DRUG PARAPHERNALIA. WE THEN TRANSPORTED HAYS TO THE L.E.B.

HAYS WAS BOOKED INTO THE BONNEVILLE COUNTY JAIL FOR THE WARRANT AND

Rights (if applicable) read by:

P#

Supervisor P# Reporting Officer(s) P# Assnt. Rep. Off. Signature
Assigned to: P# Assnt. AVERY, STEPHEN P084 PATROL
ALGATE, MICHAEL P002 PATROL
Date/Time Reproduced Div/Clk To Whom

Charged as Arr. Refer to Social Agency Prior Record Action suspended. Refer other Law Enf.
Denies Admits Charge changed to APEP notified



Idaho Falls Police Department
Arre Report

Report Date: 11-30-94

Report #Id - 9431981.A84

AR# 27325
DE# 9431981
IN# 9431981

Continued...

POSSESSION OF DRUG PARAPHERNALIA. THE ZIG-ZAG PAPERS WERE PLACED INTO EVIDENCE.

7th JUDICIAL DISTRICT, STATE OF IDAHO
COUNTY OF BONNEVILLE
MISDEMEANOR MINUTE ENTRY/LOG/ORDER/JUDGMENT

7TH JUDICIAL DISTRICT COURT
BONNEVILLE COUNTY, IDAHO

'94 DEC 20 P4:20

STATE v. Jordan Hays CASE NO: CR-94-3475
DOB DL/SSN 12
ADDRESS: Douglas Idaho Falls, ID 83401 PHONE 522 9155
TAPE No. CRC 2481 BEGIN AT Date 11/30/94 Time 1:00 Judge Cook
☐ Interpreter

DEFENDANT having been charged with the following:

COUNT 1 25186I Possession of Paraphernalia AMENDED Dismissed
COUNT 2 Possession of Controlled Substances AMENDED Guilty
COUNT 3 Illegal Consumption AMENDED Guilty
COUNT 4 Carrying Concealed Weapon AMENDED Dismissed
Warrant - pre-trial services

☒ DEFENDANT appeared ☐ Requested continuance ☐ Failed to Appear ☐ Bench Warrant/Bond Forfeiture Ordered
☒ Advised of Rights & penalties per ICR 5, 11; IMCR 5.6 ☒ Advised of All Charges
☐ Waived Reading Complaint ☐ Read by Court
☐ Represented by Counsel Yamvale Harte ☒ Requested P.D. ☒ Granted ☐ Denied
☒ NOT GUILTY PLEA ENTERED ☐ Advised of Bond \$ 2,000.00 ☐ Ordered Released O.R.
☒ PTC/TRIAL NOTICE Personally Served on Defendant ☐ Remanded to Custody of Sheriff END TAPE

JUDGE Linda J. Cook Clerk NP Date 11-30-94

BEGIN TAPE CRC 2508 233

☒ DEFENDANT understands charge(s), results of guilty plea; plea is voluntary and enters:
☐ WAIVED RIGHT TO: ☐ Counsel ☐ Reading Complaint ☐ Jury Trial
☒ GUILTY Plea CRC II + III ☐ Confront accuser ☐ Against self-incrimination ☐ All Defenses

☒ JUDGMENT/CONVICTION ENTERED ☐ DISMISSED

☐ WITHHELD JUDGMENT Granted/Conditions

☒ ORDERED: DEFENDANT'S DRIVING PRIVILEGES SUSPENDED 30.5 days CONSECUTIVE reinstatement after 6 months if no further violations
Reinstatement of driving privileges must be accomplished before you can drive. Commencing
Apply to: Driver's Services P.O. Box 7129, Boise, ID 83707-1129 ☐ Personally served on Defendant, Order of Suspension

☐ ORDERED: DEFENDANT APPEAR FOR SENTENCING ON Time
at Law Enforcement Building, 605 N Capital Avenue, Idaho Falls, Idaho.

☐ ORDERED: PSI/ALCOHOL EVALUATION Defendant shall contact an APPROVED DUI Evaluator at 2048 E 17th St, Idaho Falls, (Tel. 528-4220) within 48 hours.

☒ ORDERED: DEFENDANT PAY TO THE CLERK:

COUNT 1 Fine \$ 300. + Costs \$51.50 or ☐ \$66.50 (Count 1 Only) COUNT 3 Fine \$ + Costs \$51.50
COUNT 2 Fine \$ 1000. + Costs \$51.50 COUNT 4 Fine \$ + Costs \$51.50
☐ Restitution \$ ☒ Reimbursement for P.D. \$ 30. Other + \$2 each Installment

☒ ORDERED: DEFENDANT BE INCARCERATED:

Count 1 Jail 30 days Suspended days DOC 30 days SERVE days
Count 2 Jail days Suspended days DOC days SERVE days
Count 3 Jail days Suspended days DOC days SERVE days
Count 4 Jail days Suspended days DOC days SERVE days
☐ Minus Credit for days served TOTAL TO SERVE days

☐ Consecutive ☐ Concurrent REPORT
☐ Work Release ☐ House Arrest ☐ Paid by Defendant ☐ Community Service

☐ ORDERED: DEFENDANT BE RELEASED ☐ Jail served ☐ Other

☒ PROBATION ORDERED 12 months informal above Jail Suspended CONDITIONED ON:
No further violations of alcohol or drug, 1st 1/2 yr, Ashton Memorial did
report monthly to Court, close.

DEFENDANT: Jordan Hays DATE 12/20/94 CLERK END TAPE
JUDGE Deanne R. Cook DATE 12/20/94 JUDGE NO: 331



Idaho Falls Police Department
Arr Report

Report Date: 10-18-94

Report #Id : 9428412.A02

27325
P9428412
IN# 9428412

94-3475

Offenses

Paraphernalia
Marijuana
Concealed weapon while under influence
Illegal Consumption

Arrestee: HAYS, JORDAN CHRISTOPHER
AKA:
Age: 18 DOB: ADULT
Race: W Eth. N Hair: BRO Ht: 505
Sex: M Eyes: BRO Wt: 135

Occ. on: TUE, 10-18-94 at 03:00
or Btwn: , at

HP#
SS#
DL#

2

WP#
Hold for:
Booked: BONNEVILLE CO JAIL

If Juvenile: _____

Par. Notified:
Detained? Y
Adult at interview:
Detention appr. by:
Prints? Y Photos? Y

Birthplace: IDAHO FALLS ID
Residence Addr: DOUGLAS
Residence City: IDAHO FALLS ID 83401
Occupation/Grade: NONE
Employer/School:

Loc. of Arrest: 1260 W BROADWAY
Loc. of Crime: BDWY BY CEDRICS

ARRESTED
Date: 10-18-94
Time: 03:00

BOOKED
Date: 10-18-94
Time: 05:50

Means: UNDER-THE-INFLUENCE, N
Motive: ALCOHOL RELATED, DRUG

ng Characteristics:

Distinguishi

Clothing Worn:
Driving (direction):
Driving (at or between):
Connecting Reports, People etc.: 9428412.A76
Emergency Contact and Phone No.:
Case Clearance/Disposition: 2 Arrest

ADDITIONAL PEOPLE INVOLVED

CODES: S=Suspect, V=Victim, W=Witness, C=Complainant, F=Father, M=Mother

A2	Name: LAYTON, SHANNON P Addr: PO BOX 5/STATE HWY 20 CSZ: RUSHVILLE NE 69360 AKA:	DOB: Sex: F Race: W HP: Testify:	Age: 19 Eth. N WP:
A3	Name: GARRETT, KAYLANI Addr: 3RD CSZ: IDAHO FALLS ID 83401 AKA:	DOB: Sex: F Race: B HP: Testify:	Age: 16 Eth. N WP:

The Details are as follows:

I ASSISTED OFFICER SPENCE ON A TRAFFIC STOP. THERE WERE 3 OCCUPANTS OF THE VEHICLE, ONE MALE AND TWO FEMALES. OFFICER SPENCE HAD RECIEVED A CONSENT TO SEARCH THE VEHICLE, SO HE HAD ALL 3 OCCUPANTS EXIT THE VEHICLE AND STAND NEXT TO MY CAR.

HAYS SAID THAT HE HAD BEEN DRINKING BEER EARLIER IN THE NIGHT. I INFORMED HIM THAT HE WAS NOT OLD ENOUGH TO DRINK BEER. BOTH GIRLS SAID THEY HAD NOT BEEN DRINKING. DURING A BREAK FROM THE SEARCH OF THE CAR, OFFICER SPENCE ASKED IF I WOULD GIVE HAYS A GAZE NYSTAGMUS TEST. HE WAS CONCERNED THAT PERHAPS HAYS HAD BEEN IN POSSESSION OF CONCEALED WEAPONS WHILE UNDER THE INFLUENCE.

I GAVE THE GAZE NYSTAGMUS TEST TO HAYS. I SCORED 4 POINTS. I ALSO GOT AN INDICATION, FROM VERTICAL NYSTAGMUS AND PUPIL REBOUND, OF POSSIBLE DRUG USE. I ASKED HAYS IF HE WAS ON MEDICATION. HE SAID HE HAD TAKEN SOME PROZAC ABOUT 4 DAYS AGO. I ASKED HAYS IF HE HAD BEEN SMOKING MARIJUANA. HE

Rights (if applicable) read by:

P#

Supervisor	P#	Reporting Officer(s)	P#	Assmt.	Rep. Off. Signature
		SPENCE, RICK ALGATE, MICHAEL		P076 PATROL P002 PATROL	
Assigned to: P# Assmt.		Date/Time Reproduced		Div/Cik	To Whom

Charged as Arr. _____ Refer to Social Agency _____ Prior Record _____ Action suspended. _____ Refer other Law Enf.
Denies _____ Admits _____ Charge changed to _____ AP&P notified _____

Idaho Falls Police Department
Arr Report

Report Date: 10-18-94

Report #Id : 9428412.A02

27325
P9428412
IN# 9428412

Continued...

SAID YES. HE SAID HE HAD SMOKED SOME A COUPLE OF DAYS AGO. I ASKED HIM IF HE HAD POSSIBLY SMOKED SOME MORE RECENTLY THAN THAT. HE SAID HE HAD SMOKED SOME MARIJUANA ON MONDAY AFTERNOON. HE SAID HE DIDN'T HAVE ANY MARIJUANA ON HIM OR IN THE CAR.

I LOOKED IN THE ASHTRAY OF THE CAR. I FOUND SEVERAL STEMS FROM A MARIJUANA PLANT. I SHOWED THEM TO HAYS. HE ADMITTED THAT THEY WERE HIS. HE SAID THAT WAS THE ONLY MARIJUANA IN THE CAR. HAYS THEN WENT TO THE BACK OF THE CAR AND SHOWED US A MARIJUANA PIPE MADE OUT OF A SINK FAUCET. OFFICER SPENCE ARRESTED HAYS.

I GAVE THE GAZE NYSTAGMUS TEST TO GARRETT AND LAYTON. LAYTON SAID THAT SHE HAD SMOKED MARIJUANA AS RECENTLY AS 1900 OR 2000HRS. I ASKED LAYTON IF I COULD LOOK IN HER PURSE. SHE ASKED WHY. I TOLD HER THAT SINCE SHE HAD BEEN IN THE CAR AND HAD ADMITTED TO RECENTLY SMOKING MARIJUANA, I WANTED TO LOOK IN HER PURSE TO MAKE SURE NO DRUGS WERE HIDDEN IN IT. SHE HANDED ME THE PURSE. I FOUND AN EMPTY PLASTIC BAGGY THAT HAD PREVIOUSLY CONTAINED MARIJUANA AND I ALSO FOUND A SMALL COPPER MARIJUANA PIPE. LAYTON SAID SHE HAD SMOKED THE REST OF THE MARIJUANA BY HERSELF EARLIER. SHE ADMITTED THE PIPE WAS HERS AND SHE HAD SMOKED THE MARIJUANA FROM THAT PIPE. LAYTON WAS ARRESTED FOR THE DRUG PARAPHERNALIA.

GARRETT SAID SHE HAD SMOKED MARIJUANA A COUPLE OF DAYS AGO, BUT SHE HAD BEEN DRIVING THE CAR BECAUSE SHE HAD NOT BEEN SMOKING TODAY AND THE OTHER TWO WERE VERY HIGH. GARRETT WAS ARRESTED FOR A CURFEW VIOLATION.

I WAITED FOR THE WRECKER AND TURNED HAYS' CAR OVER TO H AND H TOWING. I THEN TRANSPORTED GARRETT AND LAYTON TO THE LEB. LAYTON WAS BOOKED INTO THE BONN CO JAIL. GARRETT WAS PHOTOGRAPHED AND FINGERPRINTED AND WAS RELEASED TO HER MOTHER.



Idaho Falls Police Department
Arr Report

Report Date: 10-18-94

Report #Id : 9428412.A76

I 27325
C P9428412
IN# 9428412

Offenses

Paraphernalia
Marijuana
Concealed weapon while under influence
Illegal Consumption

Arrestee: HAYS, JORDAN CHRISTOPHER
AKA:
Age: 18 DOB: -- -- ADULT
Race: W Eth. N Hair: BRO Ht: 505
Sex: M Eyes: BRO Wt: 135

Occ. on: TUE, 10-18-94 at 03:00
or Btwn: , at

HP#
SS#
DL#

WP#
Hold for:
Booked: BONNEVILLE CO JAIL

If Juvenile: _____

Par. Notified:
Detained? Y
Adult at interview:
Detention appr. by:
Prints? Y Photos? Y

Birthplace: TUAHO FALLS ID
Residence Addr: DOUGLAS
Residence City: IDAHO FALLS ID 83401
Occupation/Grade: NONE
Employer/School:

Loc. of Arrest: 1260 W BROADWAY
Loc. of Crime: BOWY BY CEDRICS
Means: UNDER-THE-INFLUENCE, N
Motive: ALCOHOL RELATED, DRUG

ARRESTED
Date: 10-18-94
Time: 03:00
BOOKED
Date: 10-18-94
Time: 05:50

ng Characteristics:

Clothing Worn:
Driving (direction):
Driving (at or between):
Connecting Reports, People etc.:
Emergency Contact and Phone No.:
Case Clearance/Disposition: 2 Arrest

Distinguishi

ADDITIONAL PEOPLE INVOLVED

CODES: S=Suspect, V=Victim, W=Witness, C=Complainant, F=Father, M=Mother

A2 Name: LAYTON, SHANNON P DOB: Age: 19
Addr: PO BOX ;/STATE HWY 20 Sex: F Race: W Eth. N
CSZ: RUSHVILLE NE 69360 HP: WP:
AKA: Testify:

A3 Name: GARRETT, KAYLANI DOB: Age: 16
Addr: , 3RD Sex: F Race: B Eth. N
CSZ: IDAHO FALLS ID 83401 HP: WP:
AKA: Testify:

M3 Name: GARRETT, MARIANNE DOB: Age: 39
Addr: , 3RD ST Sex: F Race: W Eth. N
CSZ: IDAHO FALLS ID. 83401 HP: WP:
AKA: Testify:

PROPERTY DETAIL

Owner	Quan	Stat.	Article	Manufacturer	Model	Color/Desc	Serial#	IBR Value
A2	1	6	MISC.			(1) MARIJUANA PIPE W/		77 .00
A1	1	6	MISC.			(2) MARIJUANA PIPE BOW		77 .00
A1	1	E	MISC.			(1) 14" KNIFE BLADE		77 .00
A1	1	6	MISC.			(1) PAIR SMALL SCISSOR		77 .00
A1	1	6	MISC.			(3) MARIJUANA STEMS		77 .00
A1	1	K	FIREARM	COLT	AR-15	COLT AR-15 W/MAGAZINE	NH037827	13 1500.00
A1	1	K	FIREARM	REMINGTON	700	REMINGTON 700 RIFLE	C6262760	13 500.00
A1	1	K	AUTOMOBIL	CHEV	SPRINT	GRY 85 CHEV SPRINT	J61NR00HSK717241	03 750.00
A1	1	I	MISC.			VEHICLE IMPOUND REPORT		77 .00
A1	1	K	MISC.			(2) .270 ROUNDS		77 .00

Total Stolen Property Value: .00

Rights (if applicable) read by:

P#

Supervisor P# Reporting Officer(s) P# Assmt. Rep. Off. Signature

Assigned to: P# Assmt. SPENCE, RICK Date/Time Reproduced P076 PATROL Div/Clk To Whom

Charged as Arr. Refer to Social Agency Prior Record Action suspended. Refer other Law Enf.
Denies Admits Charge changed to APEP notified



Idaho Falls Police Department
Arr Report

Report Date: 10-18-94

Report #Id : 9428412.A76 IN# 9428412

27325
P9428412
9428412

Continued...

The Details are as follows:

ON 10-18-94 AT 0245 HRS I STOPPED A VEHICLE (8B 81631) FOR DRIVING WITH NO HEADLIGHTS.

I CONTACTED THE DRIVER, 16 Y/O KAYLANI GARRETT, WHO SAID SHE HAD FORGOT TO TURN ON THE HEAD LIGHTS. SHE SAID THE VEHICLE BELONGED TO THE REAR SEAT PASSENGER, LATER IDENTIFIED AS 18 Y/O JORDAN HAYS, AND SHE WAS DRIVING HIM HOME. I ALSO IDENTIFIED THE FRONT SEAT PASSENGER AS 19 Y/O SHANNON LAYTON.

I NOTICED SEVERAL EMPTY BEER CANS IN A PLASTIC BAG UNDER THE FEET OF HAYS. I ASKED HIM IF HE HAD BEEN DRINKING THE BEER AND HE SAID YES. I SAW A REMINGTON 700 RIFLE LAYING IN THE HATCHBACK AREA OF THE VEHICLE, DIRECTLY BEHIND HAYS. I ASKED HIM IF HE HAD ANYMORE WEAPONS IN THE VEHICLE AND HE SAID, "YEA, WELL NO...I GUESS SO." I ASKED HIM IF HE DID OWN THE VEHICLE AND HE SAID YES. I ASKED HIM IF I COULD SEARCH THE VEHICLE FOR ANY WEAPONS, DRUGS OR OTHER CONTRABAND AND HE SAID YES.

THE OCCUPANTS WERE ASKED TO EXIT THE VEHICLE AND THEY WERE PAT SEARCHED FOR WEAPONS. I THEN STARTED A SEARCH OF THE VEHICLE WHILE OFFICERS ALGATE AND JOHNSON STAYED WITH THE OCCUPANTS.

I FOUND A METAL MARIJUANA PIPE BONG UNDER THE DRIVERS SEAT THAT CONTAINED MARIJUANA RESIDUE. I FOUND A SMALL PAIR OF SCISSORS IN THE GLOVE COMPARTMENT THAT WERE BURNED AND HAD A MARIJUANA RESIDUE ON THEM. I FOUND A 14" KNIFE BLADE CONCEALED UNDER SOME CLOTHING IN THE REAR HATCHBACK AREA OF THE VEHICLE. THE KNIFE WAS FOUND DIRECTLY BEHIND THE REAR SEAT WHERE HAYS WAS SITTING AND IT WAS EASILY ACCESSIBLE TO HAYS.

OFFICER ALGATE BEGAN SEARCHING THE VEHICLE AND LOCATED (3) MARIJUANA STEMS IN THE ASHTRAY. WE ASKED HAYS IF HE HAD ANYMORE DRUGS IN THE VEHICLE AND HE SAID HE DID NOT. HE DID SAID HE HAD ANOTHER MARIJUANA PIPE AND TOLD US HE WOULD GET IT. HAYS WENT TO THE VEHICLE AND REMOVED A MARIJUANA PIPE BONG MADE FROM A FAUCET THAT HAD MARIJUANA RESIDUE IN IT. HAYS SAID WE HAD FOUND ALL OF THE DRUGS AND PARAPHERNALIA THAT HE HAD IN THE VEHICLE. WE CONTINUED THE SEARCH BUT FOUND NO MORE DRUGS.

IN THE REAR HATCHBACK AREA OF THE VEHICLE I FOUND A COLT AR-15 RIFLE #MH037827, WHICH WAS NOT LOADED. THE REMINGTON 700 #C6262760 HAD (2) ROUNDS IN THE WEAPON, HOWEVER, NEITHER WERE IN THE CHAMBER.

OFFICER ALGATE CONDUCTED A GAZE AND NYSTAGMUS TEST ON HAYS, LAYTON AND GARRETT (REFER TO HIS SUPPLEMENTAL REPORT). OFFICER ALGATE SEARCHED LAYTON'S PURSE FOR DRUGS BECAUSE SHE SAID SHE HAD SMOKED MARIJUANA EARLIER IN THE EVENING. IN HER PURSE HE FOUND A SMALL COPPER MARIJUANA PIPE WITH MARIJUANA RESIDUE IN IT. LAYTON ADMITTED THAT THE PIPE DID BELONG TO HER.

HAYS, LAYTON AND GARRETT WERE ARRESTED AND TRANSPORTED TO THE LEB. AT THE LEB, I ADVISED HAYS OF HIS MIRANDA RIGHTS AND HE AGREED TO SPEAK WITH ME. HAYS SAID HE AND A FRIEND HAD BEEN DRINKING BEER TONIGHT. HE SAID HE HAD AT LEAST (4) BEERS BUT PROBABLY MORE. HAYS ALSO ADMITTED TO SMOKING MARIJUANA, HOWEVER, HE SAID HE DID THAT AT AROUND 1100 HRS. HE SAID LAYTON AND SOME OTHER FRIENDS WERE SMOKING MARIJUANA TONIGHT AT AROUND 2000 HRS BUT HE DID NOT HAVE ANY. HAYS ALSO SAID THAT THE METAL MARIJUANA PIPE BONG FOUND UNDER THE DRIVERS SEAT WAS HIS. HE SAID THAT THE MARIJUANA PIPE BONG MADE FROM A FAUCET WAS NOT HIS. HAYS SAID IT BELONGED TO A FRIEND BUT HE DID NOT RECALL HIS FRIENDS NAME.

HAYS WAS BOOKED INTO THE BONNEVILLE CO JAIL FOR POSSESSION OF DRUG PARAPHERNALIA (IDAHO CODE 37-2734[C]3), POSSESSION OF A CONTROLLED SUBSTANCE (IDAHO CODE 37-2732[C]3), ILLEGAL USE OF ALCOHOL BY A MINOR (IDAHO CODE 18-1502) AND HAVING A CONCEALED WEAPON WHILE UNDER THE INFLUENCE (IDAHO CODE 18-3302B). HAYS WAS ISSUED CITATION #25187 AND #25186 FOR THE ABOVE VIOLATIONS.

LAYTON WAS BOOKED INTO THE BONNEVILLE CO JAIL FOR POSSESSION OF DRUG PARAPHERNALIA (IDAHO CODE 37-2734[C]3). LAYTON WAS ISSUED CITATION #30075 FOR THE ABOVE VIOLATION.

GARRETT WAS ISSUED CITATION #32109 FOR CURFEW VIOLATION (IDAHO FALLS CITY CODE 5-32-7) AND RELEASED TO HER MOTHER, MARIANNE GARRETT.

A PIECE OF A STEM WAS TESTED WITH A REAGENT TEST FOR MARIJUANA AND THE RESULTS WERE POSITIVE.

THE (2) RIFLES WERE TAKEN FROM THE VEHICLE AND PLACED INTO EVIDENCE FOR SAFE KEEPING. THE (3) MARIJUANA PIPES, THE MARIJUANA STEMS AND THE 14" KNIFE BLADE WERE PLACED INTO EVIDENCE.

HAYS' VEHICLE WAS IMPOUNDED AND TOWED BY H&H TOWING.

PHOTOGRAPHS AND FINGERPRINTS WERE TAKEN OF GARRETT AND SUBMITTED.

NO FURTHER ACTION TAKEN.

IDAHO FALLS POLICE DEPARTMENT
585 N. Capitol
Idaho Falls, Idaho 83402
(208) 529-1200

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

STATE OF IDAHO,)
Plaintiff)
v. JORDAN HAYS) AFFIDAVIT
Defendant(s).) CITE # 25187
CASE # 9428412

STATE OF IDAHO)
County of Bonneville) ss.

R SPENCE, being first duly sworn, deposes
and says:

1. THAT he/she is a Police Officer for the City of Idaho Falls.
2. THAT on the 18TH day of OCT, 19 94, he/she initiated a complaint on a Uniform Citation Form against the above named defendant, for the crime of CARRY CONCEALED WEAPON UNDER THE INFLUENCE thereof attached hereto and incorporated by reference in this Affidavit, sets forth the basis for probable cause for the arrest or bonding of the named defendant.
3. That the following statement is offered as probable cause if no report is attached.

HAYS, WHO WAS UNDER THE INFLUENCE
OF ALCOHOL AND MARIJUANA, WAS SITTING
IN THE BACKSEAT OF HIS 85 CHEV SPRINT.
ON THE OTHER SIDE OF THE SEAT, WITHIN REACH
IN THE HATCHBACK AREA, WAS A 14"
KNIFE BLADE.
Dated this 18TH day of OCT, 19 94.

R Spence
SUBSCRIBED AND SWORN to before me this 18 day of
October, 19 94.
Linda Jernberg

UPON considering the above statement of probable cause, the Court hereby
finds probable cause to exist for the above offense.

Dated this 18 day of Oct., 19 94.
[Signature]
Magistrate

IDAHO FALLS POLICE DEPARTMENT
585 N. Capi
Idaho Falls, Idaho 83402
(208) 529-1200

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

STATE OF IDAHO,)
Plaintiff)
v. JORDAN HAYS) AFFIDAVIT
Defendant(s).) CITE # 25187
CASE # 9428412

STATE OF IDAHO)
County of Bonneville) ss.

R SPENCE

being first duly sworn, deposes and says:

1. THAT he/she is a Police Officer for the City of Idaho Falls.
2. THAT on the 18TH day of OCT, 19 94 he/she initiated a complaint on a Uniform Citation Form against the above named defendant, for the crime of ILLEGAL USE OF ALCOHOL BY MINOR the report thereof attached hereto and incorporated by reference in this Affidavit, sets forth the basis for probable cause for the arrest or bonding of the named defendant.
3. That the following statement is offered as probable cause if no report is attached.

HAYS ADMITTED TO DRINKING 4 OR MORE BEERS TONIGHT. OFFICER ALGATE ADMINISTERED THE HORIZONTAL GAZE AND NYSTAGMUS AND RECEIVED 4 POINTS.

Dated this 18TH day of OCT, 19 94.

R Spence

SUBSCRIBED AND SWORN to before me this 18 day of October, 19 94.

Linda Fernberg

UPON considering the above statement of probable cause, the Court hereby finds probable cause to exist for the above offense.

Dated this 18 day of Oct., 19 94

[Signature]
Magistrate

ID) FALLS POLICE DEPARTMENT:
58 . Capital
Idaho Falls, Idaho 83402
(208) 529-1200

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

STATE OF IDAHO,)
Plaintiff)
v. JORDAN HAYS) AFFIDAVIT
Defendant(s).) CITE # 25186
CASE # 9428412

STATE OF IDAHO)
County of Bonneville) ss.

R SPENCE, being first duly sworn, deposes
and says:

1. THAT he/she is a Police Officer for the City of Idaho Falls.
2. THAT on the 18TH day of OCT, 19 94 he/she initiated a complaint on a Uniform Citation Form against the above named defendant, for the crime of POSSESSION OF DRUG PARAPHERNALIA the report thereof attached hereto and incorporated by reference in this Affidavit, sets forth the basis for probable cause for the arrest or bonding of the named defendant.
3. That the following statement is offered as probable cause if no report is attached.

HAYS HAD 2 MARIJUANA BONGS (PIPES)
IN HIS 85 CHEV SPRINT. HE SAID ONE
WAS HIS AND ONE BELONGED TO A FRIEND.
BOTH HAD A MARIJUANA RESIDUE IN THEM.

Dated this 18TH day of OCT, 19 94.

R Spence
SUBSCRIBED AND SWORN to before me this 18 day of
October, 19 94

Linda Jernberg

UPON considering the above statement of probable cause, the Court hereby
finds probable cause to exist for the above offense.

Dated this _____ day of _____, 19____.

Magistrate

1

ID) FALLS POLICE DEPARTMENT

58 . Capital

Idaho Falls, Idaho 83402

(208) 529-1200

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

STATE OF IDAHO,
Plaintiff

v. JORDAN HAYS

Defendant(s).

)
)
) AFFIDAVIT

) CITE # 25186

) CASE # 9428412
)

STATE OF IDAHO)

County of Bonneville)

) ss.
)

R SPENCE

and says:

1. THAT he/she is a Police Officer for the City of Idaho Falls.
2. THAT on the 18TH day of OCT, 19 94 he/she initiated a complaint on a Uniform Citation Form against the above named defendant, for the crime of POSSESSION OF CONTROLLED SUBSTANCE the report thereof attached hereto and incorporated by reference in this Affidavit, sets forth the basis for probable cause for the arrest or bonding of the named defendant.
3. That the following statement is offered as probable cause if no report is attached.

HAYS HAD 3 MARIJUANA STEMS IN
THE ASH TRAY OF HIS 85 CHEV SPRINT.
THE MARIJUANA WAS TESTED AND THE
RESULTS WERE POSITIVE.

Dated this 18TH day of OCT, 19 94.

R Spence

SUBSCRIBED AND SWORN to before me this 18 day of
October, 19 94.

Linda Feenberg

UPON considering the above statement of probable cause, the Court hereby finds probable cause to exist for the above offense.

Dated this 18 day of Oct, 19 94.

[Signature]
Magistrate

25187

25187

IDAHO UNIFORM CITATION
IN THE DISTRICT COURT OF THE 7TH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE
STATE OF IDAHO

vs.

COMPLAINT AND SUMMONS

- ☐ Infraction Citation,
OR
☒ Misdemeanor Citation
☐ Accident Involved

HAYS
LAST NAME
JORDAN C
FIRST NAME MIDDLE INITIAL

CASE # 9422412

IPUC # _____ USDOT TK Census # _____
☐ Operator ☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Other _____
☐ GVWR 26001+ ☐ 16+ Persons ☐ Placard Hazardous Materials DR # _____
Home Address 614 DOUGLAS IDAHO FALLS ID 83401
Business Address _____ Ph # 522-9155

THE UNDERSIGNED OFFICER (PARTY) HEREBY CERTIFIES AND SAYS:
I certify that I have reasonable grounds, and believe the above-named Defendant,

☒ QL or ☒ SS # _____ State ID Sex: ☒ M ☐ F
Height 5'5" Wt. 135 Hair BRO Eyes BRO DOB. _____
Veh. Lic. # BBB1631 State ID Yr. of vehicle 85 Make CITEV
Model SPRINT Color GREY
Did commit the following act(s) on 10/18/94 at 0300 HRS PM

Vio. #1 ILLEGAL USE OF ALCOHOL 18-1502(a)
BY MINOR Code Section

Vio. #2 CARRYING CONCEALED WEAPON UNDER THE INFLUENCE 18-3302 B
Code Section

Location 1260 W BROADWAY
Hwy. _____ Mp. _____ BONNEVILLE County, Idaho
Date 10/18/94 R Spenn 8884 1FPD
Officer / Party Serial / Address Dept.
Date 10/18/94 M ALGATE 8880 1FPD
Witnessing Officer Serial / Address Dept.

THE STATE OF IDAHO TO THE ABOVE NAMED DEFENDANT:

You are hereby summoned to appear before the Clerk of the Magistrate's Court of the
District Court of BONNEVILLE County, IDAHO FALLS, Idaho,
located at 605 N. CAPITAL on the 18TH day of
OCT, 19 94, at 1500 HRS PM.

I acknowledge receipt of this summons and I promise to appear at the time indicated.

BOOKED BONNEVILLE CO JAIL
Defendant's Signature

I hereby certify service upon the defendant personally on _____, 19_____
Officer

NOTICE: See reverse side of your copy for PENALTY and COMPLIANCE Instructions.
COURT COPY VIOLATION #1

Defendants: Name FIRST LAST

25186

IDAHO UNIFORM CITATION
IN THE DISTRICT COURT OF THE 7TH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE
STATE OF IDAHO

COMPLAINT AND SUMMONS

- ☐ Infraction Citation
OR
☒ Misdemeanor Citation
☐ Accident Involved

25186

vs.

HAYS
LAST NAME
JORDAN C
FIRST NAME MIDDLE INITIAL

CASE # 9428412

IPUC # _____ USDOT TK Census # _____
☐ Operator ☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Other _____
☐ GVWR 26001+ ☐ 16+ Persons ☐ Placard Hazardous Materials ☐ DR # _____
Home Address DOUGLAS PARKWAY 10 83401
Business Address _____ Ph # _____

THE UNDERSIGNED OFFICER (PARTY) HEREBY CERTIFIES AND SAYS:

I certify I have reasonable grounds, and believe the above-named Defendant,

☒ DL or ☒ SS # _____ State LO Sex: ☒ M ☐ F
Height 5'5" Wt. 135 Hair BRO Eyes BRO DOB 10/18/94
Veh. Lic. # 8581631 State LO Yr. of vehicle 85 Make CHEV
Model SPRINT Color GREY

Did commit the following act(s) on 10/18/94 at 0300 PM

Vio. #1 POSSESSION OF DRUG 37-2734(A)
PARAPHERNALIA Code Section

Vio. #2 POSSESSION OF CONTROLLED 37-2732(C)3
SUBSTANCE (MARIJUANA) Code Section

Location 1260 W BROADWAY
Hwy. _____ Mp. _____ BONNEVILLE County, Idaho

10/18/94 R Spence 8684 HPD
Date Officer / Party Serial # / Address Dept.

10/18/94 M ALGATE 8680 HPD
Date Witnessing Officer Serial # / Address Dept.

THE STATE OF IDAHO TO THE ABOVE NAMED DEFENDANT:

You are hereby summoned to appear before the Clerk of the Magistrate's Court of the
District Court of BONNEVILLE County, IDAHO FALLS, Idaho,
located at 605 N. CAPITAL on the 18TH day of
OCT, 19 94, at 1300 PM.

I acknowledge receipt of this summons and I promise to appear at the time indicated.

BOOKED BONNEVILLE CO JAIL
Defendant's Signature

I hereby certify service upon the defendant personally on _____, 19 _____

Officer

NOTICE: See reverse side of your copy for PENALTY and COMPLIANCE instructions.

COURT COPY VIOLATION #1

94-3475

1

BONNEVILLE COUNTY SHERIFF'S OFFICE
585 N. Capital
Idaho Falls, Idaho 83402
(208) 529-1200

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

STATE OF IDAHO,)
Plaintiff,)
v.) AFFIDAVIT
Defendant(s).)
JORDAN C. HAYES)

STATE OF IDAHO)
County of Bonneville) ss.

Todd A. Raymond, being first duly
sworn, deposes and says:

1. THAT he/she is a Sheriff's Deputy for the
Bonneville County.

2. THAT on the 27 day of APRIL, 1995
he/she initiated a complaint on an Uniform Citation Form
against the above named defendant, for the crime
of 18-2407(2)

the report thereof attached hereto and incorporated by
reference in this affidavit, sets forth the basis for probable
cause for the arrest or bonding of the named defendant.

3. That the following statement is offered as
probable cause if no report is attached.

ON THE ABOVE DATE AT APPROX. 4:53 PM, A TEAL GREEN RAVINIA
WAS INVOLVED IN A GAS SKIP FROM AMMAN SPEED MART.
ON 4-28-95 AT APPROX 3:00 AM, OFFICER R. SPENCE FROM
IEA FOUND THE CAR PARKED AT FREEMAN PARK.

Dated this 28 day of APRIL, 1995. OVER →

Todd Raymond
of April, 1995, SUBSCRIBED AND SWORN to before me this 28 day

Linda Jernberg
UPON considering the above statement of probable
cause, the Court hereby finds probable cause to exist for the
above offense.

Dated this 28 day of April, 1995

MR
Magistrate

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR BONNEVILLE COUNTY

7TH JUDICIAL DISTRICT COURT
BONNEVILLE COUNTY, IDAHO

JAN 11 P3:13

MAGISTRATE DIVISION

STATE OF IDAHO)
)
Plaintiff,)
)
-vs-)
)
JORDAN C HAYS)
)
Defendant.)
-----)

ORDER OF RELEASE

Case No. CR 95-1867

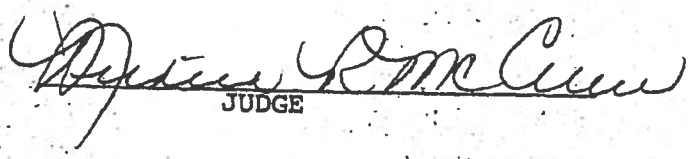
TO: THE SHERIFF OF BONNEVILLE COUNTY:

YOU ARE HEREBY ORDERED, to release the above-named defendant
from your custody, for the reason:

- ___ Bond posted
- ___ Released on Own Recognizance
- ___ Fine and Costs paid
- ___ Jail sentence served
- ___ Complied with the Order of the Court
- ___ Case dismissed

XX Other FROM WORK DETAIL -CONTINGENT ON APPROVED FINE AGREEMENT

DATED: This 11 day of JANUARY, 19 96.


JUDGE

CIS
PC
40

DEC 18 1995

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR BONNEVILLE COUNTY
MAGISTRATE DIVISION

STATE OF IDAHO)
)
Plaintiff,)
)
-vs-)
)
Jordan C. Hays)
Defendant.)
-----)

ORDER OF RELEASE

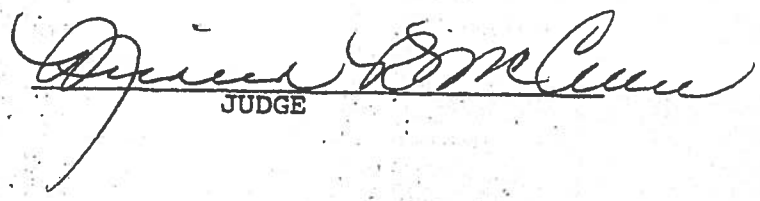
Case No. CR 94-3475
~~CR 94-4878~~
CR 95-1867

TO: THE SHERIFF OF BONNEVILLE COUNTY:

YOU ARE HEREBY ORDERED, to release the above-named defendant
from your custody, for the reason:

- ☐ Bond posted
- ☐ Released on Own Recognizance
- ☐ Fine and Costs paid
- ☐ Jail sentence served
- ☐ Complied with the Order of the Court
- ☐ Case dismissed
- ☒ Other County Work Detail @ \$35/day

DATED: This 18 day of December, 19 95.


JUDGE

7th JUDICIAL DISTRICT, STATE OF IDAHO
COUNTY OF BONNEVILLE

STATE vs.

Jordan C. Hays

SUPPLEMENTAL JUDGMENT AND ORDER
CRIMINAL CASE NO. CR-94-3475

DOB

1/1/18

DL/SSN.

1-11-18

PHONE

95-1867

ADDRESS

STATE

TO QUALIFY FOR JAIL ALTERNATIVES, DEFENDANT MUST PAY IN ADVANCE ALL COURT COSTS AND 60 CENTS PER HOUR (\$4.80 PER DAY) FOR WORKER'S COMPENSATION AND \$15 PER DAY IF ON ELECTRONIC ANKLE BRACELET.

DEFENDANT'S REQUEST AND WAIVER OF OBJECTION AND HEARING:

I hereby voluntarily request this Court for permission and agree to work on the [] County Work Detail [] To serve jail on House Arrest with or without electronic ankle bracelet [] ARA Diversion. I AGREE to pay IN ADVANCE all court costs due and 60 cents per hour (\$4.80 per day) for worker's compensation and \$15 per day if on electronic ankle bracelet. I FURTHER AGREE to obey all orders, rules and laws, and upon any violation thereof, or my failure to appear, my bad attitude or my not working I will be returned immediately to jail to serve the remainder of my service. I WAIVE any objection and hearing on any administrative or Court Order for me to return to and serve my sentence in the County jail or in the jail where I am placed. I expressly and voluntarily release Bonneville County and the City of Idaho Falls and any other public or private entity for which I am working or serving from any liability which may arise from my negligence and/or violation of law, rule or Court Order.

DEFENDANT

DATE

ORDER FOR INCARCERATION: You are hereby ORDERED to serve 23 days in the Bonneville County Jail; provided that upon signing the REQUEST and WAIVER above and as long as you continually qualify according to Court and Jail standards and rules, you can serve 23 days jail time on: (Call 529-1186)

☒ 23 days on County Work Detail subject to continuous supervision and work and after work
[] House arrest* with Electronic ankle bracelet or
[] House arrest* without Electronic ankle bracelet or [] Be returned to the jail
(You will receive twenty-four (24) hour's jail credit for each eight (8) hours of satisfactory work.)

[] _____ days House arrest* with Electronic ankle bracelet. You must pay \$15 per day for ankle bracelet and *On house arrest, you will be continually monitored against any use of alcohol, illegal drugs, violating any laws or specific requirements imposed by the Court or receiving visitor(s) other than immediate family. Any violation thereof or any other rule or law shall result in your immediate return to jail, without hearing, to serve the remainder of your sentence.

☒ Receive \$35 per day credit toward fines upon proof of indigency, effort to work and pay fines.

[] ARA Diversion Program [] Other _____

IT IS SO ORDERED. JUDGE

Doreen L. McCune

DATE

Service of this Supplemental Judgment and Order upon this Defendant is hereby certified

this _____ day of _____, 199____, by Officer _____

7th JUDICIAL DISTRICT, STATE OF IDAHO
BONNEVILLE COUNTY
ORDER

DEFENDANT/RESPONDENT Jordan Idaho CR 9 -
DOB 1-1-88 D.L./SNN - TEL: -
ADDRESS Douglas

THE COURT HEREBY ORDERS DEFENDANT/RESPONDENT TO ATTEND, PAY ALL COSTS IN ADVANCE, OBTAIN AN ASSESSMENT AND COMPLETE:

[X] ARA. CALL 522-6012, 163 East Elva, Idaho Falls WITHIN 3 DAYS FOR ALCOHOL/DRUG ASSESSMENT AND TO ENROLL.

- [] ADULT DUI EDUCATION CLASS: One Saturday, 6 hours, 9:00 A.M. to 4:00 P.M. \$60 cost. *or treatment*
[] ADULT GROUP ONE: Two Saturdays, 4 hours each, 9:00 A.M. to 1:00 P.M. \$80 (\$40 per session). *as needed*
[] RECOVERY ASSESSMENT: 4th Saturday, 6 hours, 9:00 A.M. to 4:00 P.M. \$60 cost.
[] ADULT INPATIENT TREATMENT: 28 days residential treatment and pay ARA costs; includes AFTERCARE of 5 sessions one each week for five weeks at no extra cost. [] HISPANIC
[] RECOVERY TRAINING & SELF HELP GROUP: 6 months following 5 weeks of aftercare, one session weekly at \$15 cost per session.
[] DIVERSION PROGRAM if qualifying and pay ARA costs. [] With work release.
[] Reimburse Bonneville County. [] HISPANIC
[] HALFWAY HOUSE if qualifying with work release and pay costs. [] HISPANIC
[] ASHTON MEMORIAL. 275 ASH, Id. Falls or 147 N. 2 E., Rexburg. CALL 525-3333 Id. Falls or 356-4567 Rexburg WITHIN 3 DAYS FOR ALCOHOL/DRUG EVALUATION & TO ENROLL.
[] ADOLESCENT TOBACCO AWARENESS CLASS: One 3 hour class. \$60 cost.
CALL 525-3333 OR 356-4567
[] ADOLESCENT EVALUATION AND ALCOHOL/ DRUG/ TOBACCO EDUCATION CLASS: 6 classes plus individual sessions and treatment as needed after beginning evaluation. Cost \$60 plus sliding scale according to income for any treatment. CALL 525-3333 OR 356-4567.
[] ADOLESCENT ALCOHOL/ DRUG/ TOBACCO TREATMENT: As needed after evaluation.
Sliding scale cost according to income. [] Inpatient Treatment. CALL 525-3333 OR 356-4567.
[] ADULT INTENSIVE DUI GROUP/CLASS: Ten classes of two hours, two classes per week, one each on Monday and Wednesday. \$350 cost.
[] PARENT ALCOHOL/ DRUG/ TOBACCO EDUCATION CLASS: Two classes of two hours each; \$40 cost.
[] ALCOHOL SAFETY CLASS/VICTIM'S PANEL ON 6:00 P.M. to 9:45 P.M., Law Enforcement Building; Emergency Management Classroom (Basement). \$55 cost.
Call 1-800-452-5050 for more information. 3-point reduction from your driving record for completing the class.
[] SEE A LICENSED COUNSELOR FOR: [] ANGER/DOMESTIC VIOLENCE
(Domestic Violence Intervention Center, 529-4352, 1050 Memorial Drive, Idaho Falls)
[] THEFT [] MARITAL [] PARENTING [] OTHER

DEFENDANT MAY ENROLL IN AN EQUIVALENT PROGRAM OF EQUAL OR MORE HOURS & CLASSES OR TREATMENT. NOTIFY THE CRIMINAL CLERK WITHIN 3 DAYS OF THIS ORDER. YOUR PROGRAM COUNSELOR SHALL VERIFY IN WRITING YOUR SATISFACTORY COMPLETION AND PAYMENT. FAILURE TO TIMELY AND FULLY COMPLY WITH THIS ORDER CAN RESULT IN ARREST FOR CONTEMPT OF COURT, REVOCATION OF PROBATION, INVOKING DISCRETIONARY JAIL TIME, AND OTHER SANCTIONS OF JAIL AND/OR FINES.

IT IS SO ORDERED. JUDGE Mr. Paddock 4/28/95 DATE

1
THE OCCUPANTS INSIDE THE VEHICLE WERE POSITIVELY
IDENTIFIED BY THE CLERK AT THE TIME OF THE THEFT.

Todd Raymond

1
BONNEVILLE COUNTY SHERIFF'S OFFICE
585 N. Capital
Idaho Falls, Idaho 83402
(208) 529-1200

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

STATE OF IDAHO,)
Plaintiff,)
v.) A F F I D A V I T
Defendant(s).)
JORDAN C. HAYS)

STATE OF IDAHO)
County of Bonneville) ss.

TODD A. RAYMOND, being first duly
sworn, deposes and says:

1. THAT he/she is a Sheriff's Deputy for the
Bonneville County.

2. THAT on the 28 day of APRIL, 1995
he/she initiated a complaint on an Uniform Citation Form
against the above named defendant, for the crime
of 37-2734(A)

the report thereof attached hereto and incorporated by
reference in this Affidavit, sets forth the basis for probable
cause for the arrest or bonding of the named defendant.

3. That the following statement is offered as
probable cause if no report is attached:

WHILE SEARCHING MR. HAYS' POCKETS INCIDENT
TO ARREST (FOR PETIT THEFT), I FOUND A
PIPE WITH MARIJUANA RESIDUE ON IT, THE PIPE
WAS IN HIS RIGHT FRONT CHANGE POCKET

Dated this 28 day of APRIL, 1995.

Todd Raymond
SUBSCRIBED AND SWORN To before me this ____ day
of _____, 19__.

UPON considering the above statement of probable
cause, the Court hereby finds probable cause to exist for the
above offense.

Dated this ____ day of _____, 19__.

Magistrate

IDAHO FA POLICE DEPARTMENT
605 N. Cal
Idaho Falls, Idaho 83402
(208) 529-1200

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

STATE OF IDAHO,
Plaintiff
v. JORDAN C. HAYS
Defendant(s).

AFFIDAVIT 9431981
CASE #
CITATION #32389

STATE OF IDAHO
County of Bonneville

ss.

STEPHEN AUERY, being first duly sworn, deposes
and says:

1. THAT he/she is a Police Officer for the City of Idaho Falls.
2. THAT on the 30th day of NOVEMBER, 1994 he/she initiated a complaint on a Uniform Citation Form against the above named defendant, for the crime of POSSESSION OF DRUG PARAPHEMIA the report thereof attached hereto and incorporated by reference in this Affidavit, sets forth the basis for probable cause for the arrest or bonding of the named defendant.
3. That the following statement is offered as probable cause if no report is attached.

HAYS WAS ARRESTED FOR A WARRANT. WHEN I SEARCHED
INCIDENT AT ARREST I FOUND TWO ZAG ROLLING
PAPERS. HAYS ADMITTED TO SMOKING MARIJUANA
SEVERAL TIMES IN THE PAST TWO WEEKS.

Dated this 30th day of NOVEMBER, 1994

S. Auery

SUBSCRIBED AND SWORN to before me this 30 day of
November, 1994

Butch Mitchell
10-99

UPON considering the above statement of probable cause, the Court hereby
finds probable cause to exist for the above offense.

Dated this 30 day of Nov, 1994

SCM
Magistrate

32389

IDAHO UNIFORM CITATION
IN THE DISTRICT COURT OF THE 7TH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE
STATE OF IDAHO

32389

vs.

HAYS
LAST NAME
JORDAN C
FIRST NAME MIDDLE INITIAL

- COMPLAINT AND SUMMONS
☐ Infraction Citation
OR
☒ Misdemeanor Citation
☐ Accident Involved

CASE # 9431981

IPUC / _____ USDOT TK Census / _____
☐ Operator ☐ Class A ☐ Class B ☐ Class C ☒ Class D ☐ Other _____
☐ GVWR 26001+ ☐ 16+ Persons ☐ Placard Hazardous Materials DR / _____
Home Address DOUGLAS (IF)
Business Address _____ Ph / _____

THE UNDERSIGNED OFFICER (PARTY) HEREBY CERTIFIES AND SAYS:
I certify I have reasonable grounds, and believe the above-named Defendant;

DL or SS / _____ State IDAHO Sex: ☒ M ☐ F
Height 5'6.5" Wt. 135 Hair BRO Eyes BRO DOB: _____
Veh. Lic. / _____ State _____ Yr. of vehicle _____ Make _____
Model _____ Color _____

Did commit the following act(s) on NOVEMBER 30 1994 at 0857 o'clock A M.

Vio. #1 POSSESSION OF DRUG PARAPHENALIA 37-2734
Code Section 8A(1)

Vio. #2 _____
Code Section _____

Location 128 4#
Hwy _____ Mp. _____ BONNEVILLE County, Idaho
Date 11-30-94 3 Avery 8B29 IFPD
Officer/Party Serial #/Address Dept.
Date 11-30-94 M. [Signature] 8880 IFPD
Witnessing Officer Serial #/Address Dept.

THE STATE OF IDAHO TO THE ABOVE NAMED DEFENDANT:

You are hereby summoned to appear before the Clerk of the Magistrate's Court of the
District Court of BONNEVILLE County, IDAHO FALLS, Idaho,
located at 605 N. CAPITAL on the 15 day of
NOVEMBER, 1994, at 1300 o'clock P M.

I acknowledge receipt of this summons and I promise to appear at the time indicated.

BOOKED

Defendant's Signature

I hereby certify service upon the defendant personally on _____, 19____

Officer

NOTICE: See reverse side of your copy for PENALTY and COMPLIANCE instructions.

COURT COPY VIOLATION #1

Defendants: Name FIRST LAST

STATE OF IDAHO, Plaintiff,

vs.

Jordan Hays

DOB: _____

DEFENDANT.

Nov 29 2 08 PM '94
Case No. CR 94-3475

ORIGINAL

CRIMINAL COMPLAINT

Based on the Affidavit of the Pre-Trial Service Worker, Probable Cause has been established that the above defendant has violated condition(s) of his O.R. Release.

PERSONALLY APPEARED before me this day the undersigned Pretrial Service Director, complains and says that said Defendant, in Idaho Falls, Bonneville County, State of Idaho did commit a Violation of his O.R. Release for Possession of Controlled Substance, Paraphernalia, Alcohol and a Concealed Weapon by failing to maintain contact with Pre-trial, leaving the state of Idaho w/o permission and failure to enter treatment as directed. Said prays that a Warrant be issued for the arrest of said Defendant, and that he be dealt with according to law.

Mark L. Branson
Mark L. Branson, Pretrial Service Worker

SUBSCRIBED AND SWORN to before me this 28 day of Nov. 1984


Magistrate

WARRANT FOR ARREST

THE PEOPLE OF THE STATE OF IDAHO

To any Peace Officer of the State of Idaho:

THE ABOVE COMPLAINT on oath having been this day laid before me charging that the Violation of O.R. Release of Failure to comply with rules agreed upon on Pre-Trial Release, committed within this jurisdiction and accusing the Defendant and there being probable cause to believe said violation committed.

YOU ARE THEREFORE COMMANDED, Forthwith, to arrest at any time of the day and/or night the above named Defendant and bring him before me, or in my absence, before the nearest and most accessible Magistrate in this County.

Date 11/28/96
Day time only _____ Day/Night ☒

\$2,000
Bond \$
Magistrate *Sindag Cox*

I HEREBY CERTIFY, I received the Warrant, and the Warrant was served on Defendant

on 11-30, 1994. By S Avery 8829 Deputy Sheriff/Officer

1

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE

STATE OF IDAHO,

Plaintiff,

vs.

Jordan Hays

Defendant.

STATE OF IDAHO

County of Bonneville

7TH JUDICIAL DISTRICT
BONNEVILLE

Nov 29 1 53 PM '94
Case No. 94-3475

AFFIDAVIT

ss.

Comes now, Mark L. Branson, having first duly sworn, deposes and says:

1. That I am a staff member of Bonneville County Pre-trial Services, located in Idaho Falls, Idaho, and have personal knowledge of the following:
2. On the 18th day of October, 1994, the above named defendant was ordered to the supervision program of Pre-trial Services by the Honorable Mildred McClure.
3. The above named defendant violated the following specific condition(s) of the release agreement:
 - a) Failure to maintain contact as required;
 - b) Leaving the state w/o permission; and
 - c) Failure to enter treatment as directed.

4. The date and manner of the violation(s) is as follows:

Jordan was released from custody under the agreement that he would contact Pre-trial Services by phone, two times per week. During the two week period from November 13, 1994 and November 26, 1994, Jordan has contacted pre-trial once, on November 17, 1994. He should have contacted our office four times during that period. I have attempted to reach Jordan by phone, but have been unable to reach him. I have learned from collateral sources that Jordan was out of the state. According to Ashton Memorial Treatment Center, Jordan has not entered treatment as directed.

Dated this 25th day of November, 1994.


Mark L. Branson
Pre-trial Services

SUBSCRIBED and SWORN to before me this 28 day of November, 1994.


Notary Public for Idaho

Commission Expires 2-11-97

IDAHO UNIFORM CITATION
... COURT DOCKET ...

DATE _____

☐ Fixed fee paid by mail

☒ Defendant appeared - First appearance

☒ Entered plea of admission or guilty

☐ Infraction: Plea of admission

☐ Misdemeanor: I plead guilty to the offense: _____

☐ Paid fixed penalty or fine (Defendant's signature)

☐ Sentenced by Court

☒ Advised of rights, entered plea of denial or not guilty

☐ Trial set for _____ ☐ Jury ☐ Jury Waived ☐ Jury N/A

☐ Bail set in amount \$ _____ (misdemeanor only)

☐ Continued until _____

☐ Warrant Issued - Reason _____

☐ Default - failed to appear on infraction

☐ Other action: _____

IN THE DISTRICT OF THE _____ DISTRICT
OF THE STATE OF IDAHO, COUNTY OF _____

THE STATE OF IDAHO, Plaintiff,)
vs.) JUDGMENT (VIOLATION #1)
) Case No. _____
)
) Defendant.

The defendant having been fully advised of his constitutional and statutory rights, including his right to be represented by counsel, and the defendant having:

☐ Been advised of right to court appointed counsel if indigent

☐ Been represented by counsel _____ (Name) *Larrea White*

☐ Waived counsel

☐ Entered a plea of admission or guilty

☐ Entered a plea of denial or not guilty, and has been

☐ Found to have committed the offense

☐ Found not to have committed the offense.

☐ Failed to appear on an infraction - default entered.

NOW THEREFORE Judgment is hereby entered:

☒ Against the defendant

☐ Defendant's driving privileges are suspended for 365 (days) (months)

☐ For the defendant

☐ Withheld judgment (misdemeanor only)

for the charge of the offense of _____ in violation of section _____ and;

THE DEFENDANT IS HEREBY ORDERED, to pay the following fixed penalty or fine:

Penalty or fine \$ 1200 Costs \$ 515 Jail _____

Suspended _____ Probation period 90 days

Conditions and supplemental orders School -

Dated: 12-20-94 _____
Signature of Judge or Clerk

STATE OF IDAHO
COUNTY OF _____

The undersigned Clerk of the above entitled court hereby certifies that the foregoing is a true and correct copy of the original judgment of the court record on file in this office.

Dated: _____ Clerk or Deputy

UNIFORM CITATION
COURT DOCKET

DATE

- 10-20-94
- ☐ Fixed fee paid by mail
 - ☒ Defendant appeared - First appearance
 - ☒ Entered plea of admission or guilty
 - ☐ Infraction: Plea of admission
 - ☐ Misdemeanor: I plead guilty to the offense:
☐ Paid fixed penalty or fine (Defendant's signature)
☐ Sentenced by Court
 - ☒ Advised of rights, entered plea of denial or not guilty
 - ☐ Trial set for ☐ Jury ☐ Jury Waived ☐ Jury N/A
 - ☐ Bail set in amount \$ (misdemeanor only)
 - ☐ Continued until
 - ☐ Warrant issued - Reason
 - ☐ Default - failed to appear on infraction
 - ☐ Other action:

IN THE DISTRICT OF THE DISTRICT
OF THE STATE OF IDAHO, COUNTY OF

THE STATE OF IDAHO, Plaintiff,

vs.

JUDGMENT (VIOLATION #1)

Case No.

 , Defendant.

The defendant having been fully advised of his constitutional and statutory rights, including his right to be represented by counsel, and the defendant having:

- ☐ Been advised of right to court appointed counsel if indigent
- ☐ Been represented by counsel (Name)
- ☐ Waived counsel

- ☒ Entered a plea of admission or guilty
- ☐ Entered a plea of denial or not guilty, and has been
 - ☐ Found to have committed the offense
 - ☐ Found not to have committed the offense.
- ☐ Failed to appear on an infraction - default entered.

NOW THEREFORE, Judgment is hereby entered:

- ☐ Against the defendant
- ☐ Defendant's driving privileges are suspended for (days) (months)
- ☐ For the defendant
- ☐ Withheld judgment (misdemeanor only)

for the charge of the offense of in violation of section and;

THE DEFENDANT IS HEREBY ORDERED, to pay the following fixed penalty or fine:

Penalty or fine \$ Costs \$ Jail
Suspended Probation period
Conditions and supplemental orders

Dated: 12-20-94

Signature of Judge or Clerk

STATE OF IDAHO
COUNTY OF

The undersigned Clerk of the above entitled court hereby certifies that the foregoing is a true and correct copy of the original judgment of the court record on file in this office.

Dated: Clerk or Deputy

7th JUDICIAL DISTRICT, STATE OF IDAHO
COUNTY OF BONNEVILLE
ORDER TO SHOW CAUSE MINUTE ENTRY/LOG/ORDER/JUDGEMENT

STATE v. Jordan C. HAYS CASE NO. CR-94-3475
DOB _____ D.L./SSN _____
ADDRESS Douglas, Idaho Falls, ID 83402 PHONE _____
TAPE No. CRC 3185 BEGIN AT 10:00 Date 3-5-96 Time 10:00 AM Judge McClure

DEFENDANT having been charged with the following:

COUNT 1 Order to Show Cause for Failure to Pay Fines
COUNT 2 _____

☒ Defendant Appeared _____ Failed to Appear _____ Bench Warrant

☒ ORDERED: DEFENDANT TO PAY THE CLERK
\$ 75.00 by today, 19____

_____ BEGIN MAKING PAYMENTS OF _____ every _____

☒ CONTINUE MAKING PAYMENTS AS PREVIOUSLY ORDERED *change to \$150.00 mth.*

_____ ORDERED: DEFENDANT BE INCARCERATED
_____ \$35 credit towards fine for each day served

_____ ORDERED: DEFENDANT SERVE ON WORK DETAIL PROGRAM
_____ \$35 credit towards fine for each day worked

☒ ORDERED: DEFENDANT APPEAR FOR ORDER TO SHOW CAUSE HEARING ON:
June 11, 1996 Time 10:00

Comments CL - if he's on work detail

DEFENDANT: X Jordan Hays DATE 3-5-96 CLERK PD

JUDGE: Deanne McClure DATE March 5, 1996

DISTRICT
BONNEVILLE

URT
IDAHO

NOV -5 1995

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR BONNEVILLE COUNTY

MAGISTRATE DIVISION

STATE OF IDAHO)
)
Plaintiff,)
)
-vs-)
)
Jordan C. Hays)
)
Defendant.)
-----)

ORDER OF RELEASE

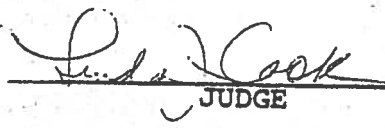
Case No. cr-94-3475

TO: THE SHERIFF OF BONNEVILLE COUNTY:

YOU ARE HEREBY ORDERED, to release the above-named defendant
from your custody, for the reason:

- ☐ Bond posted
- ☐ Released on Own Recognizance
- ☐ Fine and Costs paid
- ☒ Jail sentence served Hold balance of 17 days doc
- ☐ Complied with the Order of the Court
- ☐ Case dismissed
- ☐ Other

DATED: This 6th day of November, 19 95.


JUDGE

46 1/2

7TH JUDICIAL DISTRICT COURT
BONNEVILLE COUNTY, IDAHO

7th JUDICIAL DISTRICT, STATE OF IDAHO
COUNTY OF BONNEVILLE

ORDER TO SHOW CAUSE MINUTE ENTRY/LOG/ORDER/JUDGEMENT

95 NOV 28 A11:20

STATE v. Jordan C. Hayes CASE NO. CR 94-3475
DOB _____ D.L./SSN _____
ADDRESS Douglas Idaho Falls, ID 83402 PHONE _____
TAPE No. CRC 3011 BEGIN AT 2577 Date 11/28/95 Time 10:00 Judge McClure

DEFENDANT having been charged with the following:

COUNT 1 Order to Show Cause for Failure to Pay Fines
COUNT 2 _____

☒ Defendant Appeared _____ Failed to Appear _____ Bench Warrant

_____ ORDERED: DEFENDANT TO PAY THE CLERK
\$ _____ by _____, 19 _____
_____ BEGIN MAKING PAYMENTS OF _____ every _____
_____ CONTINUE MAKING PAYMENTS AS PREVIOUSLY ORDERED

☒ ORDERED: DEFENDANT BE INCARCERATED \$1635⁰⁰ total misdemeanor!
\$35 credit towards fine for each day served

_____ ORDERED: DEFENDANT SERVE ON WORK DETAIL PROGRAM
\$35 credit towards fine for each day worked

_____ ORDERED: DEFENDANT APPEAR FOR ORDER TO SHOW CAUSE HEARING ON:
_____ Time _____

Comments will release if pay 1/2 of fine

DEFENDANT: Jordan Hayes DATE _____ CLERK A
JUDGE: Deanne McClure DATE 11-28-95

7th JUDICIAL DISTRICT, ST OF IDAHO
COUNTY OF BONNEVILLE

STATE vs. Jordan C. Hays

SUPPLEMENTAL JUDGMENT AND ORDER
CRIMINAL CASE NO. CR-94-3473

DOB 1/1/58 D.L./SSN. 96-4678 PHONE 95-1867

ADDRESS _____ STATE _____

TO QUALIFY FOR JAIL ALTERNATIVES, DEFENDANT MUST PAY IN ADVANCE ALL COURT COSTS AND 60 CENTS PER HOUR (\$4.80 PER DAY) FOR WORKER'S COMPENSATION AND \$15 PER DAY IF ON ELECTRONIC ANKLE BRACELET.

DEFENDANT'S REQUEST AND WAIVER OF OBJECTION AND HEARING:

I hereby voluntarily request this Court for permission and agree to work on the ☐ County Work Detail ☐ To serve jail on House Arrest with or without electronic ankle bracelet ☐ ARA Diversion. I AGREE to pay IN ADVANCE all court costs due and 60 cents per hour (\$4.80 per day) for worker's compensation and \$15 per day if on electronic ankle bracelet. I FURTHER AGREE to obey all orders, rules and laws, and upon any violation thereof, or my failure to appear, my bad attitude or my not working I will be returned immediately to jail to serve the remainder of my service. I WAIVE any objection and hearing on any administrative or Court Order for me to return to and serve my sentence in the County jail or in the jail where I am placed. I expressly and voluntarily release Bonneville County and the City of Idaho Falls and any other public or private entity for which I am working or serving from any liability which may arise from my negligence and/or violation of law, rule or Court Order.

DEFENDANT _____ DATE _____

ORDER FOR INCARCERATION: You are hereby ORDERED to serve 23 days in the Bonneville County Jail; provided that upon signing the REQUEST and WAIVER above and as long as you continually qualify according to Court and Jail standards and rules, you can serve 23 days jail time on: (Call 529-1186)

☒ 23 days on County Work Detail subject to continuous supervision and work and after work
☐ House arrest* with Electronic ankle bracelet or
☐ House arrest* without Electronic ankle bracelet or ☐ Be returned to the jail
(You will receive twenty-four (24) hour's jail credit for each eight (8) hours of satisfactory work.)

☐ _____ days House arrest* with Electronic ankle bracelet. You must pay \$15 per day for ankle bracelet and *On house arrest, you will be continually monitored against any use of alcohol, illegal drugs, violating any laws or specific requirements imposed by the Court or receiving visitor(s) other than immediate family. Any violation thereof or any other rule or law shall result in your immediate return to jail, without hearing, to serve the remainder of your sentence.

☒ Receive \$35 per day credit toward fines upon proof of indigency, effort to work and pay fines.

☐ ARA Diversion Program ☐ Other _____

IT IS SO ORDERED. JUDGE [Signature] DATE 12-18-95

Service of this Supplemental Judgment and Order upon this Defendant is hereby certified

this _____ day of _____, 199____, by Officer _____

DISTRICT
BONNEVILLE

JRT
IDAHO

DEC 18 1995

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR BONNEVILLE COUNTY

MAGISTRATE DIVISION

STATE OF IDAHO)

Plaintiff,)

-vs-)

Jordan C. Hays)

Defendant.)
-----)

ORDER OF RELEASE

Case No. CR 94-3475

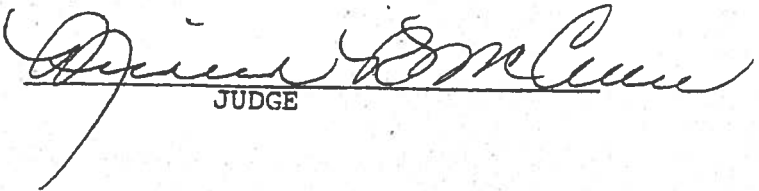
~~CR 94-4078~~
CR 95-1867

TO: THE SHERIFF OF BONNEVILLE COUNTY:

YOU ARE HEREBY ORDERED, to release the above-named defendant
from your custody, for the reason:

- ☐ Bond posted
- ☐ Released on Own Recognizance
- ☐ Fine and Costs paid
- ☐ Jail sentence served
- ☐ Complied with the Order of the Court
- ☐ Case dismissed
- ☒ Other County Work Detail @ \$35/day

DATED: This 18 day of December, 19 95.


JUDGE

7th JUDICIAL DISTRICT, STATE OF IDAHO
COUNTY OF BONNEVILLE
ORDER TO SHOW CAUSE MINUTE ENTRY/LOG/ORDER/JUDGEMENT

STATE v. Jordan C. Hays CASE NO. CR-94-3475
DOB _____ D.L./SSN _____
ADDRESS Douglas, Idaho Falls, ID 83402 PHONE _____
TAPE No. CRC BEGIN AT _____ Date 9-10-96 Time 10:00AM Judge McClure

DEFENDANT having been charged with the following:

COUNT 1 Order to Show Cause for Failure to Pay Fines
COUNT 2 _____

____ Defendant Appeared ☒ Failed to Appear ☒ Bench Warrant

____ ORDERED: DEFENDANT TO PAY THE CLERK
\$ _____ by _____, 19____
____ BEGIN MAKING PAYMENTS OF _____ every _____
____ CONTINUE MAKING PAYMENTS AS PREVIOUSLY ORDERED

____ ORDERED: DEFENDANT BE INCARCERATED
____ \$35 credit towards fine for each day served

____ ORDERED: DEFENDANT SERVE ON WORK DETAIL PROGRAM
____ \$35 credit towards fine for each day worked

____ ORDERED: DEFENDANT APPEAR FOR ORDER TO SHOW CAUSE HEARING ON:
_____ Time _____

Comments _____

DEFENDANT: _____ DATE _____ CLERK _____

JUDGE: *Michael R. McClure* DATE 9-10-96

7th JUDICIAL DISTRICT, ST. ... OF IDAHO
COUNTY OF BONNEVILLE
MISDEMEANOR MINUTE ENTRY/LOG/ORDER/JUDGMENT

DISTRICT COURT
BONNEVILLE IDAHO

STATE v. JORDAN C. HAYS CASE NO. 94-3475
DOB _____ D L./SSN _____
ADDRESS: DOUGLAS IDAHO FALLS, ID 83402 PHONE 776
TAPE No. CRC 2982 BEGIN AT 3373 Date 10/26/95 Time 1:00 PM Judge COOK
☐ Interpreter _____

DEFENDANT having been charged with the following:

COUNT 1 FTA SHOW CAUSE FOR FAIL TO PAY AMENDED _____
COUNT 2 _____ AMENDED _____
COUNT 3 _____ AMENDED _____
COUNT 4 _____ AMENDED _____

- ☐ DEFENDANT appeared ☐ Requested continuance ☐ Failed to Appear ☐ Bench Warrant/Bond Forfeiture Ordered
☐ Advised of Rights & penalties per ICR 5, 11: IMCR 5.6 ☐ Advised of All Charges ☐ New Bond \$ _____
☐ Waived Reading Complaint ☐ Read by Court Judge _____
☐ Represented by Counsel ☐ Requested P.D. ☐ Granted ☐ Denied
☐ NOT GUILTY PLEA ENTERED ☐ Advised of Bond \$ _____ ☐ Ordered Released O.R. _____
☐ PTC/TRIAL NOTICE Personally Served on Defendant ☐ Remanded to Custody of Sheriff END TAPE _____

JUDGE _____ Clerk _____
Date _____

- ☒ DEFENDANT understands charge(s), results of guilty plea; plea is voluntary and enters: BEGIN TAPE _____
☐ WAIVED RIGHT TO: ☐ Counsel ☐ Reading Complaint ☐ Jury Trial
☒ GUILTY Plea ☐ Confront accuser ☐ Against self-incrimination ☐ All Defenses

☐ JUDGMENT/CONVICTION ENTERED ☐ DISMISSED _____
☐ WITHHELD JUDGMENT Granted/Conditions _____

☐ ORDERED: DEFENDANT'S DRIVING PRIVILEGES SUSPENDED _____ days CONSECUTIVE
Reinstatement of driving privileges must be accomplished before you can drive Commencing _____
Apply to: Driver's Services P.O. Box 7129, Boise, ID 83707-1129 ☐ Personally served on Defendant, Order of Suspension

☐ ORDERED: DEFENDANT APPEAR FOR SENTENCING ON _____ Time _____
at Law Enforcement Building, 605 N Capital Avenue, Idaho Falls, Idaho.

☐ ORDERED: PSI/ALCOHOL EVALUATION Defendant shall contact an APPROVED DUI Evaluator within 48 hours
Judge _____ Date _____

☐ ORDERED: DEFENDANT PAY TO THE CLERK:
COUNT 1 Fine \$ 50 + Costs \$51.50 or ☐ \$66.50 (Count 1 Only) COUNT 3 Fine \$ _____ + Costs \$51.50
COUNT 2 Fine \$ _____ + Costs \$51.50 COUNT 4 Fine \$ _____ + Costs \$51.50
☐ Restitution \$ _____ ☐ Reimbursement for P.D. \$ _____ Other _____ + \$2 each Installment

☐ ORDERED: DEFENDANT BE INCARCERATED:
Count 1 Jail 30 days Suspended _____ days DOC 30 days SERVE 30 days
Count 2 Jail _____ days Suspended _____ days DOC _____ days SERVE _____ days
Count 3 Jail _____ days Suspended _____ days DOC _____ days SERVE _____ days
Count 4 Jail _____ days Suspended _____ days DOC _____ days SERVE _____ days
☐ Minus Credit for days served TOTAL TO SERVE 30 days

☐ Consecutive ☐ Concurrent REPORT _____
☐ Work Release _____ ☐ House Arrest ☒ Paid by Defendant ☐ Community Service _____

☐ ORDERED: DEFENDANT BE RELEASED ☐ Jail served ☐ Other _____

☐ PROBATION ORDERED _____ months Above Jail Suspended /DOC - CONDITIONED ON:
if payed off of fines will not have to pay serve time -
make arrangements for balance - if doesn't follow through -
jail

DEFENDANT: Jordan Hays DATE _____ CLERK PO END TAPE _____

JUDGE Sandra Cook DATE 10-26-95 JUDGE NO. 246

7th JUDICIAL DISTRICT, STA OF IDAHO
COUNTY OF BONNEVILLE
MISDEMEANOR MINUTE ENTRY/LOG/ORDER/JUDGMENT

DISTRICT
BOISE

10/26/95

STATE v. JORDAN C. HAYS CASE NO. 94-3475

DOB D.L./SSN

ADDRESS: DOUGLAS IDAHO FALLS, ID 83402 PHONE

TAPE No. CRC 2982 BEGIN AT 3375 Date 10/26/95 Time 1:00 PM Judge COOK

Interpreter

DEFENDANT having been charged with the following:

COUNT 1 FTA SHOW CAUSE FOR FAIL TO PAY AMENDED
COUNT 2 AMENDED
COUNT 3 AMENDED
COUNT 4 AMENDED

- ☒ DEFENDANT appeared ☐ Requested continuance ☐ Failed to Appear ☐ Bench Warrant/Bond Forfeiture Ordered
☐ Advised of Rights & penalties per ICR 5, 11; IMCR 5.6 ☐ Advised of All Charges ☐ New Bond \$
☐ Waived Reading Complaint ☐ Read by Court Judge
☐ Represented by Counsel ☐ Requested P.D. ☐ Granted ☐ Denied
☐ NOT GUILTY PLEA ENTERED ☐ Advised of Bond \$ ☐ Ordered Released O.R.
☐ PTC/TRIAL NOTICE Personally Served on Defendant ☐ Remanded to Custody of Sheriff END TAPE

JUDGE Clerk
Date

BEGIN TAPE

- ☒ DEFENDANT understands charge(s), results of guilty plea: plea is voluntary and enters:
☐ WAIVED RIGHT TO: ☐ Counsel ☐ Reading Complaint ☐ Jury Trial
☒ GUILTY Plea ☐ Confront accuser ☐ Against self-incrimination ☐ All Defenses

☐ JUDGMENT/CONVICTION ENTERED ☐ DISMISSED
☐ WITHHELD JUDGMENT Granted/Conditions

☐ ORDERED: DEFENDANT'S DRIVING PRIVILEGES SUSPENDED days CONSECUTIVE
Reinstatement of driving privileges must be accomplished before you can drive Commencing
Apply to: Driver's Services P.O. Box 7129, Boise, ID 83707-1129 ☐ Personally served on Defendant, Order of Suspension

☐ ORDERED: DEFENDANT APPEAR FOR SENTENCING ON Time
at Law Enforcement Building, 605 N Capital Avenue, Idaho Falls, Idaho.

☐ ORDERED: PSI/ALCOHOL EVALUATION Defendant shall contact an APPROVED DUI Evaluator within 48 hours
Judge Date

☐ ORDERED: DEFENDANT PAY TO THE CLERK:
COUNT 1 Fine \$ 50 + Costs \$51.50 or \$66.50 (Count 1 Only) COUNT 3 Fine \$ + Costs \$51.50
COUNT 2 Fine \$ + Costs \$51.50 COUNT 4 Fine \$ + Costs \$51.50
☐ Restitution \$ ☐ Reimbursement for P.D. \$ Other + \$2 each installment

☐ ORDERED: DEFENDANT BE INCARCERATED:
Count 1 Jail 30 days Suspended days DOC 30 days SERVE 30 days
Count 2 Jail days Suspended days DOC days SERVE days
Count 3 Jail days Suspended days DOC days SERVE days
Count 4 Jail days Suspended days DOC days SERVE days
☐ Minus Credit for days served TOTAL TO SERVE 30 days

☐ Consecutive ☐ Concurrent REPORT
☐ Work Release ☐ House Arrest ☒ Paid by Defendant ☐ Community Service

☐ ORDERED: DEFENDANT BE RELEASED ☐ Jail served ☐ Other

☐ PROBATION ORDERED months Above Jail Suspended /DOC - CONDITIONED ON:
if paid in full of fines will not have to serve time -
make arrangements for balance - if doesn't follow through -
jail

DEFENDANT: DATE CLERK PO END TAPE

JUDGE DATE 10-26-95 JUDGE NO: 246

10D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 - Reno, NV 89521

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE
REGISTRATION FEE: FOR AUTHORITY TO PRESCRIBE DANGEROUS DRUGS ONLY \$80.00 TOTAL
FOR AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES \$200.00 TOTAL
 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

First: Pippa Middle: Ann Last: Stewart
 Home Address: 1444 W 14th Ave
 City: Lawton State: CA Zip Code: 90250
 SS# or ITIN: _____ Date of Birth: _____ Sex: ☐ M or ☒ F
 Telephone: _____ E-mail address: _____

PRACTICING LOCATION (Required)

Practice Name (if any): Telelab, Inc
 Physical Address: 6889 W Charleston Blvd Suite #: A
 City: Las Vegas State: NV Zip Code: 89117
 Telephone: 702 508 2153 Fax: _____
 Nursing Board #: 825076 Issued: 9/16/19 Expires: 9/16/21

☒ Check this box if you are an APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.) (Provide \$200.00 Total Registration fee)

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 <u>any</u> state?				☐ ☒			
2. Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?				☒ ☐			
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?				☒ ☐			
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:							
Board Administrative Action:		State	Date:	Case #:			
		CA	5/2/2017	2016-913			
Criminal Action:	State	Date:	Case #:	County	Court		
	CA	9/12/2014	NA100240	Los Angeles	Superior Court of CA		

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 APRN 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.

Stewart
 Original Signature of APRN, no copies or stamps accepted

10/25/20
 Date

COLLABORATING PHYSICIAN's name (If required): _____

Original Signature of Collaborating Physician, no copies or stamps accepted _____ Date _____

Board Use Only: Date Processed _____ Amount 200.00

October 25, 2020

To Whom It May Concern,

Thank you for allowing me to apply for a transfer of my current and active CA DEA license in order to obtain employment as a nurse practitioner in Nevada. As an explanation to the affirmative answers to my questions 3 and 4 on my application, please see the following.

In 2014, I was arrested and charged with misdemeanor theft. The circumstances of this incidence were extremely difficult, and very out of character. I successfully completed probation, and my record was expunged early, as I have provided in the documentation labelled "Expungement Record". However, due to this misdemeanor conviction, my clinical license in CA has been revoked. My clinical license was not revoked due to any patient related issues, and I have never had any substance issues, or malpractice claims. I would like to reapply for my California state license as well, however I will need to be able to demonstrate practice again, and with the ability to practice in Nevada, I am sure that this will not be an issue. I would be happy to answer any questions to licensing board may have.

Thank you in Advance,

A handwritten signature in black ink, appearing to read "Stewart", with a stylized flourish at the end.

*K. K. Pungent
Recoed*

RECEIVED FROM APPLICANT PUBLIC DOCUMENT

MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 03/06/17

CASE NO. NA100240

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.
DEFENDANT 01: PIPPA STEWART

BAIL: APPEARANCE DATE	AMOUNT OF BAIL	DATE POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER
09/08/14	\$20,000.00	08/25/14	2014CC018409	LEXINGTON NAT INS	COR L4237016
10/10/14	\$65,000.00	09/15/14	2014EE004475	LEXINGTON NAT INS	COR L4258006

CASE FILED ON 09/12/14.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED,
ON OR ABOUT 06/01/13 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S)
OF:

COUNT 01: 487(A) PC MISD

ON 02/27/17 AT 130 PM IN GOV DEUKMEJIAN-LNG BEACH DEPT S01

CASE CALLED FOR 1203.4 PC DISMISSAL/NON-APPR

PARTIES: TOMSON T ONG (JUDGE) EMA ALVAREZ (CLERK)
NONE (REP) NONE (DA)

DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

PROBATION TERMINATED

AS TO COUNT (01):

PROBATION IS ORDERED TERMINATED PURSUANT TO SECTION 1203.3 PENAL CODE. PLEA OF
GUILTY OR CONVICTION IS SET ASIDE. A PLEA OF NOT GUILTY IS ENTERED. CASE IS
DISMISSED PURSUANT TO SECTION 1203.4 PENAL CODE

COUNT (01): IS DISMISSED: DISMISSED PURSUANT TO 1203.4 PC

THE COURT IS IN RECEIPT OF A MOTION TO TERMINATE PROBATION AND
EXPUNGE PURSUANT TO PENAL CODE SECTION 1203.3 AND 1203.4(A).

THE REQUEST IS GRANTED.
FILE FORWARDED TO THE ADR DESK.





BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



May 2, 2017

Pippa Ann Stewart
W. 144th Pl.
Hawthorne, CA 90250

Dear Ms. Stewart:

Enclosed is a Decision and Order revoking your California Registered Nurse License No. **448180**, Nurse Practitioner Certificate No. **9499**, and Nurse Practitioner Furnishing Certificate No. **9499**, effective **June 01, 2017**.

You are required to return your current license/certificate and original license issued **December 31, 1989, October 27, 1997, and December 22, 1998** to the Board. A self-addressed envelope is enclosed for your convenience. These documents must be returned immediately and any use of them would constitute a violation of law.

Failure to surrender upon demand your revoked license/certificate is a violation of Section 119(d) of the Business and Professions (B&P) Code. If your license/certificate has not been received by the board after 30 calendar days from the effective date of the decision, June 01, 2017, you will be subject to a citation and fine of up to \$2,500. Any use of the revoked license/certificate is a violation of Section 2725 of the B&P Code, and subject to criminal prosecution and additional fines.

Enclosed is explanatory material on reinstatement and criteria for rehabilitation. Although your license is revoked, you may take nursing continuing education courses if you do not use your revoked RN license number to do so. Proof of continuing education may be beneficial as part of your rehabilitation evidence if you petition the Board for reinstatement in the future.

Sincerely,

Christian Espiritu
Legal Support Analyst
Board of Registered Nursing

Encls: Copy of Board decision, Self-addressed envelope, Form BRN 925, Government Code Section 11521.

cc: Jennifer M. Russell, Administrative Law Judge
Steve Pyun, Deputy Attorney General
Lindsay M. Johnson, Esq.

11

11A



RECEIVED
10/11/2020

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

☐ 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: 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

☒ ☐ 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: _____

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.

Obidike R Iheanacho

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

Obidike R Iheanacho

Print Name of Authorized Person

9/26/20

Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

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 Maryland 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.

Ob R the
Signature

9/26/20
Date

1

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 herein 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:

Iheanacho Obidike Ray
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Adobe Villa Avenue Las Vegas NV 89142
Present Residence Address-Street or RFD City State/Zip

3585 S Maryland Pkwy, Suite J 9/2020 Las Vegas NV 89169
Present Business Address Dates City State/Zip

President 9/2020
Present Position with the Pharmacy or Wholesaler Dates

Phone:
Residence -----

Business 702-489-4198

Umuahia, Abia
Date of Birth Place of Birth (City, County, State)

60yrs Male
Age Social Security Number or ITIN Sex

Brown Black Dark 180 Medium 5ft 8inches
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 _____

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

Page 1

A. Current Marriage N/A

Spouse's full name (Maiden) N/A Date _____ City, County and State 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	7 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:

- ☒ 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/AAddress N/AContact 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		Umegwu 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		NE 63rd Ave, Vancouver, WA. 98661	Engineer
Spouse			
Adindu Iheanacho		NE 36th 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 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.DCollege or university where obtained University of Florida and Oregon State UniversityApplicant'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/ADate of separation N/A Type of discharge N/ARating 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

Page 4

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				
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 2009-2010	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

Page 5

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
Title	Description of Duties	Name of Supervisor
10/2006	Horizon Specialty Pharmacy (CPS) 640 S MLK BLVD Las Vegas, NV 89106	CURRENT Employment
	Clinical Pharmacist, Pharmaceutical Care Services	Karina Rios
10/2005	State of Nevada (SNMHS) 1650 Community College DR Las Vegas, NV 89146	Mutual Separation
	Staff Pharmacist, Pharmaceutical Care Services	Trung Tran
5/2006	Wal-Mart Inc, 3615 S Rainbow Blvd Las Vegas, NV 89103	Went Back to School
	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
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 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				15
Name Frederick Kuforiji	Home	Blue Barrel St,	Henderson,	NV.89011		
Employer Southwest Airlines	Business	Aviation				20
Name Fidelis Madu	Home	Caddy Ridge St,	North Las Vegas,	NV. 89031		20
Employer State of Nevada	Business	Pharmacy				20
Name Paris Stewart	Home	N Walnut Rd.#107,	Las Vegas,	NV. 89115		
Employer State of Nevada	Business	Administration				
Name Cyril Uba	Home	Grand Palace Ave,	Las Vegas,	NV. 89030		15
Employer Yellow Cab	Business	Transportation				

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 or 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

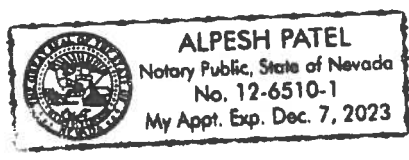
I, Obidike Iheanacho, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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 or 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.

Obidike Iheanacho
Original Signature of Applicant

Subscribed and Sworn to before me this 30 day of Sept, 2020

Alpesh Patel
Notary Public



(seal)

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1

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 herein 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
Atlas Pharmacy And Medical Supply 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:

Iheanacho Last Name Upidike First Name Ray Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Adobe Villa Avenue Las Vegas NV 89142
Present Residence Address-Street or RFD City State/Zip

3585 S Maryland Pkwy NV 89169
Present Business Address City State/Zip

Pharmacist Dates 11/92 to Present
Occupation

Phone: Residence Business
Umuahia, Abia state (702) 489-4198
Date of Birth Place of Birth (City, County, State)

60 yrs Age male Sex
Social Security Number or ITIN

Brown Color of Eyes Black Color of Hair Dark Complexion 180 Weight Medium Build 5' 8" 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 OBI

A. Current Marriage N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 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	1 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:

- ☒ 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 OB

FAMILY INFORMATION-Continued

1

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact 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	Transportation
------------------	--	-------------------------------------	----------------

Mother

Rose Iheanana		Umegwu 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
---------------	------------	---------	------------

Charles Iheanacho		7 NE 63 rd Ave, Vancouver, WA. 98661	Engineer
-------------------	--	---	----------

Spouse

Adindu Iheanacho		236 th St, Portland, OR. 97201	Social Worker
------------------	--	---	---------------

Spouse

N/A

Spouse

N/A

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar

School

Yes ☐ No ☐

High

School

College

University

Other

School

Location

Dates Attended

Graduate

Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Yes ☒ No ☐Type of degree obtained, if any B.Sc Pharm, Pharm.DCollege or university where obtained University of Florida & Oregon state UniversityApplicant's initial DP/

5 MILITARY INFORMATION:

1

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
<u>N/A</u>					
<u>N/A</u>					
<u>N/A</u>					

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
<u>N/A</u>				
<u>N/A</u>				
<u>N/A</u>				

Applicant's initial DBI

- 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
Present	Adobe Villa Ave, Las Vegas		NV. 89142
04-2010	7221 Grand Palace Ave, Las Vegas		NV 89030
01-2004	2601 Redrock Street Las Vegas		NV 89146
82-1992	6216 N. Amherst street Portland,		OR 97203
194-2001	7070 N. Wellesley Avenue Portland		OR 97203
192-1994	4021 N. Athu Street Portland		OR 97203

Applicant's initial DBI

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.

10/2006	Horizon Specialty Pharmacy, 640 S MLK Blvd	31,640
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
	Las Vegas, NV. 89106	
Clinical Pharmacist, Pharmaceutical Care Services		Karina Rios
Title	Description of Duties	Name of Supervisor
10/2005	State of Nevada (SNAMHS) 1650 Community College DR	29,120
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
	Las Vegas, NV. 89146	
staff Pharmacist, Pharmaceutical Care Services		Trung Tran
Title	Description of Duties	Name of Supervisor
5/2006	Wal-Mart Inc, 3615 S Rainbow Blvd, Las Vegas, NV. 89103	7,280
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist, Pharmaceutical Care Services		Michael Johnson
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.

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		6 25
Employer Dignity Health	Business	Pharmacy				
Name Frederick Kyboriti	Home	Blue Barrel St,	Henderson, NV	89011		5 15
Employer SW Airlines	Business	Aviation				
Name Fidelis Madu	Home	5 Caddy Ridge St,	N. Las Vegas, NV	89031		20
Employer State of Nevada	Business	Pharmacy				
Name Paris Stewart	Home	Walnut Rd #107,	Las Vegas NV	89115		20
Employer State of Nevada	Business	Administration				
Name GYRIL 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

Pharmacist License, State of Oregon 28 yrs

12. Have you ever applied for a city, county or 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 DBI

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/

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 cause 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 or 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,

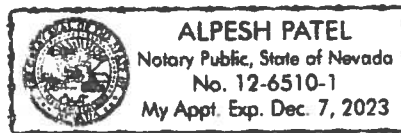
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Obidike Iheanacho

Original Signature of Applicant

Subscribed and Sworn to before me this 30 day ofSeptClark

Notary Public



(seal)

Applicant's initial OBI

SECRETARY OF STATE



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

Certificate Number: B202009211090699

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

11B

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

☒ ☐ 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: _____

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

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 PUBLICLY TRADED CORPORATIONState of Incorporation: NevadaParent Company if any: n/aMailing Address: P.O. Box 1010City: Caliente State: NV Zip: 89008-1010Telephone: 775/726-3171 Fax: 775/726-3797Contact 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 Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
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: <u>UT</u>	Date: <u>06-10-2009</u>	Case #: <u>2007-224</u>
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

12/10/2020

 Date

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

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



Grover C. Dils Medical Center

Bringing Quality Healthcare to the High Desert

March 26, 2021

Nevada State Board of Pharmacy
1050 E. Flamingo Ste E217
Las Vegas, NV 89119

To Whom It May Concern;

Grover C. Dils Medical Center is requesting a waiver under NRS 639.23277 (a) A person shall not act as a managing pharmacist for more than one licensed pharmacy. The facility has submitted application for approval of a pharmacy with our current pharmacist, Trent Decker. We are a hospital located in Lincoln County, NV with fewer than 100 beds, currently 20 licensed beds.

I would respectfully request that the Nevada State Board of Pharmacy grant our request for waiver.

Should you have any questions or need additional information please don't hesitate to contact me by email to: missie@gcdmc.org or by phone at 775/726-8025 or 775/962-1671.

Sincerely,

Melissa S. Rowe, CEO/Administrator

Lincoln County Hospital District dba
Grover C. Dils Medical Center
Melissa Rowe, CEO/Administrator
700 North Spring Street P.O. Box 1010
Caliente, NV 89008

11C

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: RIGHT DOSE PHARMACY
Physical Address: 1235 E CHARLESTON BLVD
City: LAS VEGAS State: NV Zip Code: 89104 Telephone: 208 380 9903
Fax: _____ Toll Free Number: N/A
E-mail: unnodim@gmail.com
Website: N/A
Managing Pharmacist: UGONNA NNODIM License Number: 18200

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
All boxes must be checked		☐	☒ Non Sterile Compounding
For the application to be complete		☐	☒ Mail Service Sterile Compounding
		☐	☒ 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

UGONNA NNODIM

Print Name of Authorized Person

08-20-2020

Date

Board Use Only

Date Processed: _____

Amount:

\$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: BLUE FALCON LLC DBA RIGHT DOSE PHARMACY
Mailing Address: 2505 ANTHEM VILLAGE DR # Suite E282
City: HENDERSON State: NV Zip: 89052
Telephone: 208 380 9903 Fax: _____
Contact Person: UGONNA NYODIM

For any corporation non publicly traded, disclose the following:

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

a)	<u>N/A</u>	<u>NOT APPLICABLE</u>
	Name	Business Address
b)	<u>✓</u>	<u>✓</u>
	Name	Business Address
c)	<u>✓</u>	<u>✓</u>
	Name	Business Address
d)	<u>✓</u>	<u>✓</u>
	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:	<u>N/A</u>	%:	<u>N/A</u>
Name:	<u>N/A</u>	%:	<u>N/A</u>

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>6</u> pm	Saturday	<u>10</u> am	<u>1</u> pm
Sunday	<u>N/A</u> am	<u>N/A</u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NEVADA BUSINESS ID: NV 20201793884

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, UGONNA NNODIM

Responsible Person of BLUE FALCON LLC DBA RIGHT DOSE 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

UGONNA NNODIM
Print Name of Authorized Person

08-20-2020
Date

Managing Pharmacist

Pharmacist Name: UGONNA NNODIM

License #: 18200

Pharmacy Name: RIGHT DOSE 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

08-20-2020
Date

Mark I. Sedar

From: Dr ugonna nnodim <ugonnodim@rightdosepharmacy.org>
Sent: Thursday, March 11, 2021 2:34 PM
To: Mark I. Sedar
Subject: Re: List of Officers

Hi Mark,

I Ugonna Nnodim is the Owner and only officer at Right Dose Pharmacy.

Thanks
Ugo

On Thu, Mar 11, 2021 at 1:33 PM Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

Hello Ugonna,

Can you provide me with a list of Officers and Directors for your Pharmacy? You may be the only officer which is fine, I just need written verification to add to your application.

Thank you,

Mark Sedar

Chief Operating Officer

**Nevada State Board of
Pharmacy**

(775) 850-1440

msedar@pharmacy.nv.gov



SECRETARY OF STATE



DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **BLUE FALCON LLC** did, on 06/02/2020, 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 06/02/2020.



Barbara K. Cegavske

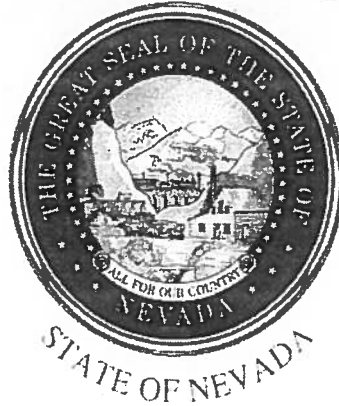
Certificate Number: B20200602834295

BARBARA K. CEGAVSKE
Secretary of State

You may verify this certificate
online at <http://www.nvsos.gov>

1

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

BLUE FALCON LLC

Nevada Business Identification # NV20201793884

Expiration Date: 06/30/2021

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.



Certificate Number: B20200602834296

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 06/02/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

1

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 08/20/2020

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 RETAIL PHARMACY LICENSE
RIGHT DOSE PHARMACY, 1235 E CHARLESTON BLVD, LAS VEGAS
Nature of Pharmacy or Wholesaler
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:

NMODIM UGONNIA NNOROMELE
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

CORISTA DR HENDERSON NV 89052
Present Residence Address-Street or RFD City State/Zip

N/A N/A N/A
Present Business Address Dates City State/Zip

OWNER N/A
Present Position with the Pharmacy or Wholesaler Dates

LAGOS, NIGERIA
Date of Birth Place of Birth (City, County, State)

41 5 MALE
Age Social Security Number or ITIN Sex

BLACK BLACK BROWN 185 LBS AVERAGE 5FT' 8 INCHES
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

If naturalized, certificate No Date 08-14-2008

Place BOISE, IDAHO (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial UN

1

A. Current Marriage MARRIED 10-18-2008

Spouse's full name (Maiden) AMADI, NNEKA CATHERINE ^{Date} 10-18-2008 City, County and State, SS# or ITIN _____

Date of Birth 11-11-1980 Place of Birth LAGOS, NIGERIA

Resident address CORISTA DR, HENDERSON NV 89052
 Street City State Zip

Telephone: Residence _____ Business N/A

Spouse's employer VETERANS AFFAIRS Occupation NURSE

Address of employer 6900 N PECOS RD, NORTH LAS VEGAS, NV 89086
 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
SAMANTHA ANDREWS,	08-15-2008	01-07-2004	DIVORCE	BANNOCK COUNTY IDAHO

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
SAMANTHA ANDREWS	ROCKYPOINT RD	IDAHO	83204		

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
CHIDUBEM NNODIM	1-1-1980	LAS VEGAS, NV	CORISTA DR HENDERSON NV 89052
CHIDERA NNODIM	1-1-1980	✓	✓
CHIDALI NNODIM	1-1-1980	✓	✓

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 UN

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 <u>ALEXANDER NNODIM</u> <u>DECEASED</u>		<u>LAGOS, NIGERIA</u>	<u>GOVERNMENT WORKER</u>
Mother <u>PAULINE NNODIM</u> <u>MAIDEN NAME: AMADI</u>		<u>LAGOS, NIGERIA</u>	<u>RETIRED</u>
Father-in-Law <u>JOSEPH AMADI</u> <u>DECEASED</u>	<u>DOB: UNKNOWN</u>	<u>LAGOS, NIGERIA</u>	<u>BAKER</u>
Mother-in-Law <u>DOROTHY AMADI</u>		<u>LAGOS, NIGERIA</u>	<u>TRADER</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>N/A</u>	<u>N/A</u>	<u>N/A</u>	Yes ☐ No ☐
High School <u>EKO BOYS HIGH SCHOOL</u>	<u>LAGOS, NIGERIA</u>	<u>1987-1993</u>	Yes ☒ No ☐
College University <u>ROSEMAN UNIVERSITY</u>		<u>2008-2011</u>	Yes ☒ No ☐
Other <u>77 SUNSET WAY, HENDERSON NV 89014</u>			Yes ☐ No ☐

Type of degree obtained, if any DOCTOR OF PHARMACY

College or university where obtained ROSEMAN UNIVERSITY OF HEALTH SCIENCES

Applicant's initial

UN

A. Have you ever served in any armed forces?

☒ Yes ☐ No

Branch US ARMY RESERVE Date of entry-active service 02-02-2017

Date of separation STILL SERVING Type of discharge N/A

Rating at separation N/A Serial number DOD # 111 770 011

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
<u>N/A</u>					

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
<u>N/A</u>				

Applicant's initial

UN

- 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
--------------------------	-------------------	------	-----------------

05/2012 - PRESENT . . . CORISTA DR HENDERSON NEVADA

08/2008 - 04/2012 551 EIGER WAY HENDERSON NEVADA

06/2005 - 07/2008 333 E HUMBOLT #1, POCA TELLO IDAHO

08/2004 - 05/2005 344 N 15TH AVE, #7E POCA TELLO IDAHO

08/2003 - 08/2004 1316 E WHITMAN #2B POCA TELLO IDAHO

ARIZONA

02/2017 - 01/2019 RIVERSIDE DR PARKER AZ 85344

NEW MEXICO

09/2011 - 01/2012 349 N DAL PASO, #10A HOBBS NM 88240

Applicant's initial UN

9. EMPLOYMENT:

1

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
02/2017	CVS PHARMACY, 690 S GREENVALLEY, HENDERSON NV 89052	OVER 6000 HRS
Title	Description of Duties	Name of Supervisor
RPH	RUNNING PHARMACY OPERATIONS	CHRISTOPHER SCALZITTI
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
05/2015	AIDS HEALTHCARE FOUNDATION 3201 S MARYLAND PKWY LAS VEGAS NV 8910	3000 HOUR
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	PIC PHARMACY OPERATIONS	PHILLIP CHUNG
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
02/2012	WALMART PHARMACY 3010 POTATO RD WINNEMUCA NV 89445	OVER 6000 HR
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	PIC PHARMACY OPERATIONS	DAVID MAY
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
09/2011	WALGREENS PHARMACY, 1225 N TURNER ST, HOBBS NM 88240	1000 HOUR
Title	Description of Duties	Name of Supervisor
RPH	RUNNING PHARMACY OPERATIONS	JENNIFER BURNETT
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

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9. CHARACTER REFERENCES:

1

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 <u>ETIENNE DROCK</u>	Home	<u>RISING SMOKE CT, LAS VEGAS NV 89183</u>				<u>10 YEARS</u>
Employer <u>QHR PHARMACY</u>	Business	<u>N/A</u>				
Name <u>JOHN ANOZIE</u>	Home	<u>N/A</u>				
Employer <u>GREEN VALLEY PHARMACY</u>	Business	<u>GREEN VALLEY PHARMACY, HENDERSON NV 89014</u>				
Name <u>DAYD BROWN</u>	Home	<u>N/A</u>				<u>7 YEAR</u>
Employer <u>WALMART</u>	Business	<u>WALMART PHARMACY, EDNA TX 77957</u>				
Name <u>COLONEL D. CURTIS</u>	Home	<u>N/A</u>				<u>12 YRS</u>
Employer <u>US ARMY</u>	Business	<u>US ARMY RESERVES, SAN DIEGO, CA 92124</u>				
Name <u>CLETUS AMADI</u>	Home	<u>N/A</u>				<u>34RS</u>
Employer <u>LIFE CARE</u>	Business	<u>LIFECARE PHARMACY, LAS VEGAS, NV 89121</u>				<u>8 YEARS</u>

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

NEVADA PHARMACIST LICENSE (ACTIVE) LICENSE # 18200
ARIZONA PHARMACIST LICENSE (ACTIVE) LICENSE # 5022322
NEW MEXICO PHARMACIST LICENSE (ACTIVE) LICENSE # RPO0007764

11. Have you ever applied for a city, county or 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

UN

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 ☒

N/A

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 ☐

ATTACH PHOTOGRAPH

TAKE

30



Date of photograph 08-14-2020

Applicant's initial UN

ss.

COUNTY OF Clark

I, UGONNA NNODIM, 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 cause 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 or 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,

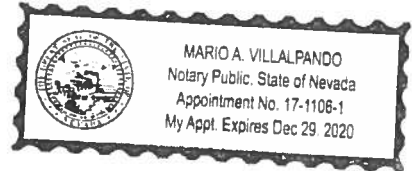
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Ugonna Nnodim
Original Signature of Applicant

Subscribed and Sworn to before me this 21 day of

August, 2020

[Signature]
Notary Public



(seal)

Applicant's initial UN
Page 9

Date 08/20/2020

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 RETAIL PHARMACY LICENSE
RIGHT DOSE PHARMACY, 1235 E CHARLESTON BLVD, LAS VEGAS NV
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated 89104

1. PERSONAL INFORMATION:

NNODIM UGONNA NNOR OMELE
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

-- CORISTA DR HENDERSON NV 89052
 Present Residence Address-Street or RFD City State/Zip

N/A N/A N/A
 Present Business Address Dates City State/Zip

PHARMACIST 2011 - PRESENT
 Occupation Dates

LAGOS, NIGERIA 208-380-9903
 Date of Birth Place of Birth (City, County, State) Business

41 MALE
 Age Social Security Number or ITIN Sex

BLACK BLACK BROWN 185 LBS AVERAGE 5FT, 8 INCHES
 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

If naturalized, certificate No 08-14-2008 Date

Place BOISE, IDAHO (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial UN

A. Current Marriage 10-18-2008

Spouse's full name (Maiden) AMADI, NNEKA CATHERINE Date 10-18-2008 City, County and State LAGOS, NIGERIA SS# or ITIN 75

Date of Birth 1170 Place of Birth LAGOS, NIGERIA

Resident address CORISTA DR HENDERSON NV 89052
Street City State Zip

Telephone: Residence --- Business N/A

Spouse's employer VETERANS AFFAIRS Occupation NURSE

Address of employer 6900 N PECOS RD, NORTH LAS VEGAS NV 89086
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
SAMANTHA ANDREWS,	08-15-2008	01-07-2004	DIVORCE	BANNOCK COUNTY IDAHO

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
SAMANTHA ANDREWS	ROCKYPOINT RD	IDAHO	83204		

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
CHIDUBEM NNODIM		LAS VEGAS, NV	CORISTA DR, HENDERSON NV 89052
CHIDERA NNODIM		✓	✓
CHIDALU NNODIM		✓	✓

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 UN

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 <u>ALEXANDER NNODIM</u> <u>DECEASED</u>		<u>LAGOS, NIGERIA</u>	<u>GOVERNMENT WORKER</u>
Mother <u>PAULINE NNODIM</u> <u>MAIDEN NAME: AMADI</u>		<u>LAGOS, NIGERIA</u>	<u>RETIRED</u>
Father-in-Law <u>JOSEPH AMADI</u> <u>DECEASED</u>	<u>DOB: UNKNOWN</u>	<u>LAGOS, NIGERIA</u>	<u>BAKER</u>
Mother-in-Law <u>DOROTHY AMADI</u>		<u>LAGOS, NIGERIA</u>	<u>TRADER</u>

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>N/A</u>	<u>N/A</u>	<u>N/A</u>	Yes ☐ No ☐
High School <u>EKO BOYS HIGH SCHOOL</u>	<u>LAGOS, NIGERIA</u>	<u>1987-1993</u>	Yes ☒ No ☐
College <u>ROSEMAN UNIVERSITY</u>			Yes ☒ No ☐
University <u>HENDERSON, NV 89014</u>		<u>2008-2011</u>	Yes ☒ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any DOCTOR OF PHARMACY

College or university where obtained ROSEMAN UNIVERSITY OF HEALTH SCIENCES

Applicant's initial UN

A. Have you ever served in any armed forces?

☒ Yes ☐ No

Branch US ARMY RESERVE Date of entry-active service 02-02-2017

Date of separation STILL SERVING Type of discharge N/A

Rating at separation N/A Serial number DOD #

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 NA State NA 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
<u>N/A</u>					

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
<u>N/A</u>				

Applicant's initial UN

- 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
-----------------------------	-------------------	------	-----------------

05/2012 - PRESENT	CORISTA DR	HENDERSON	NEVADA
08/2008 - 04/2012	551 EIGER WAY	HENDERSON	NEVADA
06/2005 - 07/2008	333 E HUMBOLT, #1	POCATELLO	IDAHO
08/2004 - 05/2005	344 N 15 TH AVE, #7E	POCATELLO	IDAHO
08/2003 - 08/2004	1316 E WHITMAN, #2B	POCATELLO	IDAHO

ARIZONA

02/2017 - 01/2019	RIVERSIDE DR	PARKER	AZ 85344
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NEW MEXICO

09/2011 - 01/2012	3419 N DAL PASO, #10A	HOBBS	NM 88240
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Applicant's initial UN

9. EMPLOYMENT:

1

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
02/2017	CVS PHARMACY 690 S GREEN VALLEY HENDERSON NV 89052	I STILL WORK HERE
Title	Description of Duties	Name of Supervisor
RPH	PHARMACIST	CHRISTOPHER SCALZITTI
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2015	AIDS HEALTHCARE FOUNDATION 3201 S MARYLAND PKWY LAS VEGAS NV 89109	I GOT BETTER JOB
Title	Description of Duties	Name of Supervisor
RPH	PHARMACY MANAGER	PHILLIP CHUNG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/2012	WALMART PHARMACY, 3010 POTATO RD, WINNEMUCA NV 89445	I RELOCATED
Title	Description of Duties	Name of Supervisor
RPH	PHARMACY MANAGER	DAVID MAY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2011	WALGREENS PHARMACY 1225 N TURNER ST, HOBBS NM 88240	I RELOCATED
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 UN

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	ETIENNE DROCK	Home	1719	RISING SMOKE CT,	LAS VEGAS NV	89183
Employer	QHR PHARMACY	Business	N/A			KNOWN 10 YEAR
Name	JOHN ANOZIE	Home	N/A			
Employer	GREENVALEY PH	Business	GREEN VALLEY PHARMACY,	HENDERSON NV	89014	17y
Name	DAYO BROWN	Home	N/A			
Employer	WALMART	Business	WALMART PHARMACY,	EDNA TX	77957	12YR
Name	COLONEL D. CURTIS	Home	N/A			
Employer	US ARMY	Business	N/A	CLS ARMY RESERVES,	SAN DIEGO, CA	3YRS
Name	CLETUS AMADI	Home	N/A			
Employer	LIFE CARE	Business	LIFE CARE PHARMACY,	3050 E DESERT INN,	LAS VEGAS NV	8 YEAR

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

ARIZONA PHARMACIST LICENSE (ACTIVE) LICENSE NO: S022322
NEW MEXICO PHARMACIST LICENSE (ACTIVE) LICENSE NO: RP00007764

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

UN

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 ☒

N/A



Date of photograph 08-14-2020

Applicant's initial unl

SS.

COUNTY OF Clark

I, UGONNA NNODIM, 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 cause 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 or 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,

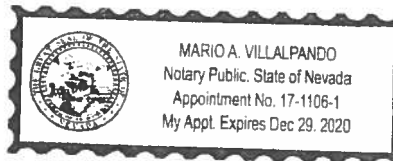
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Ugonna Nnodim
Original Signature of Applicant

Subscribed and Sworn to before me this 21 day of

August, 2020

[Signature]
Notary Public



(seal)

Applicant's initial

UN

Applicant's initial

ian

11D

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: PH03644)
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: Silver State Drug

Physical Address: 800 N. Spring St.

City: Caliente, NV State: Zip Code: 89008 Telephone: (435) 590-3686

(775) 726-3771 Fax: Toll Free Number:

E-mail: a-bleak@yahoo.com

Website:

Managing Pharmacist: Andrew Bleak License Number: 18263

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:

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 Bleck

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

Andrew Bleck

Print Name of Authorized Person

8/19/20

Date

Board Use Only

Date Processed: _____

Amount: *500.00*

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: 800 N. Spring St.
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

3/8/21
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

8/19/20
Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date _____

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 herein 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
Silver State Drug Nature of Pharmacy or Wholesaler
800 N. Spring St. Caliente, NV 89008 Name and Address of Business for Which Designated Representative Is Requested
Jollys Drug Store If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Blank Last Name Andrew First Name W Middle Name
N/A Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
S. 4th St. Present Residence Address-Street or RFD Panaca City NV 89042 State/Zip
800 N. Spring St. Present Business Address Caliente City NV 89008 State/Zip
Manager Present Position with the Pharmacy or Wholesaler
Phone: Residence _____ Business 775-726-3771
39 Date of Birth Cedar City, Iron, UT Place of Birth (City, County, State)
39 Age Male Sex
Green Color of Eyes Brown Color of Hair white Complexion 180 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 A3
Page 1

A. **Current Marriage** March 6, 2004 Salt Lake City, Salt Lake, Utah
Date City, County and State
 Spouse's full name (Maiden) Jenny Lynn Peterson S.S. No.
 Date of Birth 11-11-1971 Place of Birth Cedar City, UT
 Resident address South 4th St. Panaca NV 89042
Street City State 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
<u>N/A</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

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
<u>Tanner Bleak</u>		<u>Cedar City, UT</u>	<u>3. 4th St. Panaca</u>
<u>Benson Bleak</u>		<u>3 Omaha, NE</u>	<u>5. 4th St. Panaca</u>

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 AE3

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 3 Heaps St. Panaca, NV Retired

Mother

Terry Wadsworth Heaps St. Panaca, NV Retired

Father-in-Law

Clifford Pete Peterson 1 N. 6th St. Panaca, NV Elem. Principal

Mother-in-Law

Beverly Roe 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 5 Larkspur Rd. St. George, UT School teacher

Spouse

Karey Beckel " Massage therapist

Sylvia Lark Bleak 1 Barnwood St. Colfax, NC School coordinator

Spouse

William Greene " Sales rep.

Clared Bleak 1 N. 1300 W. #36 St. George, UT Education Consultant

Spouse

N/A

James Gordon Bleak 1 Oak Wells Rd. Panaca, NV Construction

Spouse

Kodi Ann Michaelson " Dental Hygienist

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Panaca Elementary</u>	<u>Panaca, NV</u>	<u>1986-1995</u>	Yes ☒ No ☐
High School <u>Lincoln County High School</u>	<u>Panaca, NV</u>	<u>1995-1999</u>	Yes ☒ No ☐
College <u>Southern Utah University</u>	<u>Cedar City, UT</u>	<u>1999-2006</u>	Yes ☒ No ☐
University <u>Creighton University</u>	<u>Omaha, NE</u>	<u>2007-2011</u>	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

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
------	--------------	--------	----------	------

<u>James Bleak</u>	<u>Brother</u>	<u>Class C Felony</u>	<u>Panaca, NV</u>	<u>2006</u>
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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	Eufess	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
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6/2008-5/2011	224 Arbor Ct.	Omaha	Nebraska
---------------	---------------	-------	----------

5/2011-12/2011	461 W. Center	Snowflake	Arizona
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Applicant's initial

AB

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 <u>1/17 - Current</u>	Name/Mailing Address of Employer/Business <u>Jolly's Drug P.O. Box 1011 Caliente, NV 89008</u>	Number of Employed Hours <u>8190</u>
Title <u>Manager</u>	Description of Duties <u>Dispensing/Record Keeping</u>	Name of Supervisor <u></u>
Month and Year <u>12/2013-12/2017</u>	Name/Mailing Address of Employer/Business <u>Meadow Valley Pharmacy</u>	Number of Employed Hours <u>8000</u>
Title <u>Pharmacist</u>	Description of Duties <u>Dispensing/Record Keeping</u>	Name of Supervisor <u>Adam Katschke</u>
Month and Year <u>8/2013-12/2013</u>	Name/Mailing Address of Employer/Business <u>Enterprise Pharmacy 700 E. Main Enterprise</u>	Number of Employed Hours <u>540</u>
Title <u>Pharmacy Manager</u>	Description of Duties <u>Dispensing/Record Keeping</u>	Name of Supervisor <u>Adam Katschke</u>
Month and Year <u>5/2011-7/2013</u>	Name/Mailing Address of Employer/Business <u>Safeway 702 W. Hopi Dr. Holbrook, AZ</u>	Number of Employed Hours <u>5200</u>
Title <u>Pharmacy Manager</u>	Description of Duties <u>Dispensing/Record Keeping</u>	Name of Supervisor <u>Dave Carrington</u>
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 AS

5. CHARACTER REFERENCES:

1

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 <u>Ashel Young</u>	Home	<u>1 S. 2000 W. Delta, UT 84624</u>				<u>10 years</u>
Employer <u>Valley Agronomics</u>	Business				<u>(435) 218-4335</u>	
Name <u>Dirk Bigelow</u>	Home	<u>1014th St. Commerce City, CO 80022</u>				<u>13 years</u>
Employer <u>Safeway</u>	Business	<u>2660 N. Federal Blvd. Denver, CO 80211</u>			<u>(303) 477-1470</u>	
Name <u>Mitchell Evers</u>	Home	<u>Eldon Way Sandy, UT 84093</u>				<u>9 13 years</u>
Employer <u>Ebay</u>	Business	<u>583 West Ebay Way Draper, UT 84620</u>			<u>(801) 545-2276</u>	
Name <u>Kyson Burden</u>	Home	<u>5.6 1/2 W. Snowflake, AZ 85937</u>				<u>4 9 years</u>
Employer <u>Self employed</u>	Business					
Name <u>Clared Brackenbury</u>	Home	<u>Ox Rd. Caliente, NV 89008</u>				<u>21 years</u>
Employer <u>Self employed</u>	Business					<u>8/1999 - Present</u>

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 A3

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

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 cause 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 or 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,

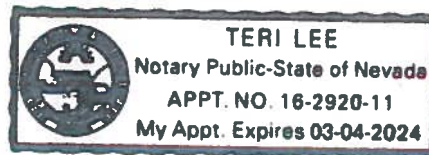
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, 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 ofAugust2020Therese

Notary Public



(seal)

Applicant's initial AB

See attached papers

Applicant's initial

AB

Pharmacy Application Continuance

3. A. Kenlsey Bleak	Omaha, NE	South 4 th St. Panaca, NV
Joel Bleak	Show Low, AZ	South 4 th St. Panaca, NV
Jane Bleak	St. George, UT	South 4 th St. Panaca, NV
Ivy Bleak	St. George, UT	South 4 th St. Panaca, NV
Eve Bleak	St. George, UT	South 4 th 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. 2 nd St. Panaca, NV	Homemaker
Tyler Heaton		High School Teacher/Pharmacy 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.

7.

12/2011-8/2013	163 N. 2 nd W. Snowflake, AZ 85937
8/2013-10/2013	14 S. 275 W. Enterprise, UT 84937
10/2013-7/2014	135 S. 4 th St. Panaca, NV 89042
7/2014- Present	South 4 th 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 _____

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.

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Application for Pharmacy
Silver State Drug Nature of License
800 N. Spring St. Caliente, NV 89008
Jollys Drug Store 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
N/A First Name
Andrew Middle Name
W.

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

4th St Present Residence Address-Street or RFD
Panaca City
NV 89042 State/Zip

800 N. Spring St. Present Business Address
Caliente City
NV 89042 State/Zip

Manager Occupation
Dates

Phone
Residence

39 Date of Birth
Cedar City, IRON, UT Place of Birth (City, County, State)
Business 775-726-3771

39 Age
Male Sex
Social Security Number or ITIN

Green Color of Eyes
Brown Color of Hair
white Complexion
180 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 AS
Page 1

A. **Current Marriage** March 6, 2004 Salt Lake City, Salt Lake, UT
Date City, County and State
 Spouse's full name (Maiden) Jenny Lynn Peterson SS# or ITIN
 Date of Birth Place of Birth Cedar City, UT
 Resident address 1 South 4th St. Pahaca NV 89042
Street City State 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
------	------------	-------------	-------------------

<u>Tanner Bleak</u>	<u> </u>	<u>Cedar City, UT</u>	<u>South 4th St.</u>
<u>Benson Bleak</u>	<u> </u>	<u>Omaha, NE</u>	<u>South 4th St.</u>

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 AB

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

Mother

3 Heaps St. Panaca, NV Retired

Terry Wadsworth

Father-in-Law

3 Heaps St. Panaca, NV Retired

Clifford Pete Peterson

Mother-in-Law

N. 6th St. Panaca, NV Elem. Principal

Beverly Roe

1 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

Spouse

2 Larkspur Rd. St. George, UT School teacher

Karey Beckel

5

"

Massage therapist

Sylvia Lark Bleak

Spouse

1 Barnwood Ct. Colfax, NC School Coordinator

William Greene

"

"

Sales Rep.

Jared Bleak

Spouse

1 N. 1300 W. #36 St. George, UT Education Consultant

N/A

James Gordon Bleak

Spouse

1 Oak Wells Rd. Panaca, NV Construction

Kodi Ann Michaelson

"

"

Dental Hygienist

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Panaca Elementary</u>	<u>Panaca, NV</u>	<u>1986-1995</u>	☒ Yes ☐ No
High School <u>Lincoln County High School</u>	<u>Panaca, NV</u>	<u>1995-1999</u>	☒ Yes ☐ No
College <u>Southern Utah University</u>	<u>Cedar City, UT</u>	<u>1999-2006</u>	☒ Yes ☐ No
University <u>Creighton University</u>	<u>Omaha, NE</u>	<u>2007-2011</u>	☒ 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

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	Eufess	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 AB

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	
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
8/2013 - 12/2013	Enterprise Pharmacy 700 E. Main	Closed
Title	Description of Duties	Name of Supervisor
	Pharmacy Manager Dispensing/Record Keeping	Andrew Bleak
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
10/2007 - 5/2011	Ed's Rexall 2701 S. 10 th St. Omaha, NE 68108	Graduated School
Title	Description of Duties	Name of Supervisor
	Student Pharmacist Fill prescriptions	Rob Albers
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
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
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

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 <u>Ashel Young</u>	Home	<u>7 S. 2000 W. Delta, UT</u>			<u>84624</u>	<u>10 years</u>
Employer <u>Valley Agronomics</u>	Business				<u>(435) 218-4335</u>	
Name <u>Dirk Bigelow</u>	Home	<u>7 Olathe St. Commerce City, CO</u>				<u>13 years</u>
Employer <u>Safeway</u>	Business	<u>2660 N. Federal Blvd. Denver, CO</u>			<u>(303) 477-1470</u>	
Name <u>Mitchell Evers</u>	Home	<u>0 Eldon Way Sandy, UT</u>			<u>84093</u>	<u>13 years</u>
Employer <u>Ebay</u>	Business	<u>583 West Ebay Way Draper, UT</u>			<u>(801) 545-2276</u>	
Name <u>Kyson Burden</u>	Home	<u>5. 6 1/2 W. Snowflake, AZ</u>				<u>9 years</u>
Employer <u>Self Employed</u>	Business					
Name <u>Jared Brackenbury</u>	Home	<u>0x Rd. Caliente, NV</u>			<u>89008</u>	<u>21 years</u>
Employer <u>Self Employed</u>	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 or 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 3/18/20

Applicant's initial AB

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 cause 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 or 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,

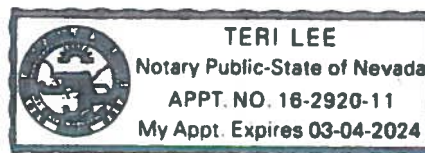
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 ofAugust, 2020Teri Lee

Notary Public



(seal)

Applicant's initial

AB

See attached papers

Applicant's initial

AB

Pharmacy Application Continuance

3. A. Kenlsey Bleak	Omaha, NE	South 4 th St. Panaca, NV
Joel Bleak	Show Low, AZ	South 4 th St. Panaca, NV
Jane Bleak	St. George, UT	South 4 th St. Panaca, NV
Ivy Bleak	St. George, UT	South 4 th St. Panaca, NV
Eve Bleak	St. George, UT	South 4 th 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	3 N. 2 nd St. Panaca, NV	Homemaker
Tyler Heaton	High School Teacher/Pharmacy co-owner	
Nelson Collin Bleak	2 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.

7.

12/2011-8/2013	163 N. 2 nd W. Snowflake, AZ 85937
8/2013-10/2013	14 S. 275 W. Enterprise, UT 84937
10/2013-7/2014	135 S. 4 th St. Panaca, NV 89042
7/2014- Present	South 4 th St. Panaca, NV 89042

8.	6/2000- 6/2002	Mission for church	Eules, TX
	Missionary	Service and proselyting	

16-18.

Meadow Valley Pharmacy's license was surrendered and the owner, Adam Katschke, plead guilty to charges dealing with fraudulent billing.



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

11E

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: Value Rx LLC DBA Value Pharmacy

Physical Address: 3880 W. Ann Rd. Suite 110

City: North Las Vegas NV State: Zip Code: 89031 Telephone: 702-331-0449

Fax: 702-331-0494 Toll Free Number: pending

E-mail: ValueRxLV@gmail.com

Website: Pending

Managing Pharmacist: Kristy Tran License Number: 16201

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: _____

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.

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

Kristy Tran
Print Name of Authorized Person

4-1-21 (amended from original)
Date on 11-15-2020

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 3880 W. Ann Rd. Ste 110

City: North Las Vegas State: NV Zip: 89031

Telephone: 702-331-0449 Fax: 702-331-0494

Contact Person: Kristy Tran 702-885-1829

For any corporation non publicly traded, disclose the following:

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

a) Kristy Tran 90% 3880 W. Ann Rd Ste 110 NV, NV 89031
Name Business Address

b) Thanh Ngo 10% 3880 W. Ann Rd. Ste 110 N. Las Vegas, NV 89031
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: Thanh Ngo (Dentist) 10 %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 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: NV 20201914480

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Kristy Tran

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.

Knt

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

Kristy Tran

Print Name of Authorized Person

4-1-21 (amended from original
Date on 11-15-2020)

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

Krisha

Date

*4-1-21 (Amended from original
on 11-15-2020)*

**RESOLUTION OF THE MEMBERS
OF**

VALUE RX LLC

A LIMITED LIABILITY COMPANY

Pursuant to the Operating Agreement of VALUE RX LLC , a Limited Liability Company, hereinafter "Company", and applicable laws, a meeting of the Members of the Company was held on 03/26/2021.

It is RESOLVED, that Kristy Tran be added as managing member with 90% ownership. Kristy Tran accepts appointment and is hereby added as a managing member of the company.

SO RESOLVED.

There being no further business, the meeting was adjourned.



Thanh Ngo , Managing Member



Kristy Tran , Managing Member

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

03/26/2021

Work Order Item Number: W2021032601214 - 1220160
Filing Number: 20211336045
Filing Type: Amended List
Filing Date/Time: 03/26/2021 12:42:47 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E9701192020-9

Entity Name: VALUE RX LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

LEGALINC CORPORATE SERVICES INC.

1810 E SAHARA AVE STE 215, Las Vegas, NV 89104, 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
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

Annual or Amended List and State Business License Application

☐ ANNUAL ☒ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

VALUE RX LLC

NAME OF ENTITY

NV20201914480

Entity or Nevada Business
Identification Number (NVID)

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):

- ☐ 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
- ☐ Business Trust
- ☐ Corporation Sole

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E9701192020-9
Secretary of State	Filing Number
State Of Nevada	20211336045
	Filed On
	03/26/2021 12:42:47 PM
	Number of Pages
	2

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

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

THANH NGO

USA

Name

Country

2232 S. Nellis Blvd G-3 #124

Las Vegas

NV

89104

Address

City

State

Zip/Postal Code

CORPORATION, INDICATE THE MANAGING MEMBER:

Kristy Tran

USA

Name

Country

3880 W. Ann Rd Suite 110

North Las Vegas

NV

89081

Address

City

State

Zip/Postal Code

None of the officers and 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 **Kristy Tran**

Managing Member

03/26/2021

**Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer** *FORM WILL BE RETURNED IF*

Title

Date

UNSIGNED

Kristopher Mangosing

From: Mark I. Sedar
Sent: Friday, April 2, 2021 2:58 PM
To: Kristopher Mangosing
Subject: FW: Value Rx, LLC documents for Board Book 2021 04 14
Attachments: Value Rx Amended Application Pages and Documents.pdf

Kris,

Updated documents for Value Rx.

Mark Sedar

From: Bill Stilling <bstilling@shhealthlaw.com>
Sent: Friday, April 2, 2021 10:55 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Cc: Courtney K. Lee <c.lee@pharmacy.nv.gov>; Bill Stilling (billstilling@gmail.com) <billstilling@gmail.com>
Subject: Value Rx, LLC documents for Board Book 2021 04 14

Mark,

Thanks for discussing Value Rx and getting information to you for the Board book. Value Rx supplied an application in November 2020. Board staff moved consideration of the application from January to March. Shortly before the March meeting, Value Rx was informed that Thanh Ngo, spouse of pharmacist Kristy Tran, could not own more than 10% of the pharmacy under NRS 639.232. Consideration of the application was tabled until the April Board meeting.

Because the application was completed, received by the Board, and placed in the Board book for the March meeting, I understand that we need to provide documents to demonstrate ownership in compliance with NRS 639.232 (i.e., 10% or less ownership by Thanh Ngo, a dentist). I have included those documents with this email. Thus, I've attached the following.

1. For your convenience, a copy of the pages from section 9E of the March Board book.
2. Amended pages and documents and new signatures necessary to demonstrate the 90/10 ownership structure. Those specific documents include:
 - a. A Resolution of the Members changing ownership to Kirsty Tran 90% and Thunh Ngo 10% and her acceptance as the Managing Member of Value Rx, LLC. (p. 9 of pdf),
 - b. A new List of Members from the Nevada Secretary of State (p. 10-12 of attached pdf),
 - c. An amended page 2 of the application. Kristy Tran revised p. 2 of the application (p. 4 of pdf). Given Ms. Tran is the managing member, she has authority to sign, not Thanh Ngo.
 - d. An amended page 4 of the application containing a description of the ownership of Value Rx, LLC (p. 5 of pdf),
 - e. An amended page 10 of the application (p.6 of pdf) containing the Statement of Responsibility signed by Kristy Tran. Only Ms. Tran is authorized to sign this document.

I can be reached at 801-201-4683 if you need any additional documents or have questions about the documents provided in this email.

Finally, please make sure you include my personal email (billstilling@gmail.com) because emails from the Nevada Board staff don't seem to be reaching this firm's email server.

Thank you for your help with this matter.

Best
Bill

**STILLING &
HARRISON**

William J. Stilling, Attorney
Email: bstilling@SHhealthlaw.com
Phone: [801.341.2021](tel:801.341.2021)
222 South Main Street, Suite 500 • Salt Lake City, UT
84101

CONFIDENTIALITY NOTICE: The content of this e-mail is confidential and proprietary and may be attorney-client privileged. If you are not the intended recipient, please destroy it and notify rharrison@SHhealthlaw.com.

**STILLING &
HARRISON**

William J. Stilling, Attorney
Email: bstilling@SHhealthlaw.com
Phone: [801.341.2021](tel:801.341.2021)
222 South Main Street, Suite 500 • Salt Lake City, UT
84101

CONFIDENTIALITY NOTICE: The content of this e-mail is confidential and proprietary and may be attorney-client privileged. If you are not the intended recipient, please destroy it and notify rharrison@SHhealthlaw.com.

SECRETARY OF STATE



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

Certificate Number: B202010091136838

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE



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>

1

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 N. Las Vegas NV 89031
Present Business Address City State/Zip

Pharmacist in charge pending board approval
Present Position with the Pharmacy or Wholesaler Dates

Phone:
Residence

Business pending

12 Viet Nam
Date of Birth Place of Birth (City, County, State)

42 female
Age Social Security Number or ITIN 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 KG

MARITAL INFORMATION-Continued

A. Current Marriage 11-2006 to present

Spouse's full name (Maiden) ^{Date} 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 702-641-8868 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



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

16

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, 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			

Tieng N. Tran 2 Cactus Desert NW, NV. 89034 retired
Anh N.T. Nguyen Harvey ave Allentown PA deceased
Trien Ngo Sycamore Ln. Garden Grove CA deceased
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
Spouse			
Spouse			
Spouse			

Mimi Tran Beverly Rd. Newark DE 19711 nurse
Thanh Nguyen Beverly Rd Newark DE 19711 Doctor
Kevin Tran Tournament ct. Center Valley PA X-Ray Tech.
N/A

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			
High School			
College			
University			
Other			

Summit View Waynesboro PA 1990-1993 Yes No
Louis E Dieruff Allentown PA 1993-1997 Yes No
Temple University Philadelphia PA 1997-2003 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:

1

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 16

- 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	11067 Tournament Ct.	Center Valley	PA.
11/2004 - 8/2011	2321 Nistle Thrush Dr.	N. LV.	NV.
8/2011 - present	2 Cactus Desert Ct.	NLV.	NV.

Applicant's initial

HB

C. EMPLOYMENT:

1

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
1/2005 - 8/2007	Wal-mart pharmacy 5545 Simmons St. NV NV 89031	3,840 hrs.
Title	Description of Duties	Name of Supervisor
Pharmacist	Verifying and dispensing medications, pt counseling	Jack Dalton
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/2007 - 4/2018	Wal-mart 5940 Losee Rd. NV NV. 89081	19,500 hrs.
Title	Description of Duties	Name of Supervisor
Pharmacy manager	managed techs. Verifying Rx, counseling, IMZ.	Jack Dalton
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2018 - 8/2019	West Valley Rx. 6125 W. Sahara Ln. NV. 89146	1,280 hrs.
Title	Description of Duties	Name of Supervisor
Pharmacist	Verifying & dispensing meds, patient counseling	Louis Nguyen
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
7/2020 - 8/2020	All city pharmacy verifying & dispensing, patient counseling	200 hrs.
Title	Description of Duties	Name of Supervisor
Pharmacist/manager	821 N. Lamb Blvd. Las Vegas NV. 89110	Garen Casalbajun
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 <u>Esther Lucille</u>	Home <u>Bario St.</u>	<u>LV</u>	<u>NV</u>	<u>89107</u>		<u>14 yrs.</u>
Employer <u>Self</u>	Business <u>Sahara</u>	<u>LV</u>	<u>NV</u>	<u>89118</u>		
Name <u>Pauline Vaisot</u>	Home <u>Cash Antigua</u>	<u>LV</u>	<u>NV</u>	<u>89081</u>		<u>13 yrs.</u>
Employer <u>Wal-mart</u>	Business <u>Tropical pkwy</u>	<u>LV</u>	<u>NV</u>	<u>89149</u>	<u>702-515-7211</u>	
Name <u>Denise Farrd</u>	Home <u>Forte Apache</u>	<u>LV</u>	<u>NV</u>	<u>89149</u>		<u>12 yrs.</u>
Employer <u>Summitlin hospital</u>	Business <u>N-Town center</u>	<u>LV</u>	<u>NV</u>	<u>89144</u>	<u>702-209-3903</u>	
Name <u>Hai Mai</u>	Home <u>Allen St.</u>	<u>NV</u>	<u>NV</u>	<u>89031</u>		<u>14 yrs.</u>
Employer <u>Wal-mart</u>	Business <u>Loxse Rd</u>	<u>NV</u>	<u>NV</u>	<u>89081</u>	<u>702-639-9002</u>	
Name <u>Yong Lai</u>	Home <u>Camden Ave</u>	<u>Chino Hills</u>	<u>CA</u>	<u>91709</u>		<u>15 yrs.</u>
Employer <u>Western Dental</u>	Business <u>12th St.</u>	<u>Riverside</u>	<u>CA</u>	<u>92501</u>	<u>951-243-7058</u>	

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 or 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

16

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 cause 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 or 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.

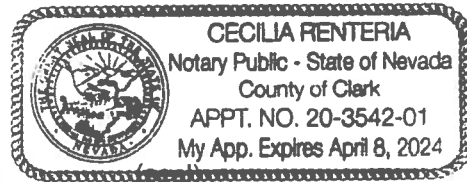
[Signature]

Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of

November 16, 2020

[Signature]
Notary Public



Applicant's initial KT

Lined area for additional information.

Applicant's initial *HS*

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1

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

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 Thanh N.
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Cactus Desert Ct. North Las Vegas NV. 89084
Present Residence Address-Street or RFD City State/Zip

5061 E. Sahara Dates 10-2010 Las Vegas NV. 89142
Present Business Address City State/Zip

Dentist Dates 10-2002
Occupation

Phone: Residence

Business 702-641-8868

45 Viet Nam
Date of Birth Place of Birth (City, County, State)

45 Male
Age Social Security Number or ITIN Sex

Brown Black fair 170 lbs Average 5'9
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/AAre you a citizen of the United States? (Yes) ☒ No ☐ If alien, registration No. _____If naturalized, certificate No. _____ Date 2-17-1995Place 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 Las Vegas Clark Nevada
 Spouse's full name (Maiden) Kristy Tran City, County and State
 Date of Birth _____ SS# or ITIN _____
 Date of Birth _____ Place of Birth Viet Nam
 Resident address Cactus Desert N. Las Vegas NV 89084
 Street City State Zip
 Telephone: Residence _____ Business Pending
 Spouse's employer Value Rx LLC Occupation Pharmacist
 Address of employer 3880 W. Ann Rd. Suite 110 N. LV NV 89084
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

NIA

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>NIA</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>NIA</u>					

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
<u>Lauren Jana Ngo</u>		<u>Las Vegas</u>	<u>2 Cactus Desert Ct. NW. NV. 89084</u>
<u>Katie Ngo</u>		<u>Las Vegas</u>	<u>2 Cactus Desert Ct. NW. NV. 89084</u>

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 TN

FAMILY INFORMATION-Continued

1

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 <u>Trieu NGO</u>		<u>Sycamore In. Garden Grove CA</u>	<u>Deceased</u>
Father-in-Law <u>Chau Le</u>		<u>Sycamore In. Garden Grove CA</u>	<u>retired</u>
Mother-in-Law <u>Tieng Tran</u>	<u>9</u>	<u>Cactus Desert MD, MD</u>	<u>Retired</u>
<u>Anh Nguyen</u>		<u>Hanover ave. Allentown, PA</u>	<u>Deceased</u>

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 <u>Jennifer NGO</u>		<u>Sycamore In.</u>	<u>Bank Auditor</u>
<u>N/A</u>		<u>Garden Grove, CA 92843</u>	
Spouse <u>Tri NGO</u>	<u>3</u>	<u>Sycamore In.</u>	<u>Optometrist</u>
<u>N/A</u>		<u>Garden Grove, CA 92843</u>	
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Susan B. Anthony</u>	<u>Santa Ana, CA</u>	<u>1981 - 1987</u>	☒ Yes ☐ No
High School <u>La Quinta</u>	<u>Santa Ana, CA</u>	<u>1990-1994</u>	☒ Yes ☐ No
College University <u>UCLA</u>	<u>LA, CA</u>	<u>1994-1998</u>	☒ Yes ☐ No
Other <u>Temple Univ. School of Dentistry</u>	<u>Philadelphia, PA</u>	<u>1998-2004</u>	☒ Yes ☐ No

Type of degree obtained, if any DMD

College or university where obtained Temple University School of Dentistry

Applicant's initial TN

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
<u>N/A</u>					

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
<u>N/A</u>				

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. borbette 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 2381 Mistle Thrush Dr. N. Las Vegas NV

11/2011 - present Cactus Desert Ct. N. Las Vegas NV

Applicant's initial TLV

8. EMPLOYMENT:

1

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. Alai
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	26 yrs
Employer	Western Dental	Business	12th St.	Riverside	CA 92501	951-243-7058
Name	Rick Chen	Home	Winter Cottage Pl	Las Vegas, NV	89135	10 yrs.
Employer	Self	Business	N. Buffalo	Las Vegas	NV 89128	702-795-0808
Name	Esther Luibello	Home	Brando St.	Las Vegas	NV 89107	17 yrs
Employer	Self	Business	W. Sahara	Las Vegas	NV 89117	
Name	Steve Roe	Home	Sweet Leikani Ave	Las Vegas	NV 89031	10 yrs.
Employer	Neighborhood Dental	Business	E Sahara,	Las Vegas	NV 89142	702-641-8868
Name	Cireli Walker	Home	S. Promontory Vista	Las Vegas	NV 89142	7 yrs.
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	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

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

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 or 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,

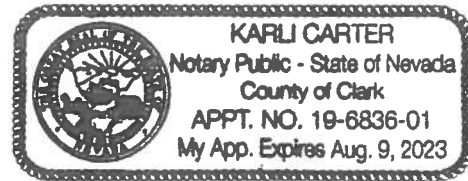
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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

.....
Karl R. Carter
Notary Public



(seal)

Applicant's initial TN.

12

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: Vegas Pharmacy LLC DBA: Vegas Pharmacy

Physical Address: 8352 W Warm Springs Rd, Suite #330

City: Las Vegas, Nevada State: Zip Code: 89113 Telephone:

702-410-5620 Fax: 702-444-4021 Toll Free Number:

833-768-3427 E-mail: vegaspharmacyllc@gmail.com

Website: www.vegas-pharmacy.com

Managing Pharmacist: Bradly Lende License Number: 20664

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: Home Delivery

*Amended 1/27/2021 RL
from original 12/9/2020*

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

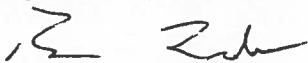
Within the last five (5) years:

- 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

Bradly Lende

01/27/2021

Print Name of Authorized Person

Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.Type of Partnership: General _____ Limited ✓

List names of 4 largest partners and percentage of ownership:

Name: Bradly Lende, Pharmacist (Pharm.D) %: 51Name: Brandon Lende %: 49

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Vegas Pharmacy LLC. DBA: Vegas PharmacyMailing Address: 8352 W Warm Springs Rd, Suite #330City, State Zip Code: Las Vegas, NV 89113Telephone Number: 702-410-5620 Fax Number: 702-444-4021Contact Person: Bradly Lende

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 8 am 5 pmSaturday Closed am _____ pmSunday Closed am _____ pm24 Hours NoA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20201962080

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Bradly Beau Lende

Responsible Person of Vegas Pharmacy LLC. DBA: Vegas 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

Bradly Beau Lende

Print Name of Authorized Person

01/27/2021

Date

Managing Pharmacist

Pharmacist Name: Bradly Beau Lende License #: 20664

Pharmacy Name: Vegas Pharmacy LLC. DBA: Vegas 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 #: _____
Relating to a DUI on May 9th, 2014 in Fargo, ND

County _____ Court: _____
All documentation is already on file with the board and has been approved by the board permitting a PIC role for All City Pharmacy #2 in October of 2020

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.

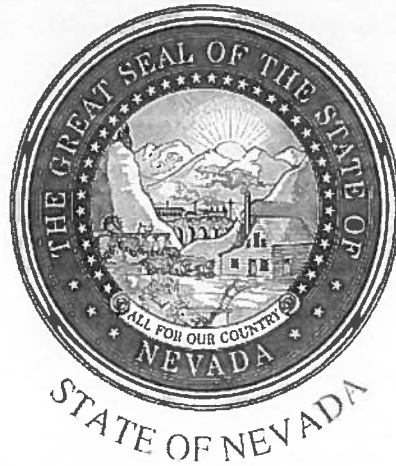


Signature

01/27/2021

Date

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

VEGAS PHARMACY, LLC

Nevada Business Identification # NV20201962080

Expiration Date: 12/31/2021

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 12/08/2020.

Barbara K. Cegavske

Certificate Number: B202012081265233

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE



DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **VEGAS PHARMACY, LLC** did, on 12/08/2020, 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 12/08/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202012081265232
You may verify this certificate
online at <http://www.nvsos.gov>

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 12-08-2020

Employer Identification Number:
85-4199469

Form: SS-4

Number of this notice: CP 575 B

VEGAS PHARMACY LLC
BRADLY LENDE MBR
1851 HILLPOINTE RD APT 1721
HENDERSON, NV 89074

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 85-4199469. 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 1065

03/15/2021

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.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

BARBARA K. CEGAVSKE
Secretary of State

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

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

Business Entity - Filing Acknowledgement

12/08/2020

Work Order Item Number: W2020120801853 - 987821
Filing Number: 20201090694
Filing Type: Initial List
Filing Date/Time: 12/08/2020 17:24:38 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E10906932020-9

Entity Name: VEGAS PHARMACY, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

MARK SHERMAN CPA

601 SOUTH RANCHO DRIVE STE D-32, Las Vegas, NV 89106, 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
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

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202 N. Carson Street
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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

12/08/2020

Work Order Item Number: W2020120801853 - 987820
Filing Number: 20201090692
Filing Type: Articles of Organization
Filing Date/Time: 12/08/2020 17:24:38 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E10906932020-9

Entity Name: VEGAS PHARMACY, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

MARK SHERMAN CPA

601 SOUTH RANCHO DRIVE STE D-32, Las Vegas, NV 89106, 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
Secretary of State

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 12/15/2020

Amount: \$ 500.00

License #: PHC04324

Vegas Pharmacy

8352 W Warm Springs Rd., Suite #330

Las Vegas NV 89113

(ID Card)

Trim ID Card to fit your wallet

 NEVADA STATE BOARD OF PHARMACY License # PHC04324 Temporary	Pharmacy Expires: 04/20/2021 Vegas Pharmacy 8352 W Warm Springs Rd., Suite #330 Las Vegas NV 89113 IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS
--	--

Cut Here

License Type: Pharmacy

License #: PHC04324

Managing Pharmacist : Bradley Lende

**NEVADA
STATE BOARD OF PHARMACY**



Expires: 04/20/2021

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Vegas Pharmacy

8352 W Warm Springs Rd., Suite #330

Las Vegas NV 89113

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Date 12/09/2020

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 New Pharmacy Applicant 'Vegas Pharmacy'

Nature of License
Vegas Pharmacy 8352 W Warm Springs Rd, Suite #300 Las Vegas, NV 89113
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Lende Last Name N/A
Bradly First Name
Beau Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Hillpointe Rd, Present Residence Address-Street or RFD
Henderson City
Nevada 89074 State/Zip

Not Currently Employed as of closure of All City Pharmacy #2 Dates Closure 11/23/20 Las Vegas Nevada 89113
Present Business Address City State/Zip

Pharmacist Dates N/A
Occupation

Jamestown, ND 58401 Stutsman County
Phone: Residence
Business N/A

Date of Birth Place of Birth (City, County, State)

27 Age
Male Sex

Social Security Number or ITIN
Brown Color of Eyes
Brown Color of Hair
Fair Complexion
225 lbs. Weight
Medium Build
6'1" Height

Scars, tattoos or distinguishing marks and/or characteristics Scar near right eye about 1" long

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 BBL

A. Current Marriage N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
 SS# or ITIN N/A

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
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:

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 BBL

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
Roger Lende Father	5	74th Ave SE, Carrington, ND 58421	Flea Market Owner/Operator
Dawn Lende (Sommerfeld) Mother		174th Ave SE, Carrington, ND 58421	Social Worker
N/A			
Father-in-Law			
N/A			
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
Brandon Lende Spouse		FR 245 Ashland, WI 54806	Gravel Quarry Manager / Mining Engineer
Hannah Lende (Kroll)		FR 245 Ashland, WI 54806	Stay At Home Mother
Brent Lende Spouse		Olin Ct Chaska, MN 55318	Agricultural Commodities Trader
Christine Lende (Mack)		Olin Ct Chaska, MN 55318	Childcare / Babysitter
N/A			
Spouse			
N/A			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Carrington Elementary School	Carrington, ND 58421	1998-2006	Yes ☒ No ☐
High School Carrington High School	Carrington, ND 58421	2006-2011	Yes ☒ No ☐
College University North Dakota State University	Fargo, ND 58108	2011-2018	Yes ☒ No ☐
Other N/A			Yes ☐ No ☒

Type of degree obtained, if any Doctor of Pharmacy Degree Bachelor's Degree - Pharmaceutical Sciences

College or university where obtained North Dakota State University College of Pharmacy

Applicant's initial BBL

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 Foster State North Dakota Date registered 05-03-2011

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
----------------	-----	--------	-------------------------	-----------------	------------------

All files are already on file with the board, have been reviewed and approved for Pharmacist Licensure as well as approval for PIC role in October for All City Pharmacy #2

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 BBL

- 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
03-1993 to 08-2011	511 74th Ave SE	Carrington	North Dakota 58421
08-2011 to 05-2012	NDSU Dorm Johnson Hall	Fargo	North Dakota 58108
05-2012 to 08-2013	3001 34th Ave S, #308	Fargo	North Dakota 58104
08-2013 to 08-2014	1017 13th Ave N, #6	Fargo	North Dakota 58102
08-2014 to 08-2016	1515 11th Ave N, #135	Fargo	North Dakota 58102
08-2016 to 08-2017	1920 Dakota Dr N, #304	Fargo	North Dakota 58102
08-2017 to 07-2018	Stayed with friends and relatives during Pharmacy School APPE Rotations		
08-2018 to 08-2019	2585 27 1/4 - 27 3/4 St	Rice Lake	Wisconsin 54868
08-2019 to 08-2020	20 E John St, #6	Rice Lake	Wisconsin 54868
08-2020 to Present	Hillpointe Rd, #1721	Henderson	Nevada 89074

Applicant's initial _____ BBL

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.

10-2020 to 11-2020	All City Pharmacy #2 8352 W Warm Springs Rd, Floor 3 Las Vegas, NV 89113	Pharmacy Closed Permanently
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Pharmacist In Charge	Typical pharmacist duties including verifying rx's, typing rx's, filling rx's, counseling patients, taking phone orders from physicians, inventory management, etc	Erica Vital
Title	Description of Duties	Name of Supervisor
08-2018 to 08-2020	Co-op Pharmacy 15846 W US Hwy 63 S Hayward, WI 54843	Fiance got a position in Las Vegas. Moved to be with her.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Pharmacy Manager (PIC) / Pharmacist	Typical pharmacist duties including verifying rx's, typing rx's, filling rx's, counseling patients, taking phone orders from physicians, inventory management, etc	Mike Covelli
Title	Description of Duties	Name of Supervisor
06-2018 to 07-2018	Hillsboro Drug 13 N Main St Hillsboro, ND 58045	Gained Full Time Pharmacy Manager Position in Wisconsin
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Part Time Pharmacist	Typical pharmacist duties including verifying rx's, typing rx's, filling rx's, counseling patients, taking phone orders from physicians, inventory management, etc	Randy Habeck (See included letter of reference)
Title	Description of Duties	Name of Supervisor
01-2014 to 03-2020	Courtyard By Marriott 1080 28th Ave S Moorhead, MN 56560	Restaurant Shut Down Due To Covid
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Bistro Server / Bartender	Make and serve food and beverages as they were ordered.	Samantha Berglund
Title	Description of Duties	Name of Supervisor
05-2012 to 05-2017	Hillsboro Drug 13 N Main St Hillsboro, ND 58045	Began Pharmacy APPE Rotations for school
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Paid Pharmacy Intern	Typical intern duties including practice verifying rx's, typing rx's, filling rx's, counseling patients, taking phone orders from physicians, inventory management, etc	Randy Habeck (See included letter of reference)
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 BBL

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 Randy Habeck	Home	7th St NE	Hillsboro, ND	54085		
Employer Hillsboro Drug	Business	13 N Main St	Hillsboro, ND	54085	701-636-5231	8 years
Name Matt Paulson	Home	1st St N	Carrington, ND	58421		
Employer Carrington Drug	Business	415 Main St	Carrington, ND	58421	701-652-2521	10 years
Name Shane Wendel	Home	4th Ave S	Carrington, ND	58421		
Employer Central Pharmacy	Business	990 Main St	Carrington, ND	58421	701-652-2651	10 years
Name Adam Blumhardt	Home	1 Rath Place	Eden Prairie, MN	55347		
Employer Cargill Inc.	Business	15407 McGinty Rd W	Wayzata, MN	55391	800-227-4455	14 years
Name Joshua Lanzdorf	Home	Home is in closing process for purchase				
Employer Southtown Pourhouse	Business	4281 45th St S Ste. 104	Fargo, ND	58104	701-532-1878	14 years

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
PO Box 530352	US Post Office	Henderson, NV 89053	Myself and Amber Mccay (fiance)

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

RPh. Pharmacist License in North Dakota 2018-present / Wisconsin 2018-present

Pharmacy Intern License in Minnesota (1 year), North Dakota (7 years), Nevada (1 year)

12. Have you ever applied for a city, county or 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 BBL

any reason whatsoever? Yes ☐ No ☒

All information is already on file with the Nevada Board of Pharmacy. It has been reviewed and approved to grant my pharmacist license and PIC role. I appeared before the North Dakota Board of Pharmacy to provide explanation of my DUI in 2014. I was not given any discipline terms.

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 ☒



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 12/10/2020

Applicant's initial BBL

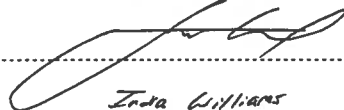
COUNTY OF Clark County

I, Bradly Beau Lende, 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 or 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,

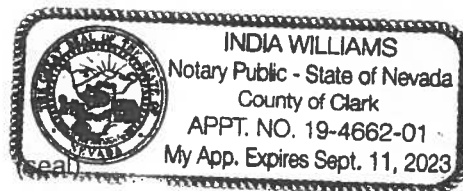
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 10 day of December, 2020


India Williams
Notary Public

Applicant's initial BBL

My partner, Brandon Lende, lives in Wisconsin. He is sending his personal history with signature and notary from there. Please note it is coming as a Supplement/amendment to the application I have submitted. It will be sent in a timely manner on 12/10/2020.

If there are any questions or concerns with our application, please do call myself (Bradly Lende - 7... ..) or Brandon Lende - ... 23 at any time.
Thank you for your time and consideration for our application.

Applicant's initial BBL

Application for a Pharmacy or Wholesaler located in Nevada

1

Date 12/09/2020

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 Designated Representative of New Pharmacy Applicant 'Vegas Pharmacy'
Vegas Pharmacy 8352 W Warm Springs Rd, Suite #300 Las Vegas, NV 89113
 Nature of Pharmacy or Wholesaler
N/A
 Name and Address of Business for Which Designated Representative Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Lende Bradly Beau
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Millpointe Rd, #1721 Henderson Nevada 89074
 Present Residence Address-Street or RFD City State/Zip
8352 W Warm Springs Rd, Suite #300 Las Vegas Nevada 89113
 Present Business Address City State/Zip
 New Pharmacy Applicant - Intended Manager / PIC January 1st 2021 - future Indefinitely
 Dates Date of Pharmacy Approval And Indefinitely
 Present Position with the Pharmacy or Wholesaler Phone:
 Residence
 Business To be supplemented per pharmacy app. page 1
Jamestown, ND 58401 Stutsman County
 Date of Birth Place of Birth (City, County, State)
27 Male
 Age Sex
Brown Brown Fair 225 lbs Medium 6'1"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Scar near right eye about 1" long

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 BBL

A. Current Marriage N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
 SS# or ITIN N/A

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
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:

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 BBL

District attorney or public agency responsible for enforcing the child support order:

1

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
Roger Lende		74th Ave SE, Carrington, ND 58421	Flea Market Owner/Operator
Father			
Dawn Lende (Sommerfeld)		74th Ave SE, Carrington, ND 58421	Social Worker
Mother			
N/A			
Father-in-Law			
N/A			
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
Brandon Lende		FR 245 Ashland, WI 54806	Gravel Quarry Manager / Mining Engineer
Spouse			
Hannah Lende (Kroll)		FR 245 Ashland, WI 54806	Stay At Home Mother
Brent Lende		1 Olin Ct Chaska, MN 55318	Agricultural Commodities Trader
Spouse			
Christine Lende (Mack)		Olin Ct Chaska, MN 55318	Childcare / Babysitter
N/A			
Spouse			
N/A			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Carrington Elementary School	Carrington, ND 58421	1998-2006
High School	Carrington High School	Carrington, ND 58421	2006-2011
College University	North Dakota State University	Fargo, ND 58108	2011-2018
Other	N/A		

Type of degree obtained, if any Doctor of Pharmacy Degree Bachelor's Degree - Pharmaceutical Sciences

College or university where obtained North Dakota State University College of Pharmacy

Applicant's initial BBL

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? N/A 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 Foster State North Dakota Date registered 05-03-2011

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
----------------	-----	--------	-------------------------	-----------------	------------------

All files are already on file with the board, have been reviewed and approved for Pharmacist Licensure as well as approval for PIC role in October for All City Pharmacy #2

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 BBL

- 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
03-1993 to 08-2011	511 74th Ave SE	Carrington	North Dakota 58421
08-2011 to 05-2012	NDSU Dorm Johnson Hall	Fargo	North Dakota 58108
05-2012 to 08-2013	3001 34th Ave S, #308	Fargo	North Dakota 58104
08-2013 to 08-2014	1017 13th Ave N, #6	Fargo	North Dakota 58102
08-2014 to 08-2016	1515 11th Ave N, #135	Fargo	North Dakota 58102
08-2016 to 08-2017	1920 Dakota Dr N, #304	Fargo	North Dakota 58102
08-2017 to 07-2018	Stayed with friends and relatives during Pharmacy School APPE Rotations		
08-2018 to 08-2019	2585 27 1/4 - 27 3/4 St	Rice Lake	Wisconsin 54868
08-2019 to 08-2020	20 E John St, #6	Rice Lake	Wisconsin 54868
08-2020 to Present	Hillpointe Rd, #	Henderson	Nevada 89074

Applicant's initial BBL

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
05-2012 to 05-2017	Hillsboro Drug 13 N Main St Hillsboro, ND 58045	~ 3200 hours
Paid Pharmacy Intern	Typical intern duties including practice verifying rx's, typing rx's, filling rx's, counseling patients, taking phone orders from physicians, inventory management, etc.	Randy Habeck (See included letter of reference)
Title	Description of Duties	Name of Supervisor
06-2018 to 07-2018	Hillsboro Drug 13 N Main St Hillsboro, ND 58045	~ 120 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Part Time Pharmacist	Typical pharmacist duties including verifying rx's, typing rx's, filling rx's, counseling patients, taking phone orders from physicians, inventory management, etc.	Randy Habeck (See included letter of reference)
Title	Description of Duties	Name of Supervisor
08-2018 to 08-2020	Co-op Pharmacy 15846 W US Hwy 63 S Hayward, WI 54843	~ 4300
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager (PIC) / Pharmacist	Typical pharmacist duties including verifying rx's, typing rx's, filling rx's, counseling patients, taking phone orders from physicians, inventory management, etc.	Mike Covelli
Title	Description of Duties	Name of Supervisor
10-2020 to 11-2020	All City Pharmacy #2 8352 W Warm Springs Rd, Floor 3 Las Vegas, NV 89113	~ 275 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist In Charge	Typical pharmacist duties including verifying rx's, typing rx's, filling rx's, counseling patients, taking phone orders from physicians, inventory management, etc.	Erica Vital
Title	Description of Duties	Name of Supervisor
APPE Rotations 06-'17 to 05-'18	8 different sites at 200 hours each including Walgreens on S Rainbow Blvd, Las Vegas 06/07-'17	1600 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Unpaid Pharmacy Intern	Typical intern duties including practice verifying rx's, typing rx's, filling rx's, counseling patients, taking phone orders from physicians, inventory management, etc.	8 different supervisors / one per location
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 BBL

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 Randy Habeck	Home	7th St NE	Hillsboro, ND	54085		
Employer Hillsboro Drug	Business	13 N Main St	Hillsboro, ND	54085	701-636-5231	8 years
Name Matt Paulson	Home	1st St N	Carrington, ND	58421		
Employer Carrington Drug	Business	415 Main St	Carrington, ND	58421	701-652-2521	10 years
Name Shane Wendel	Home	4th Ave S	Carrington, ND	58421		
Employer Central Pharmacy	Business	990 Main St	Carrington, ND	58421	701-652-2651	10 years
Name Adam Blumhardt	Home	Rath Place	Eden Prairie, MN	55347		
Employer Cargill Inc.	Business	15407 McGinty Rd W	Wayzata, MN	55391	800-227-4455	14 years
Name Joshua Lanzdorf	Home	Home is in closing process for purchase				
Employer Southtown Pourhouse	Business	45th St S Ste. 104	Fargo, ND	58104	701-532-1878	14 years

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

RPh. Pharmacist License in North Dakota 2018-present / Wisconsin 2018-present

Pharmacy Intern License in Minnesota (1 year), North Dakota (7 years), Nevada (1 year)

11. Have you ever applied for a city, county or 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 ☒

All information is already on file with the Nevada Board of Pharmacy. It has been reviewed and approved to grant my pharmacist license and PIC role. I appeared before the North Dakota Board of Pharmacy to provide explanation of my DUI in 2014. I was not given any discipline terms.

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 BBL

1. Have you ever been denied 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 ☐



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 12/10/2020

Applicant's initial BBL

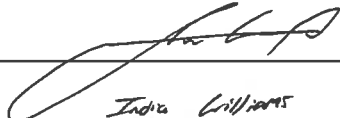
COUNTY OF Clark County

I, Bradly Beau Lende, 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 cause 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 or 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,

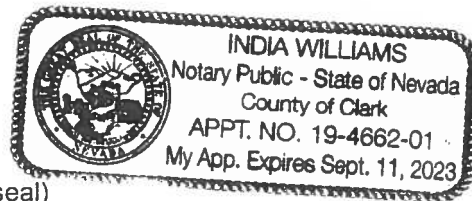
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, 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 10 day of December, 2020

Notary Public



(seal)

Applicant's initial BBL

Explanation Of "Offense & Current Use" Statement

Nevada Board of Pharmacy

3/18/20

To Whom It May Concern,

My name is Bradly Lende. I am applying for licensure as a pharmacist via transfer for the state of Nevada. Almost six years ago, on May 9th 2014, I was out with friends at a bar. I made the unfortunate decision to drive after consuming alcohol. It resulted in a DUI arrest. I deeply regret this decision. It's one of the worst and dumbest decisions I've ever made. I plead guilty immediately. I completed every requirement asked of me by the law, the board of pharmacy, and my school of pharmacy. Since this happened, I have always used an Uber or taxi when consuming any amount of alcohol.

I have never misused or abused any form of controlled substance, whether prescribed or otherwise. I have never tried, nor do I intend to try, any illegal substance such as marijuana, cocaine, etc. In regards to alcohol consumption, I will continue to consume responsibly and in moderation, while at social outings or events. I will continue to always call a taxi or Uber when traveling is necessary after consuming alcohol. I deeply regret the decisions that led to my DUI, and I have taken that as an opportunity to grow as a person and become more responsible. If any further information is needed, please let me know.

Sincerely,

Bradly Lende

email: t n

phone:

CLERK OF MUNICIPAL COURT

MAY 20 2014

FARGO, ND

CHRIS SHIARO COUNSELING SERVICES, PLLC

1323 23rd Street S., Ste. 1
Fargo, North Dakota 58103
Telephone: 701-271-0600

May 15, 2014

Fargo Municipal Court
402 NP Avenue N.
PO Box 49
Fargo, ND 58107-0049

RE: Bradley Lende

DOB:

DR LIC/ SSN:

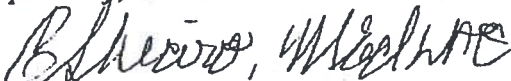
CASE: FA-2014-CR-01690

I evaluated the above individual 5/13/14. Mr. Lende is a 21 year old, single male with a self-reported first DUI (May/14). He reported a blood alcohol level of .19.

By client's history and confirmed by testing, client does not meet DSM-IV criteria for 303.90 Alcohol Dependence. Client was negative for alcohol dependence on the CAGE questionnaire and the Michigan Alcohol Screening Test. This writer recommended the 16 Hour DUI Seminar. He reported he plans complete the Seminar at this agency.

If you have any questions, please call 701-271-0600

Respectfully,



Chris Shiario, M.Ed., LAC
Licensed Addiction Counselor

CC: BL

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the disclosure of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA
402 NP Ave N., Fargo, ND 58102 Telephone 701-241-1316 Fax 701-241-1320

JUDGMENT AND DISPOSITION OF CRIMINAL COMPLAINT

CASE FA-2014-CR-01690

CITY OF FARGO vs. **Bradly Beau Lende**

OFFENSE 080310 DUI/APC

DISPOSITION ☒ PLEAD GUILTY ☐ FOUND GUILTY ☐ FOUND NOT GUILTY ☐ DISMISSED ☐ TURNED OVER TO STATES ATTORNEY

FINE \$ 600.00 OF WHICH \$ 0 IS SUSPENDED
CENTRE COSTS \$ _____ COURT COSTS \$ _____ VICTIM FEE \$ 25.00
JAIL SENTENCE 30 DAYS, OF WHICH 29 DAYS ARE SUSPENDED. Credit from 1 day
Additional credit of _____ days for time previously served _____
Serve at Cass Jail yes / no May transfer to CENTRE yes / no Serve at CENTRE, Inc yes / no
Serve on EMS @ defendant's expense yes / no WORK RELEASE yes / no
Community Service _____ hours

Conditions of your suspended sentence/unsupervised probation are circled below and in effect for 11 months. You must promptly comply with all orders of the court, not violate any criminal laws or ordinances, maintain general good behavior, immediately inform the court of any address change, complete all forms as instructed and provide information to assist the court in monitoring your sentence.

1. _____
2. Participate in the 24/7 Sobriety Program and comply with all requirements of the program until _____.
3. Attend the ASPEN program on _____.
4. Complete a Chemical Dependency evaluation by 6-8-14. Pay the fee at the time of the evaluation.
5. Complete Mental Health Assessment by _____.
6. Follow all recommendations for counseling, treatment, or educational classes. After the evaluation you must immediately inform the court if you intend to comply with the recommendation or appear in court if you disagree.
7. Provide copy of judgment signed by parents and notarized to Clerk of Court's office by _____.
8. Complete Defensive Driving Course and provide proof to the clerk's office by _____.
9. Complete a Minor in Possession seminar on _____ at _____.
10. Not use or possess alcohol until any required evaluation, counseling, or educational classes are completed or for a period of 11 months whichever is longer, and not go on or about any premises where alcohol or other mood altering substances are unlawfully used, possessed, delivered, sold or consumed.
11. Not to contact _____ in person or through agents and not to go on or about the premises of their residence or place of business.
12. Not to go on or about the premises of _____.
13. Obtain GED or High School diploma and provide proof to the clerk's office by _____.
14. Pay restitution in the amount of \$ _____ per Restitution Instructions from City Prosecutor.
15. Surrender North Dakota vehicle license plates per your Order to Surrender License Plates.
16. Attend Victim Impact Panel on 6-11-14.

FILED-CLERK OF MUNICIPAL COURT

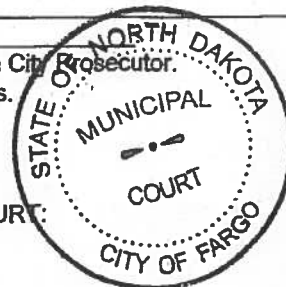
FAXED TO DEFENDANT AT CCJ

MAY 09 2014

FARGO, ND

Date

BY THE COURT:



Municipal Judge

Defendant's signature

Copy to: def atty _____ city pros _____ jail _____ Centre _____ Alt Corr _____

hearing notice form

I hereby certify that this is a true and complete
copy of the original record on file in Municipal
Court, City of Fargo, County of Cass, State of North
Dakota. Given under my hand, with seal of said
Court affixed this 14th day of
September 2008.

SHILOH HANSON
Clerk of Municipal Court

By: B. J. [Signature] Deputy

IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA
NOTIFICATION OF RIGHTS AND ACKNOWLEDGMENT - CRIMINAL OFFENSE

City of Fargo vs. **Bradly Beau Lende**

Case FA-2014-CR-01690 DUI/APC

Maximum Penalty: Class B Misdemeanor - 30 days imprisonment and a \$1,500 fine.

Infraction - \$1000.00 fine

YOU HAVE THE FOLLOWING RIGHTS:

1. To be informed of the nature of the charge against you.
2. To be informed of the maximum and minimum penalties that may be imposed if you are convicted or if you plead guilty to the offense.
3. Against self-incrimination, which means that you have the right to remain silent, and to know that any statement made by you may be used against you in a criminal prosecution. At trial, you may testify or not testify as you choose.
4. If the offense charged is one for which appointed counsel is required, you have the right to have legal services provided at public expense to the extent that you are unable to pay for your own defense without undue hardship. (Appointed counsel is not available if the offense is an infraction.)
5. To be admitted to bail pursuant to the provisions of N.D.Crim.P. 46. (Conditions which reasonably assure your appearance at all court proceedings).
6. To enter a plea of either guilty or not guilty and to persist in a plea of not guilty.
7. To be presumed innocent. You may be convicted only if the city proves beyond a reasonable doubt that you have committed each and every element of the offense.
8. To confront and cross-examine in court the witnesses against you. To present witnesses to testify on your behalf and to use this court's subpoena power to have witnesses appear at trial on your behalf.
9. To have a trial by a jury in district court if you make a written request for jury trial within 28 days following a plea of not guilty. If your case remains in municipal court and you are found guilty by a judge you may appeal to the district court for a new trial before a judge. (A jury is not available for the trial of an infraction).

If you plead guilty, there will be no trial of any kind. By pleading guilty, you give up your right to a trial and to an appeal, to confront the witnesses against you, and your privilege against self-incrimination.

NOTE: If you fail to appear for a scheduled court date, your bond will be forfeited, a conviction (where authorized by statute) may be entered against you on the pending charge pursuant to Section 39-06-30, North Dakota Century Code, and a warrant may issue for your arrest.

FILED-CLERK OF MUNICIPAL COURT

MAY 09 2014

FARGO, ND

Brad Lende
Defendant's signature

Date
Hearing notice



IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA

ENTRY OF PLEA

City of Fargo vs. **Bradly Beau Lende**

Case FA-2014-CR-01690 DUI/APC

GUILTY PLEA:

I plead guilty and waive all my rights listed and acknowledged by me on the Notification of Rights. My plea is freely and voluntarily made without threat or the result of force, and without any promises except for any plea agreement made between the prosecuting attorney and myself or my attorney.

My guilty plea (circle one) **IS** or **IS NOT** the result of a plea agreement.

The attorney representing me is _____ If I am not represented by an attorney, I waive my right to consult with an attorney of my choosing and any right I may have to have an attorney appointed to represent me.

I have read and understand each of my legal rights listed in the Notification of Rights. The judge accepting this plea has answered all of my questions.

Bradly Lende 5/9/14
Defendant's signature Date

ACCEPTANCE OF GUILTY PLEA:

Having established a factual basis for the guilty plea by:

X the defendant's statement,
X the prosecution's statement, or
other (describe) _____

I hereby accept the defendant's plea of guilty.

[Signature] 5/9/14
Municipal Judge Date

NOT GUILTY PLEA:

I have read and understand each of my legal rights listed in the Notification of Rights.

I plead not guilty, and make the following choice concerning court appointed counsel:

I (circle one) **DO** or **DO NOT** request that I be provided with a court appointed attorney. If I do not request an appointed attorney I will either retain an attorney to represent me or I waive my right to be represented by an attorney.

NOTE: TO REQUEST A COURT APPOINTED ATTORNEY, you must complete an application providing financial information prior to your appearance today and submit it to the court (an appointed attorney is not provided on the trial of an infraction).

I understand that if I do not make a written demand for a jury trial of a class B misdemeanor within 28 days from today, I will have waived my right to a jury trial and my case will be tried before a municipal court judge without a jury.

Bradly Lende 5/9/14
Defendant's signature Date

Application for appointed counsel: Approved _____ Denied _____

Name of appointed counsel: _____

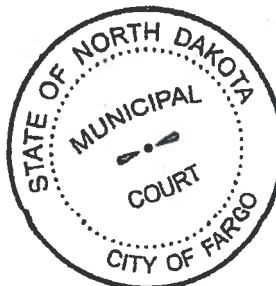
BY THE COURT:

Municipal Judge Date

FILED-CLERK OF MUNICIPAL COURT

MAY 09 2014

FARGO, ND



**IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA
SPECIAL ADVISEMENT**

City of Fargo vs. **Bradly Beau Lende**

Case FA-2014-CR-01690 DUI/APC

You are advised that the following are **mandatory minimum** penalties that will be imposed upon you if you are convicted or if you plead guilty to the offenses listed:

You are advised that if you are convicted of or if you plead guilty to either driving while under the influence, driving under suspension, or driving without liability insurance, this conviction may be used to increase any penalty upon further convictions.

DRIVING WHILE UNDER THE INFLUENCE/REFUSE TO SUBMIT TO CHEMICAL TEST:

- For a 1st offense, the sentence must include both a fine of at least 500.00 and an order for an addiction evaluation by an appropriate licensed addiction treatment program. For a 1st offense with a BAC of .16 or greater the sentence must include a fine of at least \$750.00, 2 days' imprisonment, and an order for an addiction evaluation by an appropriate licensed addiction treatment program.
- For a 2nd offense within 7 years, the sentence must include at least 10 days' imprisonment, of which 48 hours must be served consecutively, a fine of at least \$1500.00, and an order for an addiction evaluation by an appropriate licensed addiction treatment program, and at least twelve months' participation in the twenty-four seven sobriety program under chapter 54-12.
- If you have 3 or more offenses within 7 years, or 4th or subsequent offense, the municipal court does not have jurisdiction and the charge will be dismissed and referred to the states attorney.

DRIVING UNDER SUSPENSION:

Any person who drives a motor vehicle on a highway or on public or private areas to which the public has a right of access for vehicular use in this state while that person's license or privilege so to do is suspended or revoked in any jurisdiction is guilty of a class B misdemeanor for the 1st, 2nd or 3rd offense within a 5-year period. Any subsequent offense within the same 5-year period is a class A misdemeanor.

If your driving privileges are revoked or suspended for an alcohol-related offense, any conviction for driving under suspension will result in a mandatory minimum sentence of 4 consecutive days' imprisonment.

State law provides that a charge may be dismissed under this section upon motion by the defendant if the defendant's operator's license is reinstated within sixty days of the date of the offense and the defendant provides to the court satisfactory evidence of the reinstatement.

DRIVING WITHOUT LIABILITY INSURANCE:

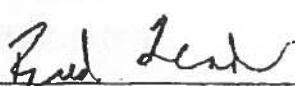
- For a 1st offense the sentence imposed must include a fine of at least \$150.00.
- For a 2nd or subsequent offense within a 36-month period must be fined at least \$300.00 and surrender license plates to the court until provides proof of insurance and a \$20.00 fee to the court.

I state that I am the defendant, I have read this special advisement, I have been informed of the mandatory minimum penalties by the court, and I understand them.

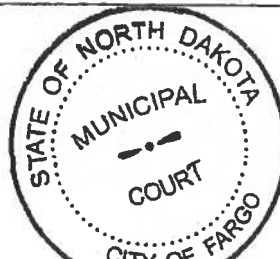
FILED-CLERK OF MUNICIPAL COURT

MAY 09 2014

FARGO, ND


Defendant's signature

5/9/14
Date
Hearing notice form



IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA

City of Fargo

Plaintiff,

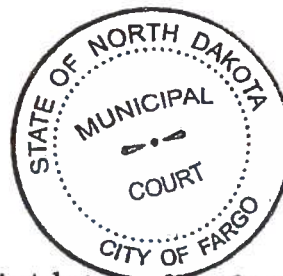
v.

Defendant.

Case No. FA-2014-CR- 1690

RULE 11 FACTUAL BASIS
FOR DUI PLEA

1. On May 9, 2014 the Defendant was operating ~~or in actual physical control~~ of a motor vehicle upon a highway or street or private property to which the public has access within the jurisdictional limits of the City of Fargo, North Dakota.
2. The Defendant ~~was stopped for~~ blew out a bin on his vehicle, pulled into a parking and then fled. Based on information from a witness, officers were able to locate the defendant.
3. The Defendant failed the following standard field sobriety tests:
☒ Horizontal Gaze Nystagmus Test
☒ One Leg Stand Test
☒ Walk and Turn Test
☐ PBT (_____ %)
4. ☒ A blood sample was furnished.
5. ☐ An Intoxilyzer was performed.
6. ~~The Defendant refused to submit to a blood sample or breath test, but the officer formed the opinion, based upon observations and the behavior of the Defendant, that the Defendant was under the influence of alcohol and/or drugs.~~
7. The result of the chemical test was an alcohol concentration of _____ % by weight.
8. The Defendant admits to being under the influence of alcohol ~~and/or drugs~~ at the time of driving/actual physical control.
9. ☐ ITV Defendant admits factual basis for plea and guilt.



[Signature] 5/9/14
Fargo City Prosecutor Date

Defendant Date

FILED-CLERK OF MUNICIPAL COURT

MAY 09 2014

FARGO, ND

BY THE COURT:

[Signature]
Judge of the Fargo Municipal Court

SUMMONS TO COURT

(Rev. 8/2008)

CIT No. 322288ACC. ☐ YES ☐ NO ICR No. 19-26567CITY OF FARGO } SS
COUNTY OF CASS }In Municipal Court before Judge CA 2014 CK 01690
says that on FR 5, 9, 14 at approximately 0328 hours, the undersigned being duly sworn,Last Name Lende First Brachly Middle Beau
Street Address 13 AVE N #16 City FAR State ND Zip 58102
MPH in _____ MPH Zone _____ Dir. _____ Radar/Laser _____

Committed an offense:

1. Disturb (high test) ORD. No. 08-0310 BOND 1625.00 ☐ MOVING ☐ STATIONARY
2. _____ FILED-CLERK OF MUNICIPAL COURT
3. _____ MAY - 9 2014
☐ MAY FORFEIT ☒ MUST APPEAR ☐ MAY FIX IT
☐ MAY FORFEIT ☐ MUST APPEAR ☐ MAY FIX IT
☐ MAY FORFEIT ☐ MUST APPEAR ☐ MAY FIX ITLOCATION: 3200 Blk 12 Ave N FARGO, ND BEAT NO. 23 V: 10 or N Car # 66
LET A WARRANT ISSUE HEREINComplainant Paul Behm City Prosecutor _____ Sworn to, Dated _____ Judge _____
DESCRIPTION OF DEFENDANT / VEHICLE
Dr. Lic. ND No. 1 Employed/School MWRIT (MHD) NDSH Home Phone 701-608-650 Bus 8483
DOB _____ Race W Sex M Hi. 62 Wt. 215 Hair BRN Eyes BRN Build _____ Complexion _____
Place of Birth _____ Other/SSN _____ Vin # _____
Veh. Color BLU Yr. 02 Make Pontiac CMV Y or N ☒ Hazmat Y or N ☐ Veh. Lic # _____ ST. ND Yr. _____SUMMONS: You are hereby summoned to appear at the place designated below to answer to the above charge or post bail.
If you fail to appear or post bond a warrant will be issued for your arrest.COURT APPEARANCE DATE
Fargo Municipal Court
402 NP Ave. N.
Fargo, ND 58102
Day of Week _____ Mo. _____ Day _____ Yr. _____ Time _____ AM _____ PM
Date Served _____ Mo. _____ Day _____ Yr. _____
Officer X D. Behm No. 295
T. MESSER No. 288
TO BE SET (x) IN 5 MIN Defendant

PROMISE TO APPEAR: I hereby consent and promise to appear before the Fargo Municipal Court at the time and place specified or to post bond as required. I acknowledge the receipt of a copy of this summons and I expressly waive earlier hearing and acknowledge my duty to post bond for "may forfeit" offenses.

IMPORTANT - READ - OTHER SIDE



May 22, 2014

NDSU NORTH DAKOTA STATE UNIVERSITY

Bradly Lende
113 Ave N #6
Fargo ND 58102

Dear Bradly,

This letter is written to officially inform you that you have been placed on supervised probation within the College of Pharmacy, Nursing, and Allied Sciences through May 15, 2015. Your supervised probation is based upon your violation of our student professional conduct policies as a result of your May 9, 2014, Driving Under the Influence. Your DUI violates the student conduct policy which states:

"Intoxication, abuse, possession, use and/or illegal sale of alcohol, drugs, chemicals, firearms, explosives, or weapons within the University campus, in any practice setting, or when representing the College. Any violation and/or conviction of any federal, state or municipal law as well as a University rule or rule at a professional experience site."

Our student conduct policy which every student signs upon entering the college requires students to uphold the highest standards of honesty, integrity and good moral character which are expected of a health professional. Professionalism, having our students represent professional behavior both on and off campus is vital to maintaining the integrity of our pharmacy, nursing, and allied sciences programs.

You will be allowed to continue as a student in the college under the following conditions:

- (1) You agree to comply with the College of Pharmacy, Nursing, and Allied Sciences policies, procedures, rules and regulations for students enrolled in the Pharm.D., pre-pharmacy, nursing, and allied sciences programs at North Dakota State University, including full compliance with our student academic and professional conduct policies and code of ethics for the remainder of your enrollment as a student within the College.
- (2) No subsequent violations of legal or academic consequence occur during the period of supervised probation May 2014 through May 15, 2015.
- (3) You not only agree to undergo (and pay for) a chemical dependency evaluation performed by a licensed and certified chemical dependency counselor, but also to abide by the recommendation(s) of that counselor regarding the duration and intensity of counseling. The counselor must be affiliated with an organization that is capable of providing a full continuum of care, from no services to small group counseling sessions to inpatient care, to ensure that appropriate treatment paths can be followed. You agree to work with the Associate Dean for Student Affairs and Faculty Development to mutually agree upon the choice of this counselor.
- (4) Students agree to provide a release of information with the counselor undertaking the evaluation (as well as any additional counselors undertaking subsequent treatment relative to this case), to allow the Associate Dean for Student Affairs and Faculty Development to discuss the case with, and provide collateral information to, the counselor.
- (5) You agree to meet with the Associate Dean for Student Affairs and Faculty Development one time per month from August 2014 through May 15, 2015.
- (6) You agree to perform 40 of community service at a site approved by the Associate Dean for Student Affairs and Faculty Development. Twenty (20) hours must be completed in the Fall Semester by December 19, 2014, and the final 20 hours must be completed in the Spring Semester by May 15, 2015. Completing more than the required hours in a given semester will not reduce the number of hours that you complete in subsequent semesters. As an example, if you complete 30 hours of service in the Fall 2014 semester, you would still be required to complete 20 hours of service in the Spring 2015 semester. (Note: one MADD meeting or one AA meeting equals five hours of service.) Volunteer work at other non-approved sites will not meet the requirements of this sanction. Please contact the Associate Dean for Student Affairs and Faculty Development to determine the site at which you will perform the community service requirement. You must document the completion of your hours before the end of the probationary period and submit them to the Associate Dean for Student Affairs and Faculty Development. Failure to document and submit your hours in the time allotted may lead to an extension of your supervised probation or additional sanctions.

Page Two
May 22, 2014

- (7) You adhere to the recommendations and sanctions imposed by the appropriate licensing board(s), places of employment, places of academic internship and the legal courts.
- (8) You agree to provide sufficient documentation to the Associate Dean of Student Affairs and Faculty Development verifying that you have fulfilled (or are making adequate progress towards fulfilling) the sanctions imposed by the courts, the College of Pharmacy, Nursing and Allied Sciences and the University as a whole for the citations described in the previous paragraphs.

Violation of these conditions may result in termination of your enrollment as a student in the College of Pharmacy, Nursing, and Allied Sciences.

I am submitting this letter to you in duplicate. Please sign on the signature line below indicating that you have received, read and understand the letter including the conditions for your continued enrollment in our college. Please return one original to the Deans Office, Department 2650, PO Box 6050, Fargo, ND 58108 and keep the other original for your files.

Sincerely,



Daniel Friesner, Ph.D.
Associate Dean for Student Affairs and Faculty Development
NDSU College of Pharmacy, Nursing, and Allied Sciences


Student Signature

Cc: Student file (Pharmacy)
Nona Wood

20 Spring hours - 2015
Complete

Lizbeth Frannea

From: Daniel Friesner
Sent: Thursday, May 07, 2015 8:41 AM
To: Lizbeth Frannea
Subject: FW: Community Service Hours
Attachments: 20150506_195315.jpeg; 20150506_215810.jpeg

FYI.

From: Bradly Lende
Sent: Wednesday, May 06, 2015 10:50 PM
To: Daniel Friesner
Subject: Community Service Hours

5 hours

Dr. Friesner,
I attended my fourth and final AA meeting of the semester. It was the Fargo AA meeting at the Fargo Clubhouse at 8pm tonight.

Thanks,
Brad Lende

From: vzwpix.com <vzwpix.com>
Sent: Wednesday, May 06, 2015 9:59:16 PM
To: Bradly Lende
Subject:

MEETING LOG
(month)

THURSDAY

FRIDAY

SATURDAY

10/1/83
10/2/83
10/3/83
10/4/83
10/5/83
10/6/83
10/7/83
10/8/83
10/9/83
10/10/83
10/11/83
10/12/83
10/13/83
10/14/83
10/15/83
10/16/83
10/17/83
10/18/83
10/19/83
10/20/83
10/21/83
10/22/83
10/23/83
10/24/83
10/25/83
10/26/83
10/27/83
10/28/83
10/29/83
10/30/83
10/31/83

Lizbeth Frannea

From: Daniel Friesner
Sent: Thursday, April 30, 2015 11:22 PM
To: Lizbeth Frannea
Subject: Fwd: Community Service Hours
Attachments: 20150430_195127.jpeg; 20150430_195215.jpeg

Begin forwarded message:

From: "Bradly Lende" <bradly.lende@ndsu.edu>
To: "Daniel Friesner" <daniel.friesner@ndsu.edu>
Subject: Community Service Hours

5 hours

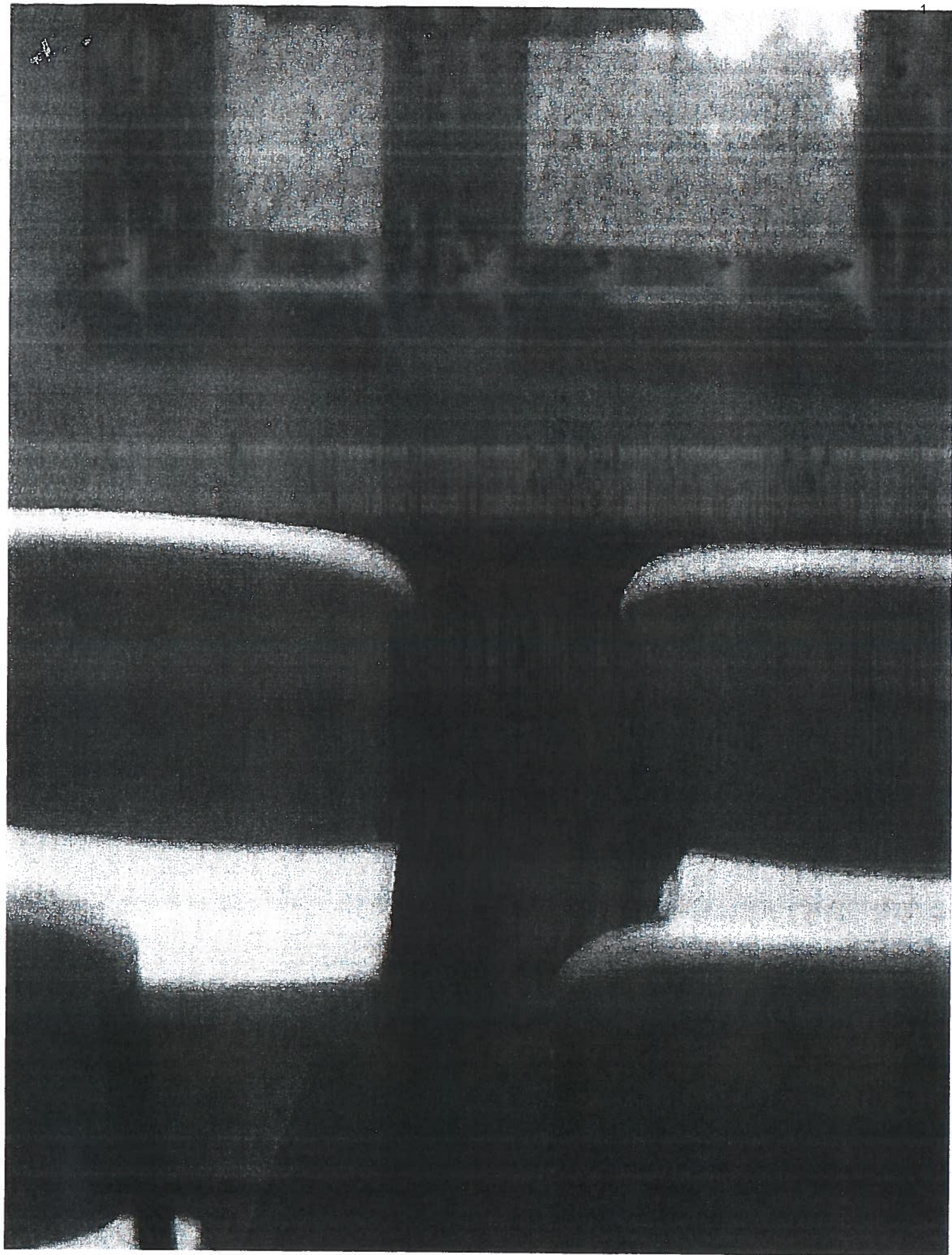
Dr. Friesner,

I attended my third AA meeting tonight (Red Road to Recovery) at 8pm at the Native American Wesley Center. I decided I will do my final meeting on Saturday night to give myself more time to study for our quiz tomorrow.

Thanks,
Brad Lende

From: vzwpx.com <vzwpx.com>
Sent: Thursday, April 30, 2015 9:41:43 PM
To: Bradly Lende
Subject:





Lizbeth Frannea

From: Daniel Friesner
Sent: Tuesday, April 07, 2015 9:56 PM
To: Lizbeth Frannea
Subject: Fwd: community service hours
Attachments: 20150407_204758.jpeg; 20150407_192051.jpeg

FYI for his file.

Sent from my iPhone

Begin forwarded message:

From: "Bradly Lende" <bradly.lende@ndsu.edu>
To: "Daniel Friesner" <daniel.friesner@ndsu.edu>
Subject: community service hours

Dr Friesner,
 I attended my second AA meeting tonight at 730pm. It was the Northern Plains Group which met at the Copper Ridge Event Center.

Thanks,
 Brad

From: jvzwpix.com <jvzwpix.com>
Sent: Tuesday, April 07, 2015 8:48:59 PM
To: Bradly Lende
Subject:



1
ROOST SUPPORT
(Please use a new sheet for each month)

MONTH _____

SUNDAY

TUESDAY

WEDNESDAY

THURSDAY

11/4/14

Evergreen - Northern

Plum

Chuck fly & down

W

N

Book

Northern flower

Copier (bridge over)

Center X

M

4/2/15 3:00 PM

room

Lizbeth Frannea

From: Daniel Friesner
Sent: Monday, April 06, 2015 10:04 PM
To: Lizbeth Frannea
Subject: Fwd: community service hours
Attachments: 20150406_214619.jpeg; 20150406_215541.jpeg

FYI for the student's file.

Dan

Sent from my iPhone

Begin forwarded message:

From: "Bradly Lende" <bradly.lende@ndsu.edu>
To: "Daniel Friesner" <daniel.friesner@ndsu.edu>
Subject: community service hours

Hello Dr. Friesner,
I attended my first AA meeting tonight at 730pm at the church off of 36th Ave and 26th St S.

Thanks,
Brad

From: dvzwpix.com <dvzwpix.com>
Sent: Monday, April 06, 2015 9:56:26 PM
To: Bradly Lende
Subject:



N6

Bring your
own By Book

12/1/19

7:30 PM

Bring your own
By Book

12/3/19 7:30 PM

Bring your own
By Book

4/6/19 7:30 PM

2/1/19

Lizbeth Frannea

From: Daniel Friesner
Sent: Monday, December 08, 2014 10:08 PM
To: Lizbeth Frannea
Subject: Fwd: Community Service Hours
Attachments: image.jpg; image.jpg

FYI for the file.

Sent from my iPhone

Begin forwarded message:

From: "Bradly Lende" <bradly.lende@ndsu.edu>
To: "Daniel Friesner" <daniel.friesner@ndsu.edu>
Subject: Community Service Hours

✓ 12-9-2014

Hello Dr. Friesner,

I attended my third AA meeting tonight at 730PM in the Gethsemane Episcopal Church, called the Bring Your Own Big Book meeting.

Thank you,
Brad Lende



15 + 5 hrs pharm assist
 (which is attached as N6 -
 person did not want their
 name recorded)

total = 20 - Fall 2014 Hours complete

SUNDAY

MONDAY

WEDNESDAY

TUESDAY

DATES:

MEETING:

SIGNATURE:

DATES:

MEETING:

SIGNATURE:

DATES:

MEETING:

SIGNATURE:

DATES:

MEETING:

SIGNATURE:

Nb

↑ this
is signed by
someone (Pham
Assist) who
did not want
to record name

Gettysburg Church

bring your
own bag book

12/11/10

7:30 PM

bring your own
bag book

Pham

Pham

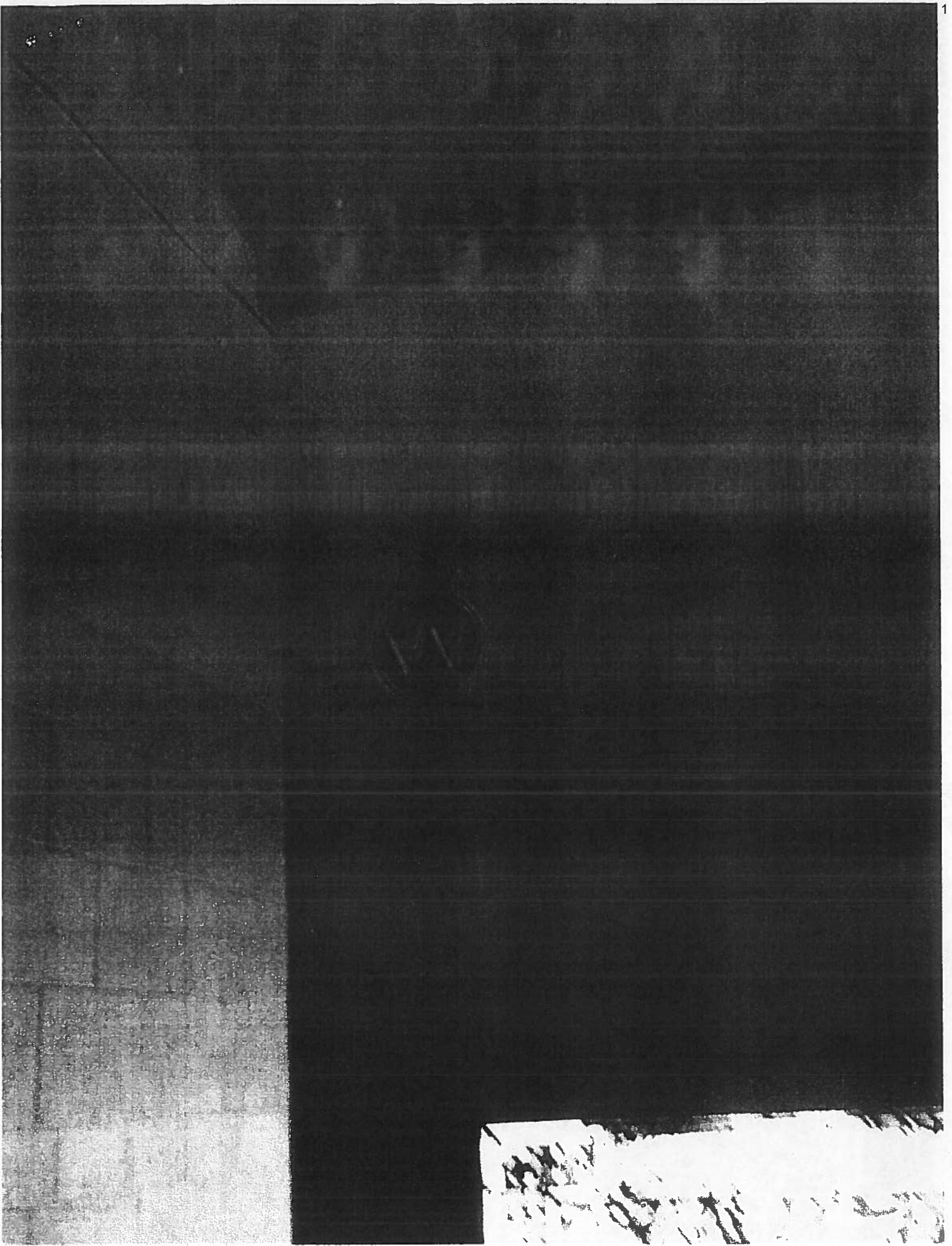
12/8/10

7:30 PM

11/11/10

Evergreen - Northern
Pines - Great

Pham



TUESDAY

10/14/14

Evergreen

Northern
Plains Council

[Handwritten signature]

WEDNESDAY

THURSDAY

FRIDAY

Chubbhouse

Fargo AA

1172 3rd Ave S

12/10/14 8:00PM

[Handwritten signature]

PHARM-ASSIST SUPPORT MEETING LOG

(Please use a new sheet for each month)

MONTH _____

SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
DATES:						11/4/14														
MEETING:						Everyone Northern														
SIGNATURE:						Platts Group														
DATES:			Gethsemane Church			Bring your own Big Book														
MEETING:			Nb			12/11/14														
SIGNATURE:						7:30 AM														
DATES:																				
MEETING:																				
SIGNATURE:																				
DATES:																				
MEETING:																				
SIGNATURE:																				

NAME: _____

(PLEASE PRINT)

DATE FROM: _____

DATE TO: _____

36-5 25511
Gethsemane Church

Lizbeth Frannea

From: Daniel Friesner
Sent: Wednesday, November 05, 2014 9:01 AM
To: Bradly Lende
Subject: RE: Community Service Hours

Thanks Brad. I will add these pictures to your file as evidence of the hours.

Dan

Dan Friesner, Ph.D.
Professor of Pharmacy Practice
Associate Dean for Student Affairs and Faculty Development
College of Pharmacy, Nursing and Allied Sciences
NORTH DAKOTA STATE UNIVERSITY

Sudro Hall, Room 123
Dept. 2650, P.O. Box 6050
Fargo, ND 58108-6050
phone: (701) 231-7601
fax: (701) 231-7606
Daniel.Friesner@ndsu.edu
www.ndsu.edu



From: Bradly Lende
Sent: Tuesday, November 04, 2014 11:06 PM
To: Daniel Friesner
Subject: Community Service Hours

Hello Dr. Friesner,

I attended an AA meeting tonight at 730PM. It was the Northern Plains Group meeting in the Evergreen building.

Thanks,
Brad Lende

MONTH

DAY

TUESDAY

WEDNESDAY

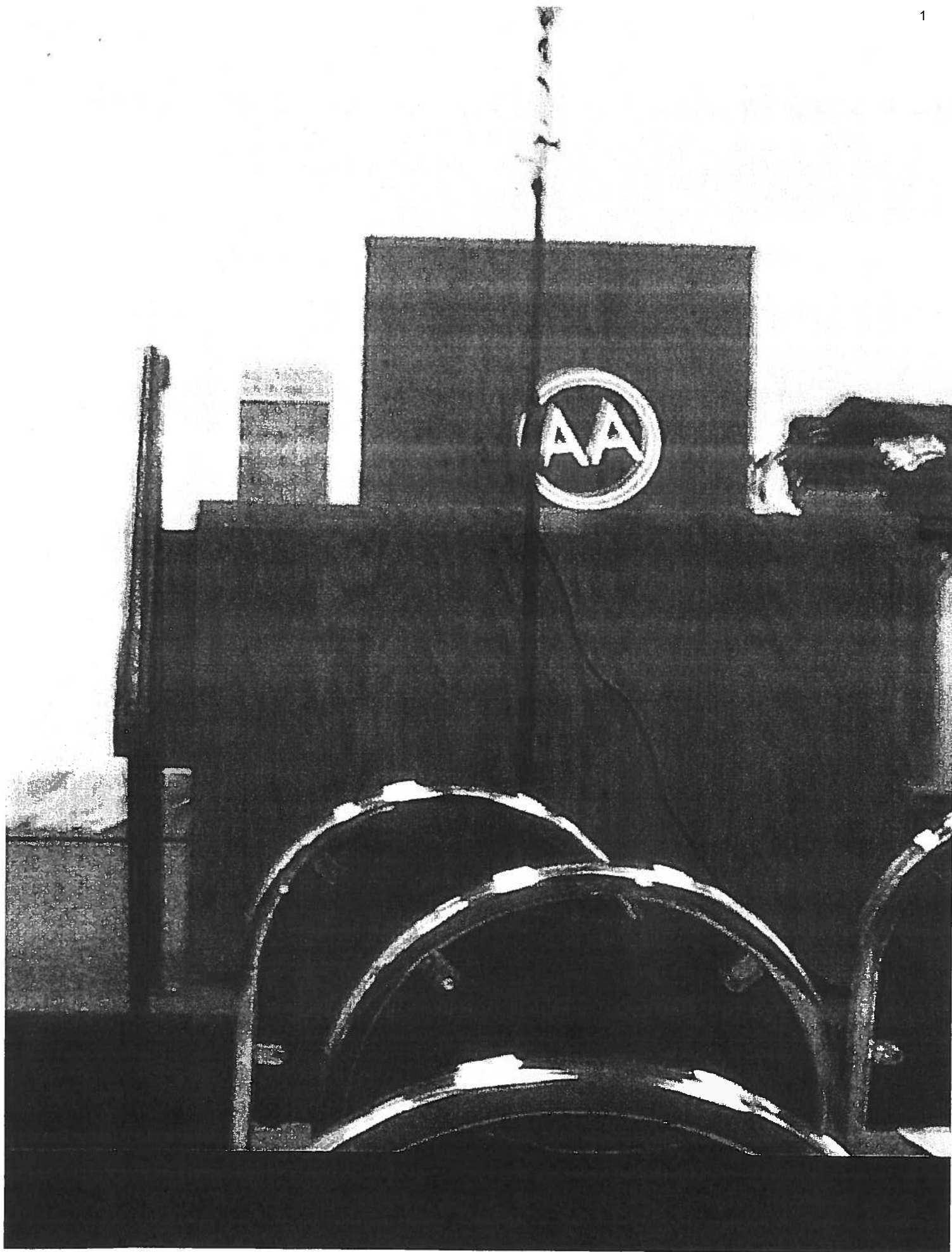
11/4/14

Evergreen

Northern

Plains Ground

W. R. Owen



REPORT OF ADDICTION TREATMENT

North Dakota Department of Transportation, Drivers License & Traffic Safety Division

SD 9997 (Rev. 07-2005)

CONFIDENTIAL

For Department of Transportation
Use Only

DRIVERS LICENSE & TRAFFIC SAFETY DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700

The ADDICTION/EDUCATION PROGRAM is to mail this completed form within 5 working days following client completion or termination from program.

FROM:

REGARDING:

Licensure Addition Treatment Program/Counselor	
Lynne M. Olund	
Address	
Sdo N. University Dr.	
City	Zip Code
Fargo ND	58102
Addiction Program/Counselor License Number	
1108	

Patient/Driver's Name	Phone Number
Bradly Lunde	761
Address	DOB
1140 N. 1st	
City	Zip Code
Fargo ND	58102
DLN	

Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The Department of Human Services will not condition treatment on your agreement to authorize disclosure of your health information. The Department of Human Services may, however, require that you authorize disclosure of your health information if needed to make a determination about your eligibility for benefits or enrollment in a Department of Human Services health plan.

VERIFICATION OF TREATMENT

The above-named patient/driver enrolled in the prescribed treatment/education program listed above on 10-5-14 (date of enrollment), and fulfilled the attendance rules of the program on 10-12-14 (date of completion).

☒ 16-Hour DUI Seminar

☐ Day Treatment/PHP

☐ High Intensity Residential

☐ Outpatient Services

☐ Inpatient

☐ Other

☐ Intensive Outpatient

☐ Low Intensity Residential

Lynne M. Olund
Addiction Counselor Signature

1108
License Number

10-12-14
Date

REMARKS:

ADDOT Successfully Completed
Early copy submitted for work permit grant

RELEASE OF INFORMATION

I, the above-named patient/driver certify this report of addiction treatment form was completed at my request to comply with the North Dakota Department of Transportation statutory requirements. I authorize the treatment program and/or addiction counselor herein named to release in writing information of my treatment to the Drivers License and Traffic Safety Division, North Dakota Department of Transportation.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time by providing written notice to the agency or person except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specify the date, event, or condition upon which this consent expires.)

Notice to Whomever Disclosure is Made Concerning Addiction Records

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Bradly Lunde
Patient/Driver Signature

10-5-14
Date

DISTRIBUTION At enrollment copy goes to Drivers License and Traffic Safety Division

44081



State of North Dakota

Jack Dalrymple, Governor

June 2, 2014

Mr. Bradley Lende
ND Pharmacy Intern
13th Ave N Apt 6
Fargo ND 58102

OFFICE OF THE EXECUTIVE DIRECTOR
1906 E Broadway Ave
Bismarck ND 58501-4700
Telephone (701) 328-9535
Fax (701) 328-9536
STATE BOARD OF PHARMACY
E-mail= Mhardy@btinet.net www.nodakpharmacy.com

Mark J. Hardy, PharmD, R.Ph.
Executive Director

COPY

Dear Intern Lende:

I am in receipt of your communication self-reporting your recent DUI charge. Thank you for your timely reporting of this charge, in compliance with North Dakota law.

First, I would like for you to send me all the court papers related to this charge, including the completed evaluation. Secondly, I would like you to contact a member of the Pharm-Assist Committee to conduct a professional evaluation. There are two members located in Fargo area, they are:

Agnes Harrington
Pharm-Assist Committee
1719 S 7th Street
Fargo ND 58103
Business 701-232-8509
Home: 701-232-2034
Cell: 701-200-4614
Email = Agnes.Harrington@ndsu.edu

Larry E. Nelson, R.Ph.
Pharm-Assist Committee
1307 2nd Street South Unit C
Moorhead MN 56560
Business 218-512-0457
Home 619-944-0623
Email = larrygail@midco.net

I will expect you to contact one of these individuals to arrange an evaluation to determine what further actions, if any, need to be taken. Please give this your prompt attention.

Sincerely,

Mark J. Hardy, PharmD
Executive Director

MJH/eh

CC Agnes Harrington
Larry E. Nelson, R.Ph.
Dr. Daniel Friesner

1

CHRIS SHIARO COUNSELING SERVICES, PLLC

1323 23rd Street S., Ste. 1
Fargo, North Dakota 58103
Telephone: 701-271-0600

May 26, 2014

North Dakota State University
Dr. Daniel Friesner
College of Pharmacy, Dept. 2650
PO Box 6050
Fargo, ND 58108-6050

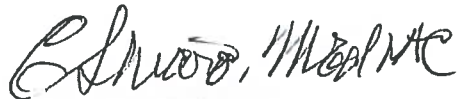
RE: Bradley Lende
DOB: -

Mr. Lende reported you requested a copy of the Substance Dependence Evaluation. I do not usually send a copy of the evaluation. I usually mail a letter with the following information.

I evaluated the above individual 5/13/14. Mr. Lende is a 21 year old, single male with a self-reported first DUI (May 9/14). He reported a blood alcohol level of .19.

By client's history and confirmed by testing, client does not meet DSM-IV criteria for 303.90 Alcohol Dependence. Client was negative for alcohol dependence on the CAGE questionnaire and the Michigan Alcohol Screening Test. This writer recommended the 16 Hour DUI Seminar. He reported he plans complete the Seminar at this agency. If you have any questions or require more information, please call 701-271-0600.

Respectfully,



Chris Shiaro, M.Ed., LAC
Licensed Addiction Counselor

CC: BL

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of his information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the disclosure of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

CARRINGTON DRUG



Health Mart.
PHARMACY

12/4/2020

To whom it may concern:

I am writing this letter of commendation as a witness to my personal knowledge of Brad Lende.

I have known Brad Lende, Pharm.D. for over 10 years in the capacity of student, pharmacy intern and licensed pharmacist.

Brad is hard working, dedicated, entrepreneurial, professional, and can adapt to any situation. I would have complete confidence in Brad Lende successfully running a community pharmacy. Feel free to contact me if you wish to verbally verify.

Matt Paulson, R.Ph.

Carrington Drug

Pharmacists Associates LLC

Bottineau Clinic Pharmacy

Lakota Drug

Cooperstown Drug

Bottineau Pharmacy

Northwood Drug

Larimore Drug

415 Main Street
Carrington, ND 58421
Phone: 701-652-2521
Fax: 701-652-2326
Email: mattpaulson@carringtondrug.com

December 2, 2020

Randy Habeck

Hillsboro Drug

13 North Main Street

Hillsboro, ND 58045

I am writing in reference to Mr. Brad Lende. I have known Brad since May 2012 as his employer at Hillsboro Drug. It became apparent to me early after meeting Brad that he was intelligent and willing to go the extra mile to do a good job. I found Brad to be very self-motivated and always kept himself busy. Brad was always very interested in the business side of my pharmacy. He often inquired about the financial aspects of my business. I feel Brad has developed a great understanding of how to operate a profitable pharmacy.

I would recommend Brad for an ownership position in a retail pharmacy. Brad's strong work ethic and willingness to go the extra mile for customers will prove instrumental in his success. I also feel Brad has a general understanding of what it takes to run a business. Brad will be successful in whatever venture he partakes in, but I feel his personality traits line up well with owning a business.

If you require any further information, please feel free to contact me at 701-436-6433.

Sincerely,

Randy Habeck

President

Hillsboro Drug

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

12/11/2020

To Whom it may concern,

Please find enclosed supplemental information to the application for "Vegas Pharmacy" (copy of page 1 of our application enclosed). The Personal History Record for minority partner Brandon Lende is attached. I apologize for this coming separately but we wanted to make sure to get our application in for consideration and I currently live in Wisconsin so felt it would be quicker to mail direct as a supplement. Feel free to contact me if there are any questions or issues. Thank you for your consideration

Sincerely,

A handwritten signature in blue ink, appearing to read 'Brandon Lende', with a stylized flourish at the end.

Brandon Lende

12/16/2020

Nevada State Board of Pharmacy

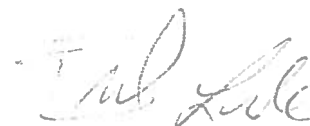
95 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

To Whom it may concern,

Please find attached a color picture (along with Page 8) to attach to the Personal History Record (Page 1 attached) for Brandon Lende in support of the application for Vegas Pharmacy (cover page attached). Since I will not be working at the business, I did not think that a picture would be needed. I apologize for this oversight.

Sincerely,

A handwritten signature in dark ink, appearing to read "Brandon Lende", written in a cursive style.

Brandon Lende

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/10/2020

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 New Pharmacy Applicant 'Vegas Pharmacy'

Vegas Pharmacy, 8352 W Warm Springs Rd, Suite #300, Las Vegas, NV 89113

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Lende First Name Brandon Middle Name Scott

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

FR 245 Ashland Wisconsin, 54806

Present Residence Address-Street or RFD 610 Industrial Park Rd City Ashland State/Zip Wisconsin, 54806
Dates 1/1/2018-Present

Present Business Address Area Manager City Ashland State/Zip Wisconsin, 54806
Dates 1/20/2014

Occupation _____ Phone Residence _____ Business 715-255-0815

Date of Birth 35 Place of Birth (City, County, State) Fargo, Cass County, North Dakota

Age 35 Social Security Number or ITIN _____ Sex Male

Color of Eyes Brown Color of Hair Brown Complexion Caucasian Weight 235 Build Medium Height 6'1"

Scars, tattoos or distinguishing marks and/or characteristics Scar over Left Eye

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 BL Page 1

MARITAL INFORMATION-Continued

A. Current Marriage 6/5/2010 Culver, St. Louis County, Minnesota

Spouse's full name (Maiden) Hannah Loren Lende (Kroll) Date City, County and State
SS# or ITIN 16

Date of Birth _____ Place of Birth Duluth, MN

Resident address 5 FR 245 Ashland Wisconsin, 54806
Street City State Zip

Telephone: Residence _____ Business _____

Spouse's employer Self Occupation Homemaker

Address of employer 5 FR 245 Ashland Wisconsin, 54806
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
Oliver Scott Lende		Durango, CO	5 FR 245, Ashland, WI 54806
Elsie Loren Lende		Tomah, WI	5 FR 245, Ashland, WI 54806

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			
Roger Wayne Lende		74th Ave SE, Carrington, ND 58421	Flea Market Owner/Operator
Mother			
Dawn Kay Lende (Sommerfeld)		4th Ave SE, Carrington, ND 58421	Social Worker
Father-in-Law			
Donald Stephen Kroll		Colin Rd, Cloquet, MN 55720	Retired
Mother-in-Law			
Karen Lorenz Zeisler (Peterson)		Onyx, Naples, FL 34114	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
Brent Wayne Lende		Olin Ct, Chaska, MN 55318	Agricultural Commodities Trader
Spouse			
Christine Lende (Mack)		Olin Ct, Chaska, MN 55318	Childcare Professional
Bradly Beau Lende		1 Hillpointe Rd #1721, Henderson, NV, 89113	Pharmacist
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Carrington Elementary School	Carrington, ND	1997-2000	☒ Yes ☐ No
High School	Carrington High School	Carrington, ND	2000-2004	☒ Yes ☐ No
College University	Colorado School of Mines	Golden, CO	2004-2008	☒ Yes ☐ No
Other	Regis University	Denver, CO	2010-2012	☒ Yes ☐ No

Type of degree obtained, if any B.Sc. Mining Engineering (2008) / M.B.A. - Strategic Management (2012)College or university where obtained Colorado School of Mines / Regis University

Applicant's initial

Page 3

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 Foster State North Dakota Date registered 9/18/2003**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
5/18/2008	22	4th Deg DWI	Hibbing, MN	6/2/2008	Hibbing PD
5/18/2008	22	3rd Deg Test Refusal	Hibbing, MN	6/2/2008	Hibbing PD
12/14/2006	21	Reckless Driving	Golden, CO	2/28/2007	Colorado School of Mines PD

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



Page 4

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
1995-2004	511 74th Ave. SE	Carrington	Foster County, ND
2004-2005	18467 W 58th Dr.	Golden	Jefferson County, CO
2005-2006	811 14th St Apt A	Golden	Jefferson County, CO
2006-2007	17611 W 16th Ave.	Golden	Jefferson County, CO
2007-2008	17600 W 14th Ave.	Golden	Jefferson County, CO
2008-2010	2628 5th Ave E	Hibbing	St. Louis County, MN
2010-2011	3311 1st Ave	Hibbing	St. Louis County, MN
2011-2011	405 Feil Drive	Aztec	San Juan County, NM
2011-2014	320 N Monterey Ave.	Farmington	San Juan County, NM
2014-2018	17831 Hemlock Rd	Tomah	Monroe County, WI
2018-Present	FR 245	Ashland	Bayfield County, WI

Applicant's initial SP

Page 5

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.

January 2014	Milestone Materials, 920 10th Avenue North, P.O. Box 189, Onalaska, WI 54650	Current Employer
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Area Manager	Management and Supervision of Quarry activities in multi county area	Will Mathy
Title	Description of Duties	Name of Supervisor
July 2011		
January 2014	BHP Billiton, 300 West Arrington St. Farmington, NM 87401	New Job
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Mining Engineer	Engineering, Management, and technical support	Steve Flammang
Title	Description of Duties	Name of Supervisor
May 2008		
June 2011	Cleveland Cliffs Hibbing Taconite, P.O. Box 589 Hibbing, MN 55746	New Job
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Mining Engineer	Engineering, Management, and technical support	Michael Young
Title	Description of Duties	Name of Supervisor
June 2007		
August 2007	Stillwater Mining Company, 2563 Nye Rd. Nye, MT 59061	Resume School
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Mine Engineering Intern	Engineering and Technical Support	Justin Sholley
Title	Description of Duties	Name of Supervisor
May 2006		
August 2006	Arch Coal Black Thunder Mine, 5669 Highway 450, P.O. Box 406, Wright, WY 82732	Resume School
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Mining Engineering Intern	Engineering and Technical Support	Bobby Wagner
Title	Description of Duties	Name of Supervisor
August 2004		
May 2004	ALCO Discount Stores, 6717 Highway 200, Carrington, ND 58421	Begin College
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Associate	Cashier, stockboy, janitorial	Rowena Monson
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



Page 6

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 Luke Olson	Home	3 1st St. S	Virginia	MN 55792		12
Employer Cleveland Cliffs Inc.	Business	803 Park Ave.	Eveleth	MN 55734	218-744-7800	
Name Ashley Heckman	Home	W Plymouth Pl.	Littleton	CO 80128		15
Employer Aldea Services Inc.	Business	8274 W. Plymouth Pl.	Littleton	CO 80128	301-979-7485	
Name William Moses	Home	3 Hunters Chase Dr.	Austin	TX 78729		15
Employer Home Depot	Business	1200 Barbara Jordan Blvd STE 100	Austin	TX 78723	512-703-4110	
Name Aaron Isabel	Home	Galapago Street	Denver	CO 80223		16
Employer Rio Tinto Oyu Tolgoi Mine	Business	Khanbogd	South Gobi	Mongolia	+976 11 33 1880	
Name Marcie Bata	Home	7 110th Ave SE	Valley City	ND 58072		23
Employer Central Valley Health District	Business	122 2nd St NW	Jamestown	ND 58401	701-252-8130	

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

State of New Mexico, Professional Engineer License Number 21995 Issued January 2014-Expired 2015

12. Have you ever applied for a city, county or 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



Page 7

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 ☐

Brother Brady Lende (Co-Applicant) is a NV Licensed Pharmacist



Date of photograph 12/11/20

Applicant's initial BL

ss.

COUNTY OF Ashland

I, Brandon Scott Lende, 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 cause 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 or 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.

Brandon Scott Lende
Original Signature of Applicant

Subscribed and Sworn to before me this 11th day of December, 2020

Diana Holst
Diana Holst
Notary Public



Applicant's initial BSL Page 9

ADDITIONAL INFORMATION

Question 6.C

I was deposed in La Crosse County, WI in a case by a private citizen against my employer

Applicant's initial



Page 10

COMBINED COURT, JEFFERSON COUNTY, COLORADO

TERMS AND CONDITIONS OF SENTENCE

Defendant Leidy, Brandon Case # 07 T 393 Div. A Agency

Address Date 2-28-07

Chg #1	Statute	Description	Added	Disa	Guilty	Nolo	NG	DJS
Chg #2	<u>12-7-1901</u>	<u>Reckless Driving</u>		<u>X</u>				
Chg #3					<u>X</u>			
Chg #4								
Chg #5								
Chg #6								

	Fine Amt.	Suspended
Com Serv		
Vict Comp		
Vict Asst		
Probation		
Alc Eval		
Traffic		
Misd/Petty		
DUI/DWI		
Court Cost		
LEAF		
PDDS		
OJW Fee		
Drug Enf		
Curfew		
Other		
Brain		
TOTAL	<u>193</u>	

**SEE CASHIER ON 1st FLOOR
CLERK OF COURT'S OFFICE**
FAILURE TO REPORT WILL RESULT IN AN IMMEDIATE
WARRANT FOR YOUR ARREST AND A \$30 FEE WILL BE
ADDED TO YOUR FINE. PLUS A \$25 TIME PAYMENT FEE,
PER STATUTE 16-18.5-104(2).

**SEE REVERSE SIDE OF THIS FORM FOR DIRECTIONS TO
OTHER OFFICES AND FOR INFORMATION REGARDING
COMPLIANCE WITH THE SENTENCE IMPOSED.**

BOND DISCHARGED

JAIL DAYS DAYS SUSPENDED
WORK RELEASE AUTHORIZED
IN HOME DETENTION

OTHER CONDITIONS OF SENTENCE:

✓ RESTITUTION

COMMUNITY SERVICE HOURS

SUPERVISED ALCOHOL PROGRAM

BAC

TO BE DETERMINED BY ALCOHOL EVALUATOR
 LEVEL I EDUCATION
 LEVEL II EDUCATION
 LEVEL II EDUCATION & HRS OF THERAPY
 MONITORED ANTABUSE FOR
 ALCOHOLICS ANONYMOUS
 COMPLETED PROGRAM PRIOR TO SENTENCING
 M.A.D.D. PANEL

COGNITIVE SKILLS
 RELAPSE PREVENTION
 INTENSIVE OUTPATIENT
 NO USE OF ALCOHOL/ILLEGAL DRUGS
PROBATION SUPERVISED BY:
 PROBATION DEPARTMENT
 ALCOHOL UNIT
 INTERVENTION

PROBATION UNTIL

LEVEL TRAFFIC SCHOOL TO BE COMPLETED BY

DATE 2/28/07 JUDGE/MAGISTRATE

I have read or have had this document read to me. I understand it and have received a copy. I understand that any violation of the conditions of this sentence will result in a warrant for my arrest.

DATE 2/28/07 DEFENDANT

STATE OF COLORADO

COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles

BUSINESS LOCATION
1881 Pierce Street, Lakewood Colorado
(303) 205-5613 FAX (803) 205-5990

MAILING ADDRESS
Division of Motor Vehicles
Driver Control, Room 164
Denver, Colorado 80261-0016



December 26, 2007

20071226 1842506
BRANDON LENDE
[REDACTED] 74TH AVE SE
CARRINGTON ND 58421

Bill Ritter, Jr.
Governor

Roxanne Huber
Executive Director

Joan Vecchi
Senior Director

License Number: 07-060-0457
Date of Birth: [REDACTED]

LETTER OF CLEARANCE effective: 12/26/2007
Receipt Number: 7341281154

This department has received all compliance documents and the fee required to reinstate your driving privilege in the State of Colorado. As of the above effective date, you are eligible to apply for a driver license in this State or in any other jurisdiction.

This letter is evidence of reinstatement only and does not represent a valid driver license or permit.

Director
Driver Services Division

1
DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA ST., SUITE 180
ST. PAUL, MINNESOTA 55101-5180
(651) 296-2025 TTY (651) 282-6555



MAILING DATE: 06/24/08
086

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
SAINT PAUL 55101

DS CODE: L-530-098-760-721
DOB : [REDACTED]

BRANDON SCOTT LENDE

[REDACTED] 74TH AVE SE

CARRINGTON ND 58421

THIS IS YOUR NOTICE OF REINSTATEMENT.

UNDER THE AUTHORITY OF AND AS DIRECTED BY THE LAWS OF THE STATE OF MINNESOTA, YOUR MINNESOTA DRIVING PRIVILEGE IS HEREBY REINSTATED. YOU MAY NOW OPERATE A MOTOR VEHICLE IN MINNESOTA IF YOU ARE IN POSSESSION OF A VALID DRIVER'S LICENSE FROM YOUR STATE OF RESIDENCE.

State of Minnesota

County

St. Louis

State of Minnesota

District Court

Judicial District

Sixth

Case Number

69 HI-CR-08-585

Vs.

Brandon Scott Leide, Defendant

Amended CRIMINAL JUDGMENT /
WARRANT OF COMMITMENT

TERMS AND CONDITIONS OF SENTENCE

Date Pronounced: 6-2-08 Ct Rpt MS Ct Spec SR

Charge Resulting in Plea or Finding of Guilt

Minn. Stat. §

Count

4th Degree DWI

169A.20.1(1)

2

Offense Date: 5-18-08

Non-Conviction Dispositions: Count Number(s):

☒ Dismissed☐ Acquitted☐ FELONY ☐ GROSS MISDEMEANOR ☒ MISDEMEANOR LEVEL SENTENCE☐ Stay of imposition for _____ years _____ months; OR ☐ Stay of adjudication☐ Commitment to custody of the Commissioner of Corrections for _____ years _____ months _____ days. The sentence consists of

two parts: a minimum term of imprisonment equal to two-thirds (2/3) of the total executed sentence, and a maximum supervised

release term equal to one-third (1/3) of the total executed sentence.

☒ Sentenced to ☒ St. Louis County Jail or ☐ NERCC for _____ years _____ months 90 days Jail Credit: _____ days

Stayed fine: \$10000

Jail Credit: _____ days

☒ Execution of this sentence is stayed for 2 years _____ months 1st year SUPERVISED☒ PROBATION: The Defendant is placed on ☒ Supervised ☐ Unsupervised probation for 2 years _____ months 2nd year UNSUPERVISED☐ Concurrent with ☐ Consecutive with☐ SENTENCE DEPARTURE: Sentence departs from the presumptive sentence under the Minnesota Sentencing Guidelines. Attach a departure report. Send a copy of this form and the attached departure report to the Minnesota Sentencing Guidelines Commission.

FINANCIAL CONDITIONS

☒ Fine \$700.00☐ Restitution \$☒ Surcharge \$72.00☒ Law Library \$10.00☐ Court Costs \$☒ Chem Fee/APA \$125.00☒ PD Co-Pay \$☐ PD Reimbursement \$☐ Other: \$

Subtotal \$

☒ Apply Bail \$400.00

TOTAL \$

Payments to be made at the rate of

\$100 per month beginning

7-1-08

ADDITIONAL CONDITIONS

☒ 2 days/months in jail as a condition of a stayed sentence. In lieu of jail, defendant may complete NERCC/ Range Work Release/Electronic Monitor

Jail Credit: 2 days _____ days STS _____ hours CSW

☒ No alcohol/illegal drug use ☒ Random drug testing ☐ Provide DNA☒ Do not drink and drive ☒ Do not drive without valid license & insurance☒ Chemical Dependency eval/APA & recs ☒ Enter no bars/liquor establishments unless approved by Probation☒ Commit no same/similar offenses ☒ Remain law abiding ☐ RIP☐ Psychological/sexual eval/recs ☐ Counseling ☒ Victim Impact Panel☐ Take prescribed medications ☐ Have no contact with victim☐ Do not cause harm or fear in anyone ☐ Sign necessary releases of information☒ Subject to searches of person, vehicle, premises by probation☐ No firearms, ammunition, dangerous weapons☐ Found in violation of probation; continued on probation as previously ordered☐ Follow all Restraining Orders☐ Discharged from probation upon completion of jail time/vacate fines, etc.☐ Other:

Comments:

Sentencing Judge:

M. J. Starn

Date:

6-2-08

ARROWHEAD REGIONAL CORRECTIONS
1810 12th Ave E
Hibbing, MN 55746-1680

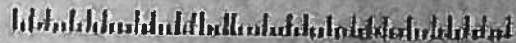
Return Service Requested



Brandon Scott Lende

Hibbing, MN 55746

5574630885 8001



January 14, 2009

According to my records, all of your probation requirements have been fulfilled. You will not be required to report on a regular basis at this time, however, you will need to report to us if you change your address and/or telephone number or if you are charged with a new offense. If your conditions include random testing, we may be contacting you to report for a urinalysis at any time and you will need to respond within twenty-four (24) hours or face possible violation of probation.

Please contact the number listed below if you have any questions or concerns.

Sincerely,

Kassie Zeitz
(218) 282-0176

13

13A



RECEIVED

6/29/2020

1

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: Intermountain Homecare Pharmacy - St George

Physical Address: 1380 E Medical Ct Dr, St George Utah 84790

Mailing Address: 1380 E Medical Ct Dr

City: St George State: Utah Zip Code: 84790

Telephone: 435-251-2425 Fax: 435-251-2426

Toll Free Number: 1-866-353-8067 (Required per NAC 639.708)

E-mail: wes.nance@imail.org Website: www.intermountainhealthcare.org

Managing Pharmacist: James Wes Nance License Number: 274594-1701 Utah

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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

Nannette Berensen

06/26/2020

Print Name of Authorized Person

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: Utah

Parent Company if any: IHC Health Services Inc

Mailing Address: 36 South State Street, Suite 2200

City: Salt Lake City State: Utah Zip: 84111

Telephone: 801-442-3519 Fax: none

Contact Person: Julie Swenson

For any corporation non publicly traded, disclose the following: **Non-Profit Organization- not applicable**

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

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. **Non-Profit Organization- not applicable**

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy: On-Call after business hours and on weekends

Monday thru Friday 9:00 am 5:30 pm Saturday closed am closed pm
Sunday closed am closed pm 24 Hours no

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

Harrison, Marc Intermountain Healthcare Officer
Zimmerli, Albert Intermountain Healthcare Officer
Allen, Robert Intermountain Healthcare Officer

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

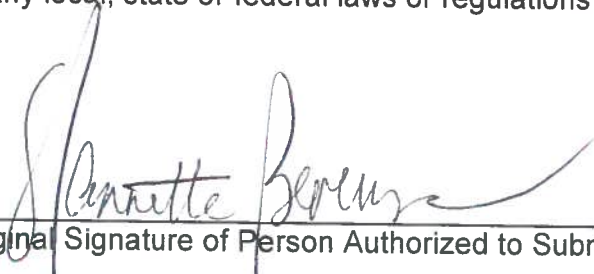
I, Nannette Berensen

Responsible Person of Intermountain Homecare Pharmacy - St George

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.



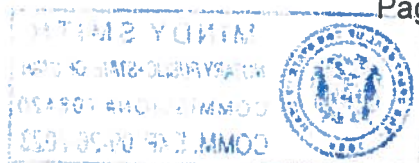
Original Signature of Person Authorized to Submit Application, no copies or stamps

Nannette Berensen

Print Name of Authorized Person

06/25/2020

Date



AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
Washington) ss.
COUNTY)

I, Nannette Berensen, 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 VP COO Shared Clinical Services for Intermountain Homecare Pharmacy - St George (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, Nannette Berensen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Nannette Berensen
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
25 day of June, 2020.

Mindy Smith
NOTARY PUBLIC





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>

05/19/2020
11715283-015105192020-386206

CERTIFICATE OF EXISTENCE

Registration Number: 11715283-0151
Business Name: INTERMOUNTAIN HOMECARE PHARMACY - ST.
GEORGE
Registered Date: March 27, 2020
Entity Type: DBA
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

Transmitting Controlled Substance Prescription Data

Pursuant to NAC 639.926, pharmacies and dispensing practitioners that dispense controlled substances listed in schedule II, III or IV are required to submit data to the Board each week; however, we highly encourage dispensers to submit data on a nightly basis when possible. If a dispenser has not dispensed any controlled substances for the required time period, the dispenser is required to submit a zero reporting transmission.

The Nevada State Board of Pharmacy contracts with Appriss to manage the data collection for the Nevada Prescription Monitoring Program (PMP). For information to register and submit data please visit: <http://bop.nv.gov>. Click Links, click Prescription Monitoring Program, click Dispenser Guide.

If you have any questions or need additional information, please email: pmp@pharmacy.nv.gov



State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 05/19/2020

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Intermountain Homecare Pharmacy - St. George

Classification of License Issued: Pharmacy - Class B

License Number: 6580225-1704

Obtained By: Application

Current Status: Active

Original Date of Licensure: 05/09/2007

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

**Intermountain Homecare Pharmacy -
St. George**

EFFECTIVE
05/09/2007

EXPIRATION
09/30/2021

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

6580225-1704	Pharmacy - Class B
6580225-8913	Dispensing Controlled Substance License
Closed Door	
DBA: INTERMOUNTAIN HOMECARE PHARMACY - ST. GEORGE	

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.

INTERMOUNTAIN HOMECARE PHARMACY - ST.
GEORGE
1380 E MEDICAL CT DR
SAINT GEORGE UT 84790

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: 05/09/2007

EXPIRATION DATE: 09/30/2021

ISSUED TO: Intermountain Homecare Pharmacy - St. George
1380 E MEDICAL CT DR
SAINT GEORGE UT 84790



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

6580225-1704	Pharmacy - Class B	Closed Door
6580225-8913	Dispensing Controlled Substance License	
DBAs: INTERMOUNTAIN HOMECARE PHARMACY - ST. GEORGE		

- 1 Your Organization
- 2 Programs/ Services
- 3 Federal/ State
- 4 Initial/Early Survey
- 5 Site Information
- 6 Survey Details
- 7 Applicable Manuals
- 8 Summary
- 9 Submission

Your Organization

Homecare Pharmacy St George Site Mentioned on
page 24

Demographic Information

Organization Name (Legal Business Name)

IHC Health Services, Inc.

[View an example of the Certificate of Accreditation](#)

Doing Business As

Intermountain Homecare

[View an example of the Certificate of Accreditation with DBA](#)

Organization Street Address

11520 So Redwood Rd

Country

USA

**Zip/Postal
Code**

84095

City

South Jordan

State

UT



Mailing address is the same as the street address.

All correspondence will be sent to the CEO at this address.

Organization Main Phone Number

(385)887-6000

Extension**Fax Number**

(385)887-6001

Organization Website

www.intermountainhealthcare.org

Connect™ / E-App Electronic Application General

IHC Health Services, Inc.
11520 So Redwood Rd
South Jordan, UT 84095
HCO ID:238282

**Your Organization****Ownership**

Help Tab

Owner Summary

Intermountain Healthcare, Inc.

36 S. State Street, Suite 2100, Salt Lake City, UT, 84111

Mailing Address

36 S. State Street, Suite 2100, Salt Lake City, UT, 84111

(P) 801-442-3574 (ext)

(F) 801-442-3486

Non-Governmental - Not For Profit

Primary Contact

Mrs. Robin Betts
MBA-HM,RN, Assistant Vice President,
Quality and Patient Safety
(P) 801-442-3674 (ext)
(F) 801-442-3821
robin.betts@imail.org

Secondary Contact

Ms. Cindy Richards
Quality Consultant
(P) 801-442-3192 (ext)
(F)
cindy.richards@imail.org

- | | | | | | | | | |
|---------------------|----------------------|------------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|
| 1 Your Organization | 2 Programs/ Services | 3 Federal/ State | 4 Initial/Early Survey | 5 Site Information | 6 Survey Details | 7 Applicable Manuals | 8 Summary | 9 Submission |
|---------------------|----------------------|------------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|

Programs/Services

Ambulatory Health Care

Do you provide Ambulatory Health Care services?

☐ Yes ☒ No



Hospitals and Critical Access Hospitals should refer to the help section to the right before completing this section

Select all descriptions that are applicable to your organization

- ☐ Medical/Dental
- ☐ Surgery/Anesthesia
- ☐ Diagnostic/Therapeutic Services
- ☐ Telehealth
- ☐ Episodic Care

Primary Care Medical Home Certification

Primary Care Medical Home Certification is requested for the Ambulatory Health Care program

☐ Yes ☒ No

Organizations seeking Primary Care Medical Home Certification may provide National Provider Identifier (NPI) information to be reported to applicable payer sources. To provide this information please visit the Provider Information Tool via the below link

[Provider Information Tool](#)

1 Your Organization	2 Programs/Services	3 Federal/State	4 Initial/Early Survey	5 Site Information	6 Survey Details	7 Applicable Manuals	8 Summary	9 Submission
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Programs/Services

Behavioral Health Care

Do you provide Behavioral Health Care services?

☐ Yes ☒ No

Select if applicable

☐ Methadone Maintenance/Detoxification/Opioid Treatment Survey Requested

Selecting this option indicates this organization is certified by CSAT for Methadone or Buprenorphine (for buprenorphine, if 101 or more patients are serviced per certified physician). Each Opioid Treatment Program requires a separate application per site and no other services can be indicated on the application. Please contact your Account Executive if you have any questions.

Select all descriptions that are applicable to your organization

- ☐ Inpatient/Crisis Stabilization Behavioral Health Services
- ☐ Residential Care
- ☐ Group Home(s)
- ☐ Therapeutic School
- ☐ Outdoor Behavioral Health Care
- ☐ Transitional/Supportive Living
- ☐ Community Based Home(s)
- ☐ Day Treatment/Intensive Outpatient Services/Partial Hospitalization
- ☐ Adult Day Care
- ☐ Outpatient Behavioral Health Services/Staff Offices Only
- ☐ In-Home Behavioral Health Care Services
- ☐ Vocational Rehabilitation
- ☐ Care Coordination/Case Management
- ☐ Family Preservation/Wrap Around Services
- ☐ Assertive Community Treatment or Community Support Services
- ☐ Technology-Based
- ☐ Foster Care/Respite Care
- ☐ Shelter

Behavioral Health Home Certification

In addition to Behavioral Health Care Accreditation, Behavioral Health Home Certification (BHH) is requested

☐ Yes ☐ No

[Help](#) | [Contact Us](#) | [Print Center](#) | [Exit Application](#)

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- | | | | | | | | | |
|---------------------|-----------------------------|------------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|
| 1 Your Organization | 2 Programs/ Services | 3 Federal/ State | 4 Initial/Early Survey | 5 Site Information | 6 Survey Details | 7 Applicable Manuals | 8 Summary | 9 Submission |
|---------------------|-----------------------------|------------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|

Programs/Services

Critical Access Hospital

Do you provide Critical Access Hospital services?

☐ Yes ☒ No

Select all descriptions that are applicable to your organization

- ☐ Acute Care
- ☐ Swing Beds
- ☐ Psychiatric Distinct Part Unit
- ☐ Rehabilitation Distinct Part Unit

Primary Care Medical Home Certification

Primary Care Medical Home Certification is requested for the Critical Access Hospital program

☐ Yes ☒ No

Organizations seeking Primary Care Medical Home Certification may provide National Provider Identifier (NPI) information to be reported to applicable payer sources. To provide this information please visit the Provider Information Tool via the below link

[Provider Information Tool](#)

- | | | | | | | | | |
|---------------------|----------------------|------------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|
| 1 Your Organization | 2 Programs/ Services | 3 Federal/ State | 4 Initial/Early Survey | 5 Site Information | 6 Survey Details | 7 Applicable Manuals | 8 Summary | 9 Submission |
|---------------------|----------------------|------------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|

Programs/Services

Home Care

Do you provide Home Care services?

☒ Yes ☐ No

Select all descriptions that are applicable to your organization

- ☒ Home Health
- ☒ Home Medical Equipment/DMEPOS/Rehabilitation Technology
- ☒ Pharmacy/Long Term Care Pharmacy/Ambulatory Infusion/Home Infusion
- ☒ Hospice

Community-Based Palliative Care Certification

CBPC Certification requested

☐ Yes ☒ No

On Tab 5, please specify which locations are requesting Community-Based Palliative Care Certification.

1 Your Organization	2 Programs/Services	3 Federal/State	4 Initial/Early Survey	5 Site Information	6 Survey Details	7 Applicable Manuals	8 Summary	9 Submission
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Programs/Services

Hospital

Do you provide Hospital services?

☐ Yes ☒ No

Select all descriptions that are applicable to your organization (only one description per inpatient location)

- ☐ Academic
- ☐ General
- ☐ General Osteopathic
- ☐ Children's
- ☐ Long Term Acute Care
- ☐ Oncology
- ☐ Psychiatric
- ☐ Rehabilitation
- ☐ Teaching
- ☐ Specialty
 - ☐ Cardiac
 - ☐ Orthopedic
 - ☐ Surgical
- ☐ Hospital within a Hospital
 - ☐ Children's
 - ☐ Long Term Acute Care
 - ☐ Oncology
 - ☐ Psychiatric
 - ☐ Rehabilitation
 - ☐ Specialty
 - ☐ Cardiac
 - ☐ Orthopedic
 - ☐ Surgical

Primary Care Medical Home Certification

Primary Care Medical Home Certification is requested for the Hospital program

☐ Yes ☒ No

Organizations seeking Primary Care Medical Home Certification may provide National Provider Identifier

1
(NPI) information to be reported to applicable payer sources. To provide this information please visit the Provider Information Tool via the below link

[Provider Information Tool](#)

[Help](#) | [Contact Us](#) | [Print Center](#) | [Exit Application](#)

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1 Your Organization	2 Programs/ Services	3 Federal/ State	4 Initial/Early Survey	5 Site Information	6 Survey Details	7 Applicable Manuals	8 Summary	9 Submission
---------------------	----------------------	------------------	------------------------	--------------------	------------------	----------------------	-----------	--------------

Programs/Services

Laboratory

Do you provide Laboratory services?

☒ Yes ☐ No

Select one

- ☒ Only Waived Testing and/or PPMP Laboratory services provided
- ☐ All laboratory services are provided offsite through contractual agreement.
- ☐ Non-waived/Waived Laboratory services provided

Select one

- ☐ The Joint Commission is the accreditor or intended accreditor of record for ALL non-waived CLIA certificates

Select all that apply

- ☐ Non-waived CLIA certificates are owned and operated by the organization
- ☐ Non-waived testing is performed onsite via a contract (e.g. pathology, Immunohematology (blood bank), blood gas testing)
- ☐ The Joint Commission is the accreditor or intended accreditor of record for at least one, but not all, non-waived CLIA certificates owned by the organization (not including waived and PPMP)
- ☐ The Joint Commission is not the accreditor of record for any of the non-waived CLIA certificates owned by the organization. This includes testing provided directly or by onsite contractual agreement

100% of the Laboratory services provided by our organization are accredited or inspected by CAP, COLA, and/or the State of Washington

Select all that apply

- ☐ Non-waived CLIA certificates are owned and operated by the organization.
- ☐ Non-waived testing is performed onsite via a contract (e.g. pathology, Immunohematology (blood bank), blood gas testing)

If none of the statements above apply to your organization, please contact your Account Executive for assistance.

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1 Your Organization	2 Programs/ Services	3 Federal/ State	4 Initial/Early Survey	5 Site Information	6 Survey Details	7 Applicable Manuals	8 Summary	9 Submission
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Programs/Services

Nursing Care Center

Do you provide services within a skilled nursing facility and/or nursing home or unit?

☐ Yes ☒ No

Certification

Certification is requested for the Nursing Care Center Accreditation program

☐ Yes ☒ No

- ☐ Post-Acute Care
- ☐ Memory Care

- | | | | | | | | | |
|---------------------|----------------------------|-----------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|
| 1 Your Organization | 2 Programs/Services | 3 Federal/State | 4 Initial/Early Survey | 5 Site Information | 6 Survey Details | 7 Applicable Manuals | 8 Summary | 9 Submission |
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Programs/Services

Office Based Surgery

Do you provide Office Based Surgery services?

☐ Yes ☒ No

1 Your Organization	2 Programs/ Services	3 Federal/ State	4 Initial/Early Survey	5 Site Information	6 Survey Details	7 Applicable Manuals	8 Summary	9 Submission
---------------------	----------------------	-------------------------	------------------------	--------------------	------------------	----------------------	-----------	--------------

Federal/State**DMEPOS Recognition**

DMEPOS CMS Recognition Survey has been Requested

☒ Yes ☐ No

Eligibility

Please read the following information and attest to your understanding.

A DMEPOS organization seeking CMS recognition that is new to The Joint Commission must have provided care to a minimum of ten patients and have a minimum of two active patients at the time of the initial unannounced survey.

Organizations that bill Medicare Part B for Durable Medical Equipment, Prosthetics, Orthotics or Supplies can also satisfy Medicare requirements by participating in The Joint Commission survey process.

The following information will be collected at the site/service/volume tab of the application:
Employer ID number (EIN) also known as a Federal Tax Identification Number, National Provider Identification number (NPI), National Supplier Clearinghouse number (NSC)/Provider Transaction Access Number (PTAN).

Attestation

☒ I have read and understand requirements for a DMEPOS CMS Recognition Survey

- | | | | | | | | | |
|---------------------|----------------------|-------------------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|
| 1 Your Organization | 2 Programs/ Services | 3 Federal/ State | 4 Initial/Early Survey | 5 Site Information | 6 Survey Details | 7 Applicable Manuals | 8 Summary | 9 Submission |
|---------------------|----------------------|-------------------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|

Federal/State

Home Health

Help Tab

Deemed Status Survey

Home Health CMS Medicare Deemed Status Survey Requested

☐ Yes ☒ No

Eligibility

Please read the following information and attest to your understanding.

A home health organization seeking Medicare certification that is new to The Joint Commission must have served at least ten patients and have a minimum of seven active patients at the time of the initial unannounced survey.

You will need to scan/email the following information to your Account Executive

Your organization's CCN (CMS Certification Number) OR a letter from the Fiscal Intermediary on CMS letterhead indicating that the Medicare application (855A) was reviewed and accepted

Copy of license

Proof of successful OASIS transmission

Copy of the letter notifying CMS and state Department of Health that The Joint Commission is conducting your deemed status survey

For deemed status purposes, CMS requires that home health organizations provide skilled nursing plus at least one of the services listed below. At least one of these services must be provided directly by the agency's employees. Any other service(s) can be rendered via contract or written agreement

Physical Therapy

Occupational Therapy

Speech Language Pathology

Medical Social Services

Home Health Aides

Attestation

☐ I have read and understand the requirements for a Home Health Deemed Status Survey

Volume

Enter your Unduplicated Admissions

Medicare/Medicaid Legal Name

Enter your organizations legal name reported to CMS on your Medicare 855 application

Enter your organizations doing business as name reported to CMS on your Medicare 855 application

Medicare/Medicaid Certification

I am certified as a Medicare Home Health Agency

☒ Yes ☐ No

Enter your Centers for Medicare and Medicaid Services (CMS) Certification Number (CCN)

[+ADD](#)

46-7030

[delete](#)

46-7004

[delete](#)

46-7016

[delete](#)

46-7024

[delete](#)

13-7016

[delete](#)

46-7033

[delete](#)

Enter the Date of your last Medicare Certification Survey

/ / 

Indicate Your Organization's Status Since your last survey

Select all that apply

- ☐ This organization had condition level deficiencies at the time of the last Medicare Certification Survey
- ☐ This organization had changes in ownership since the last Medicare Certification Survey
- ☐ This organization had organizational changes since the last Medicare Certification Survey

- | | | | | | | | | |
|---------------------|----------------------|-------------------------|------------------------|--------------------|------------------|----------------------|-----------|--------------|
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Federal/State

Hospice

Deemed Status Survey

Hospice CMS Medicare Deemed Status Survey Requested

☐ Yes ☒ No

Eligibility

Please read the following information and attest to your understanding.

A hospice seeking CMS Medicare certification that is new to The Joint Commission must have served at least five patients and have a minimum of three active patients at the time of the survey.

You will need to scan/email the following information to your Account Executive.

Your organization's CCN (CMS Certification Number) OR a letter from the Fiscal Intermediary on CMS letterhead indicating that the Medicare application (855A) was reviewed and accepted

Copy of license

Copy of the letter notifying CMS and state Department of Health that The Joint Commission is conducting your deemed status survey

Attestation

☐ I have read and understand requirements for a Hospice Deemed Status Survey

Volume

Enter your Unduplicated Admissions

Medicare/Medicaid Legal Name

Enter your organizations legal name reported to CMS on your Medicare 855 application

Enter your organizations doing business as name reported to CMS on your Medicare 855 application

Medicare/Medicaid Certification

A CCN Number has been assigned

☐ Yes ☐ No

Enter your Centers for Medicare and Medicaid Services (CMS) Certification Number (CCN)

Help Tab

example 12-1576 (Notes: The 3rd and 4th digits must include the number 15, 16, or 17).

Enter the Date of your last Medicare Certification Survey

Indicate Your Organization's Status Since your last survey

Select all that apply

- ☐ This organization had condition level deficiencies at the time of the last Medicare Certification Survey
- ☐ This organization had changes in ownership since the last Medicare Certification Survey
- ☐ This organization had organizational changes since the last Medicare Certification Survey

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- | | | | | | | | | |
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Organization Eligibility

Organization Eligibility

Initial Survey Organization Eligibility information is not applicable to your organization

Have any owners, officers, or board members within the applicant organization, or any individual who exercises any control of the applicant organization, including those of corporate owners, been associated with an organization that was denied accreditation or had its accreditation revoked by either The Joint Commission or another accrediting body in the past 3 years?

☐ Yes ☐ No

If yes, please provide an explanation why accreditation was revoked

Have any of the owners, officers, or board members within the applicant organization, or any individual who exercises any control of the applicant organization, including those of corporate owners, been convicted of a felony within the past 5 years?

☐ Yes ☐ No

If yes, please provide an explanation

Have any of the owners, officer, or board member within the applicant organization, or any individual who exercises any control of the application organization, including those of corporate owners, had a professional health care license revoked by a state or US territory licensing authority in the past 5 years?

☐ Yes ☐ No

If yes, please provide an explanation

Have any of the owners, officers, or board members within the applicant organization, or any individual who exercises any control of the applicant organization, including those of corporate owners, been the subject of a government investigation related to healthcare services within the past year?

☐ Yes ☐ No

If yes, please provide an explanation

* The Joint Commission reserves the right, in its sole discretion, to reject any application prior to survey and the application fee will be refunded.

1 Your Organization	2 Programs/ Services	3 Federal/ State	4 Initial/Early Survey	5 Site Information	6 Survey Details	7 Applicable Manuals	8 Summary	9 Submission
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Initial/Early Survey

Survey Requirements

Initial/Early Survey information is not applicable to your organization

Initial Survey Requirements

Home Health

A home health agency that is new to The Joint Commission must have served 10 patients and have two active patients at the time of the survey.

A home health organization **seeking Medicare certification** that is new to The Joint Commission must have served at least 10 patients and have a minimum of seven active patients at the time of the initial unannounced survey.

You will need to scan/email the following information to your Joint Commission Account Executive.

- Your organization's CCN (CMS Certification Number), OR a letter from the Fiscal Intermediary on CMS letterhead indicating that the Medicare application (855A) was reviewed and accepted.
- Copy of license.
- Proof of successful OASIS transmission.
- Copy of the letter notifying CMS and state Department of Health that The Joint Commission is conducting your Deemed Status survey.

For deemed status purposes, CMS requires that home health organizations provide skilled nursing plus at least one of the services listed below. At least one of these services must be provided directly by the agency's employees. Any other service(s) can be rendered via contract or written agreement.

- Physical Therapy
- Occupational Therapy
- Speech Language Pathology
- Medical Social Services
- Home Health Aids

Home Medical Equipment/DMEPOS/Rehabilitation Technology

A DMEPOS provider that is new to The Joint Commission must have served 10 patients and have two active patients at the time of survey.

Organizations that bill Medicare Part B for DMEPOS can also satisfy Medicare requirements by participating in The Joint Commission survey process.

Pharmacy

A home health agency that is new to The Joint Commission must have served 10 patients and have two active patients at the time of the survey.

Hospice

1

A hospice that is new to The Joint Commission must have served ten patients and have two active patients at the time of the survey.

A hospice **seeking CMS Medicare certification** that is new to The Joint Commission must have served at least five patients and have, a minimum of three active patients at the time of the survey.

You will need to scan/email the following information to your Joint Commission Account Executive.

- Copy of license.
- Copy of the letter notifying CMS and state Department of Health that The Joint Commission is conducting your Deemed Status survey.
- Your organization's CCN (CMS Certification Number) Or a letter from the Fiscal Intermediary on CMS letterhead indicating that the Medicare application (855A) was reviewed and accepted.

Community-Based Palliative Care Certification

A Home Health or Hospice Agency qualifies for Home Care Community-Based Palliative Care Certification under the following conditions:

- The organization meets all of the general eligibility requirements for an organization seeking Joint Commission accreditation (see above; also in ACC chapter)
- The organization is Joint Commission Accredited for Home Care services including Home Health or Hospice. Deemed accreditation is not required.
- The organization is able to provide Community Based Palliative Care services 24 hours a day, 7 days a week. After hours services may be provided on an on-call basis, including the ability of having team members available to answer and make phone calls nights and weekends and the availability to provide home visits to patients as needed.
- The organization has provided care to at least five (5) Home Care Community Based Palliative Care patients in the prior 12 months, three (3) of which are active at the time of survey.
- Community Based Palliative Care services are primarily delivered in the patient's place of residence. A patient's residence may include an assisted living facility. If a patient is temporarily receiving care at a Nursing Care Center or similar skilled nursing facility, he or she may receive Community Based Palliative Care services by the Home Care organization. If the Home Care organization staffs and provides Community Based Palliative Care in an outpatient clinic or office setting, this setting(s) may be included in the survey and certified as a component of the total Home Care services provided. (Note: If the outpatient clinic or office is not staffed by any Home Care organization personnel, it cannot be included in the certification.)
- The organization must utilize palliative care clinical practice guidelines and/or evidence-based practice in the delivery of Home Care Community Based Palliative Care Services.

Early Survey Option Requirements

Please note that if you choose the Early Survey Option, the first survey does not apply toward CMS Medicare Deeming.

The First Survey: When an organization chooses to be surveyed under the Early Survey Option, The Joint Commission conducts two on-site surveys, both of which will be announced, unless the organization is using accreditation for deemed status purposes. Please note that the early survey process differs slightly for Hospitals and Critical Access Hospitals. For the first survey, all Hospitals and Critical Access Hospitals, regardless of whether the organization is using accreditation for deemed status purposes, will be announced. The second survey will be unannounced. The Joint Commission can conduct the first survey as early as two months before the organization begins its operations, provided that the organization meets the following criteria:

- The organization must be licensed (according to law and regulation)
- The building has been identified, constructed and equipped
- The CEO or administrator, director of clinical or medical services (medical director), and nurse executive have been identified
- The opening date has been identified

For this survey, a limited set of standards (physical plant, policies and procedures) is used to assess the organization.

Second Survey (Initial Survey): The time frame selected by the organization for the second survey must

be within six months of the first survey. The effective date of the accreditation decision is the day after the second survey if the organization does not receive any requirements for improvement. If the organization receives at least one requirement for improvement, it must submit an ESC that resolves all requirements for improvement; the effective date of the accreditation decision is the date the successful ESC is submitted.

When your organization is ready for its second survey (initial survey), update your application by selecting the Initial Survey button and select your ready date under the Early Survey Requirements.

Attestation

☐ I have read and understand the eligibility requirements for an Initial Survey and Early Survey Option

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- | | | | | | | | | |
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Initial/Early Survey

Survey Option(s)

Initial/Early Survey information is not applicable to your organization

Initial Survey

☐ Initial Survey Requested

Select the Date your organization will be ready for Survey

Early Survey Option

☐ Early Survey Option Requested

The first survey for this option is not recognized for CMS Medicare deeming/recognition/accreditation
The following programs Must use the Early Survey Option:

- Ohio Hospitals
- Indiana Free-Standing Psychiatric Hospitals
- Missouri non-licensed Home Health and Hospice Agencies
- Florida non-licensed Home Health Agencies
- New York Office Based Surgery Office Based Surgery practices that perform procedures involving minimal sedation or which meet the definition of "minor procedures" are exempt from the Early Survey Option requirement.
- California Office Based Surgery Practices or Ambulatory Surgery Centers with any degree of physician ownership.

Select the Date your organization will be ready for Survey

1 Your Organization	2 Programs/ Services	3 Federal/ State	4 Initial/Early Survey	5 Site Information	6 Survey Details	7 Applicable Manuals	8 Summary	9 Submission
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Site Information**Site Summary**

Help Tab

The following program(s)/services were selected for this organization

✔ Home Care

Search Site(s) by: ☐ Name ☐ DBA ☐ City ☐ State ☐ Program[Search](#) [Reset](#)**Sites**[+ADD](#)

Site	Name	City	State	Program	
1	Intermountain Homecare Cedar City DBA Intermountain Homecare 1333 North Main St, Suite 102	Cedar City	UT 84721	Home Care	view / edit delete
2	Intermountain Homecare Richfield DBA Intermountain Homecare 70 East 1000 North, Suite B	Richfield	UT 84701	Home Care	view / edit delete
3	Intermountain Homecare Cassia DBA Intermountain Homecare 1031 East North Main St	Burley	ID 83318	Home Care	view / edit delete
4	Intermountain Homecare Dixie HME DBA Intermountain Homecare Dixie 1424 East Foremaster Dr, Suite 130	Saint George	UT 84790	Home Care	view / edit delete
5	Intermountain Homecare Dixie DBA Intermountain Homecare 555 South Bluff St., Suite 100	Saint George	UT 84770	Home Care	view / edit delete
6	Intermountain Homecare Fillmore DBA Intermountain Homecare 25 North Main Street	Fillmore	UT 84631	Home Care	view / edit delete
7	Intermountain Homecare Heber 175 N. Main Suite 103	Heber City	UT 84032	Home Care	view / edit delete
8	Intermountain Homecare Logan DBA Intermountain Homecare 550 East 1400 North, Suite G	Logan	UT 84341	Home Care	view / edit delete
9	Intermountain Homecare Medical Equip & Supply American Fork DBA INTERMOUNTAIN HOMECARE 98 N 1100 E, Suite 301	American Fork	UT 84003	Home Care	view / edit delete
10	Intermountain Homecare Medical Equip & Supply Mt Pleasant DBA Intermountain Homecare 130 W. Main	Mount Pleasant	UT 84647	Home Care	view / edit delete
11	Intermountain Homecare Medical Equipment & Supply Bountiful DBA Intermountain Homecare 1440 South 500 West	Bountiful	UT 84010	Home Care	view / edit delete

Site	Name	City	State	Program	
12	Intermountain Homecare Medical Equipment & Supply Cedar DBA Intermountain Homecare 1333 North Main St, Suite 102	Cedar City	UT 84721	Home Care	view / edit delete
13	Intermountain Homecare Medical Equipment & Supply Heber DBA Intermountain Homecare 175 N. Main Street, Suite 104	Heber City	UT 84032	Home Care	view / edit delete
14	Intermountain Homecare Medical Equipment & Supply IMED DBA Intermountain Homecare 5171 South Cottonwood Street, Suite 150	Salt Lake City	UT 84107-5709	Home Care	view / edit delete
15	Intermountain Homecare Medical Equipment & Supply Logan DBA Intermountain Homecare 1300 North 200 East, Suite 106	Logan	UT 84341	Home Care	view / edit delete
16	Intermountain Homecare Medical Equipment & Supply Ogden DBA Intermountain Homecare 4387 S Harrison Blvd, Suite D5	Ogden	UT 84403	Home Care	view / edit delete
17	Intermountain Homecare Medical Equipment & Supply Provo DBA Intermountain Homecare 289 West 1230 North	Provo	UT 84604	Home Care	view / edit delete
18	Intermountain Homecare Medical Equipment & Supply Richfield DBA Intermountain Homecare 70 East 1000 North	Richfield	UT 84701	Home Care	view / edit delete
19	Intermountain Homecare Medical Equipment & Supply SL Clinic DBA Intermountain Homecare 389 S 900 E	Salt Lake City	UT 84102	Home Care	view / edit delete
20	Intermountain Homecare Mt. Pleasant DBA Intermountain Homecare 130 West Main Street	Mount Pleasant	UT 84647	Home Care	view / edit delete
21	Intermountain Homecare Ogden DBA Intermountain Homecare 3776 Wall Avenue	Ogden	UT 84405	Home Care	view / edit delete
22	Intermountain Homecare Pharmacy St. George DBA Intermountain Homecare 1380 East Medical Center Drive	Saint George	UT 84790	Home Care	view / edit delete
23	Intermountain Homecare Pharmacy DBA Intermountain Homecare 11520 So Redwood Rd	South Jordan	UT 84095	Home Care	view / edit delete
24	Intermountain Homecare Provo DBA Intermountain Homecare 524 W 300 N, Suite 101	Provo	UT 84601	Home Care	view / edit delete
25	Intermountain Homecare Salt Lake DBA Intermountain Homecare 11520 So Redwood Rd	South Jordan	UT 84095	Home Care	view / edit delete

Home Care Contractors

[+ADD](#)



September 27, 2018

Todd Neubert, RN
Chief Nursing Officer
IHC Health Services, Inc.
11520 So Redwood Rd
South Jordan , UT 84095

Joint Commission ID #: 238282
Program: Home Care Accreditation
Accreditation Activity: Unannounced Accreditation Follow-up
Accreditation Activity Completed : 9/18/2018

Dear Mr. Neubert:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Home Care**

This accreditation cycle is effective beginning April 29, 2017 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations



Final Accreditation Report

IHC Health Services, Inc.
11520 So Redwood Rd
South Jordan, UT 84095

Organization Identification Number: 238282
60-day Evidence of Standards Compliance Submitted: 11/19/2018

ESC Programs Reviewed
Home Care

The Joint Commission

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Executive Summary

Home Care

- Requirements for Improvement (RFI) Summary

Appendix

- Standards/Elements of Performance (EP) Language

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The Joint Commission Executive Summary

Program	Submit Date	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Home Care	11/19/2018	No Requirements for Improvement	None	None

The Joint Commission Requirements for Improvement Summary

Program: Home Care

Standard	Level of Compliance
MM.04.01.01	Compliant
NPSG.03.06.01	Compliant

The Joint Commission

Appendix

Standard and EP Text

Program: Home Care

Standard	EP	Standard Text	EP Text
MM.04.01.01	1	Medication orders or prescriptions are clear and accurate. Note: For more information on verbal and telephone orders, refer to Standards RC.02.03.07 and PC.02.01.03.	For organizations that prescribe or receive medication orders verbally or via telephone, fax, or electronic media: The organization has a written policy that identifies the specific types of medication orders or prescriptions that it deems acceptable for use. Note: There are several different types of medication orders. Medication orders commonly used include the following: - As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom - Standing orders: A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances specified in the instructions - Automatic stop orders: Orders that include a date or time to discontinue a medication - Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status - Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval - Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status - Signed and held orders: New prewritten (held) medication orders and specific instructions from a licensed independent practitioner to administer medication(s) to a patient in clearly defined circumstances that become active upon the release of the orders on a specific date(s) and time(s) - Orders for compounded drugs or drug mixtures not commercially available - Orders for medication-related devices (for example, nebulizers, catheters) - Orders for investigational medications - Orders for herbal products - Orders for medications at discharge or transfer
NPSG.03.06.01	1	Maintain and communicate accurate patient medication information.	Obtain and/or update information on the medications the patient is currently taking. This information is documented in a list or other format that is useful to those who manage medications. Note 1: The organization obtains the patient's medication information during the first contact. The information is updated when the patient's

The Joint Commission

Standard	EP	Standard Text	EP Text
			medications change. Note 2: Current medications include those taken at scheduled times and those taken on an as-needed basis. See the Glossary for a definition of medications. Note 3: It is often difficult to obtain complete information on current medications from a patient. A good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the EP.

13B



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

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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

DANIEL RICHARDS
Print Name of Authorized Person

7/22/2020
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited XPartnership Name: MEPS IN MOTION LLCMailing Address: 12101 SOUTH STATE STREET SUITE 101ACity: DRAPER State: UT Zip Code: 84020Telephone Number: 801-506-6999 Fax Number: 801-590-7003Contact Person: MARIE JOHNSONList 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>DANTEL RICHARDS</u>	<u>G</u>	<u>60</u>
<u>LOREN DALTON</u>	<u>G</u>	<u>40</u>

List names of 4 largest partners and percentage of ownership:

Name: DANTEL RICHARDS %: 60Name: 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 pmSaturday — am — pmSunday — am — pm24 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.

SUBSCRIBED AND SWORN TO
before me, a notary public this
23 day of July, 2020.
Denise Cassidy
NOTARY PUBLIC

Name DANIEL RICHARDS



Kristopher Mangosing

From: Richards, Dan <dan@medsinmotion.com>
Sent: Friday, March 12, 2021 2:04 PM
To: Kristopher Mangosing
Subject: Meds In Motion

Kristopher,

This email is to authorize Tufan Nasir to speak representing Meds In Motion as it relates to licensing in the state of Nevada.

If you need anything further please let me know.

Regards,
Dan Richards
Meds In Motion

Information in this message, including attachments, may be privileged or contain confidential health information. The contents are intended to be viewed only by the individual or organization named as addressee. If this was received in error, please notify Meds In Motion immediately by return message to the sender, and destroy all copies of this message and any attachments. Confidential health information is protected by state and federal law, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 and related regulations.



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		REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
 Meds in Motion, LLC		11140027-1703 Pharmacy - Class A
		11140027-8913 Dispensing Controlled Substance License
EFFECTIVE 01/02/2020	EXPIRATION 09/30/2021	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	
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.

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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
7267057-3311	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
 LOREN DALTON
 PH CORPORATE SERVICES, LLC

MANAGER
 MEMBER
 REGISTERED AGENT



Jason Sterzer
 Director
 Division of Corporations and Commercial Code

Dept. of Professional Licensing
 (801)530-6628

Real Estate
 (801)530-6747

Public Utilities
 (801)530-6651

Securities
 (801)530-6600

Consumer Protection
 (801)530-6601



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 Principles 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

13C



RECEIVED
6/9/2020

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 PH02559**)
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: ZooPharm, LLC
Physical Address: 3131 Grand Avenue, Suite B, Laramie, WY 82070
Mailing Address: 3131 Grand Avenue, Suite B
City: Laramie State: WY Zip Code: 82070
Telephone: 307-742-4587 Fax: 307-721-3801
Toll Free Number: 888-742-4602 (Required per NAC 639.708)
E-mail: Pharmacy@zoopharm.net Website: www.zoopharm.com
Managing Pharmacist: Daniel Hagerman License Number: WY 3560

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

****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

Marcy Ann Bliss
Print Name of Authorized Person

5/29/20
Date

Page 2

Board Use Only	Date Processed: <u>JUN 17 2020</u>	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Wildlife Laboratories, LLCMailing Address: 1230 Ash St. #DCity: Windsor State: CO Zip: 80550Telephone: N/A Fax: N/AContact Person: Alison Lynch 856-832-2302 Alynch@wedgewoodpharmacy.com

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 Wildlife Laboratories, LLC is 100% Owner
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) 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 8:30 am 5:00 pm Saturday CLOSED am _____ pmSunday 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, Marcy Ann Bliss

Responsible Person of ZooPharm, 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

Marcy Ann Bliss

Print Name of Authorized Person

5/29/20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
) ss.
_____ COUNTY)

I, Marcy Ann Bliss, 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/President/Treasurer/Secretary for ZooPharm, 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.

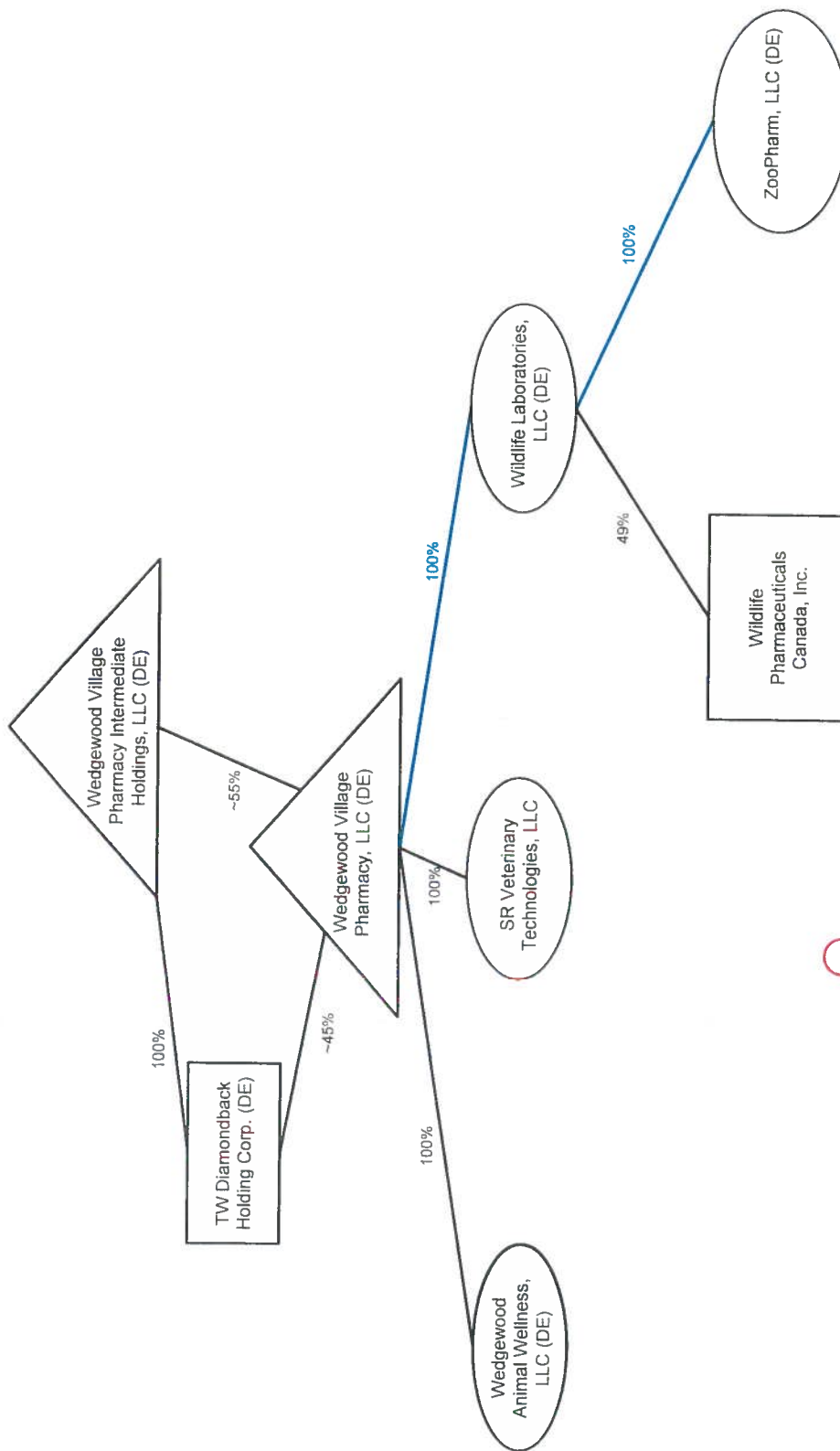
I, Marcy Ann Bliss, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Marcy Ann Bliss
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
20 day of May, 2020.

Bridgette A Connor
NOTARY PUBLIC





ZooPharm, LLC
Owner and Officer Information

Owner:

Wildlife Laboratories, LLC
Percentage Ownership: 100%
Address: 1230 Ash St. #D Windsor, CO 80550
FIEN: 84-0953973

Officers:

Marcy Ann Bliss
Title: CEO/President/Treasurer/Secretary
Home Address: Dawn Court, Mullica Hill, New Jersey 08062
DOB: 6
DLN: (PA)
SSN:

Edward Michael Lhee
Title: Asst. Secretary
Home Address: Gregory Avenue, Wilmette, Illinois 60091
DOB:
DLN:
SSN:

Jocelyn Rose Stanley
Title: Asst. Secretary
Home Address: Fremont Street, Chicago, Illinois 60614
DOB:
DLN:)
SSN:

Thomas Joseph Formolo
Title: Asst. Secretary
Home Address: DeWindt Road, Winnetka, Illinois 60093
DOB:
DLN:
SSN:

STATE	NAME ON LICENSE	LICENSE NUMBER	LICENSE TYPE	ISSUED	EXPIRES	WAS DISCIPLINE EVER IMPOSED?
Alabama	ZooPharm	112271	Non-Resident Pharmacy	4/9/2013	12/31/2020	YES
Alaska	ZooPharm	PHA-0-479	Out of State Pharmacy	3/27/2003	6/30/2020	NO
Arizona	ZooPharm	3843	Non-Resident Pharmacy	6/19/2003	10/31/2021	NO
Arkansas	ZooPharm	OS02333	Retail Pharmacy	6/12/2012	12/31/2021	NO
California	ZooPharm	NRP695	Non-Resident Pharmacy	5/10/2006	7/1/2020	NO
California	ZooPharm	NSC 99318	Non-Resident Sterile Compounding		07/01/2020	NO
Colorado	ZooPharm	5404	Prescription Drug Outlet - Out-of-State Pharmacy	2/27/2003	10/31/2020	YES
Connecticut	ZooPharm	PCN-0002080	Non-Resident Pharmacy	9/1/2009	8/31/2020	NO
Delaware	ZooPharm	A9-0000860	Non-Resident Pharmacy	5/14/2009	9/30/2020	NO
District of Columbia	ZooPharm	NRX0900109	Non-Resident Pharmacy	7/1/2009	5/31/2021	NO
District of Columbia	ZooPharm	NCP0900059	Controlled Substance		05/31/2021	NO
Florida	ZooPharm	PH19148	Non-Resident Pharmacy	4/7/2003	2/28/2021	NO
Florida	ZooPharm	NSC101	Sterile Compounding		02/28/2021	NO
Georgia	Zoo Pharm	PHNR000293	Non-Resident Pharmacy	3/6/2015	6/30/2021	NO
Hawaii	ZooPharm	PMP-352	Non-Resident Pharmacy	1/12/2004	12/31/2021	YES
Hawaii	ZooPharm	E09366	Controlled Substance		05/31/2020	NO
Idaho	ZooPharm	22267MS	Non-Resident Pharmacy	8/19/2004	12/31/2020	NO
Illinois	ZooPharm	054.021173	Non-Resident Pharmacy	5/17/19	3/31/2020	NO
Illinois	ZooPharm	320.012981	Controlled Substance	05/07/2019	03/31/2022	NO

STATE	NAME ON LICENSE	LICENSE NUMBER	LICENSE TYPE	ISSUED	EXPIRES	WAS DISCIPLINE EVER IMPOSED?
Indiana	ZooPharm	64000486A	Non-Resident Pharmacy	4/25/2003	12/31/2021	NO
Iowa	ZooPharm	3495	Non-Resident Pharmacy	1/1/2003	12/31/2020	NO
Iowa	ZooPharm	1108364	Controlled Substance	1/10/2018	12/31/2021	NO
Kansas	ZooPharm	22-02654	Non-Resident Pharmacy	3/20/2009	6/30/2020	NO
Kentucky	ZooPharm	WY909	Non-Resident Pharmacy	4/8/2003	6/30/2020	NO
Louisiana	ZooPharm	PHY.005096.NR	Non-Resident Pharmacy	4/16/2003	12/31/2020	YES
Maine	ZooPharm	MO40000968	Mail Order Pharmacy	2/13/2010	12/31/2020	YES
Maryland	ZooPharm	P03149	Non-Resident Pharmacy	6/4/2003	5/31/2022	NO
Maryland	ZooPharm	465831	Controlled Substance	12/01/2017	11/30/2020	NO
Michigan	ZooPharm	5301007722	Non-Resident Pharmacy	6/6/2003	6/30/2020	YES
Michigan	ZooPharm	5315014801	Controlled Substance	6/6/2003	6/30/2020	NO
Minnesota	ZooPharm	262298-1	Non-Resident Pharmacy	4/17/2003	6/30/2020	NO
Minnesota	ZooPharm	364044	Wholesale Distributor		05/31/2020	NO
Mississippi	ZooPharm	05859/7.1	Non-Resident Pharmacy	4/11/2003	12/31/2021 NOTE: CS EXP 12/31/2020	NO
Mississippi	ZooPharm	CS-05859/7.1	Controlled Substance	11/18/2019	12/31/2020	NO
Missouri	ZooPharm	2003009678	Non-Resident Pharmacy	5/2/2003	10/31/2020	NO
Montana	ZooPharm	PHA-MOP-LIC 58808	Mail Order Pharmacy	4/3/2019	11/30/2020	NO
Nebraska	ZooPharm	583	Non-Resident Pharmacy	7/30/2009	7/30/2020	NO
Nevada	ZooPharm	PH02559	Non-Resident Pharmacy	10/21/2009	10/31/2020	NO
New Hampshire	ZooPharm	NR0701	Non-Resident Pharmacy	6/29/2009	10/31/2021	NO

STATE	NAME ON LICENSE	LICENSE NUMBER	LICENSE TYPE	ISSUED	EXPIRES	WAS DISCIPLINE EVER IMPOSED?
New Jersey	ZooPharm	28RO00034700	Non-Resident Pharmacy	4/7/2009	6/30/2020	NO
New Mexico	ZooPharm	PH0002547	Non-Resident Pharmacy	6/16/2003	12/31/2020	NO
New Mexico	ZooPharm	CS00208860	Controlled Substance		05/31/2020	NO
New York	ZooPharm	034630	Non-Resident Pharmacy	4/25/2016	3/31/2022	NO
North Carolina	ZooPharm	10350	Non-Resident Pharmacy	8/17/2009	12/31/2020	NO
North Dakota	ZooPharm	406	Non-Resident Pharmacy	4/16/2009	6/30/2021	NO
Ohio	ZooPharm	01-1377250	Non-Resident Pharmacy	4/25/2003	3/31/2021	NO
Oklahoma	ZooPharm	99-729	Non-Resident Pharmacy	5/9/2003	5/31/2021	NO
Oregon	ZooPharm	RP-0002072-CS	Non-Resident/CS	4/1/2003	3/31/2021	NO
Pennsylvania	ZooPharm	NP001518	Non-Resident Pharmacy	12/5/2019	8/31/2021	YES
Rhode Island	ZooPharm	PHN09624	Non-Resident Pharmacy	3/28/2005	9/30/2020	NO
Rhode Island	ZooPharm	CPHN09624	Controlled Substance			NO
South Carolina	ZooPharm	17427	Non-Resident Pharmacy	8/3/2017	6/30/2020	NO
South Carolina	ZooPharm	13-17427	Controlled Substance		06/30/2020	NO
South Dakota	ZooPharm	400-0351	Non-Resident Pharmacy	5/5/2003	6/30/2020	NO
Tennessee	ZooPharm	4654	Non-Resident Pharmacy	5/26/2009	5/31/2021	NO
Texas	ZooPharm	26494	Non-Resident Pharmacy	5/19/2009	5/31/2021	YES
Utah	ZooPharm	5335024-1708	Pharmacy – Class D	6/30/2003	9/30/2021	NO
Utah	ZooPharm	5335024-8913	Controlled Substance		09/30/2021	NO
Vermont	Wildlife Labs dba ZooPharma	36.0058486	Non-Resident Pharmacy	7/2/2010	7/31/2021	NO
Virginia	ZooPharm	0214001262	Non-Resident Pharmacy	6/17/2010	6/30/2020	NO

STATE	NAME ON LICENSE	LICENSE NUMBER	LICENSE TYPE	ISSUED	EXPIRES	WAS DISCIPLINE EVER IMPOSED?
Washington	ZooPharm	PHNR.FO.00057582	Non-Resident Pharmacy	4/4/2003	5/31/2020	NO
West Virginia	ZooPharm	MO0560114	Non-Resident Pharmacy	5/3/2019	6/30/2020	NO
Wisconsin	ZooPharm	440-043	Non-Resident Pharmacy	4/6/2009	5/31/2020	NO
Wyoming	Zoopharm	WY52-82070 115Z02 (CS)	Resident Pharmacy Controlled Substance	11/5/2002 11/5/2002	6/30/2020 6/30/2020	NO
Wyoming	ZooPharm	WD2070	Manufacturer		06/30/2020	NO

1

WYOMING STATE BOARD OF PHARMACY

Hereby certifies that the business whose name appears on this certificate has complied with the provisions of Wyoming Statute 33-24-153 and Wyoming Statute 35-7-1001 *et seq* (if applicable) and Chapter 8 of the Rules and Regulations regarding registration through the expiration date of June 30, 2021.

Manufacturer or Distributor of Prescription Drugs for Veterinary Use, Controlled Substance

ZooPharm, Inc. (Manufacturer) 3131 E Grand Ave Ste B Laramie, WY 82070

Registration Number: WD2070

Original Issue Date: 07/17/2018

Date Issued: 05/11/2020

WY Controlled Substance Number: CSB00709

DEA Registration: RZ0539328

Fee Paid: \$275.00

Authorized Schedules: II, III, IV, V

Fee Paid: \$250.00

ZooPharm, Inc. (Manufacturer)
3131 E Grand Ave Ste B
Laramie, WY 82070

Brenda Upton
Secretary-Treasurer
Wyoming State Board of Pharmacy

Permit must be displayed in a conspicuous location at the registrant's business address

WYOMING STATE BOARD OF PHARMACY

Hereby certifies that the business whose name appears on this certificate has complied with the provisions of Wyoming Statute 33-24-101 *et seq* and Wyoming Statute 35-7-1001 *et seq* (if applicable) and/or rules and regulations regarding registration through the expiration date of **June 30, 2020**.

Resident Retail Pharmacy

ZooPharm
3131 Grand Avenue, Suite B, Room B Laramie, WY 82070

Registration Number: 52-82070
Original Issue Date: 11/05/2002
Date Issued: 05/23/2019
WY Controlled Substance Number: 115Z02
DEA Registration: BZ8069317

Fee Paid: \$150.00

Fec Paid: \$40.00

ZooPharm
3131 Grand Avenue, Suite B, Room B
Laramie, WY 82070

Brenda Upton
Secretary-Treasurer
Wyoming State Board of Pharmacy



Authorized Schedules: II, III, IV, V

Permit must be displayed in a conspicuous location at the registrant's business address

DANIEL HAGERMAN
Piper Rd.
Laramie WY 82070

zoopharm.net

PROFESSIONAL SUMMARY

Doctor of Pharmacy

- Highly skilled career professional with over 7 years practical experience in sterile & non-sterile compounding, veterinary compounding and home infusion therapy.
 - Pharmacist-in-Charge of national veterinary compounding pharmacy.
 - USP 797 & USP 800 competent with extensive training through Critical Point.
-

CREDENTIALS

Passed NAPLEX	2012
Pharmacist License, State of Alabama	2015
Pharmacist License, State of Arizona	2015
Pharmacist License, State of Arkansas	2015
Pharmacist License, State of Colorado	2017
Pharmacist License, State of Idaho	2015
Pharmacist License, State of Kentucky	2015
Pharmacist License, State of Kansas	2018
Pharmacist License, State of Louisiana	2015
Pharmacist License, State of Maryland	2015
Pharmacist License, State of Massachusetts	2017
Pharmacist License, State of Michigan	2016
Pharmacist License, State of Mississippi	2015
Pharmacist License, State of Nebraska	2015
Pharmacist License, State of Oklahoma	2015
Pharmacist License, State of Oregon	2015
Pharmacist License, State of Tennessee	2015
Pharmacist License, State of Texas	2016
Pharmacist License, State of Virginia	2015
Pharmacist License, State of West Virginia	2015
Pharmacist License, State of Wyoming	2012

EXPERIENCE

Staff Pharmacist <i>Quality IV Care & ZooPharm, Laramie, WY</i>	2012 - Present
Pharmacist-in-Charge/Pharmacy Owner <i>ZooPharm, Laramie, WY</i>	2016 -Present

EDUCATION

Doctor of Pharmacy <i>University of Wyoming, Laramie, WY</i>	2012
Associates of Science <i>Northwest College, Powell, WY</i>	2003

REFERENCES: Available upon Request

**Daniel Hagerman
PIC License List**

Pharmacist NABP_e- Profile ID	Pharmacist First Name	Pharmacist Last Name	Pharmacist Month and Date of Birth	Pharmacist License Number	License State	Pharmacist License Original Issue Date	Pharmacist License Expiration Date	Total Hours Pharmacist Practices at the Licensed Facility per Week
458461	Daniel	Hagerman		18770	AL	7/14/2015	12/31/2020	40
458461	Daniel	Hagerman		S021649	AZ	10/16/2015	10/31/2021	40
458461	Daniel	Hagerman		PD13113	AR	6/9/2015	12/31/2021	40
458461	Daniel	Hagerman		PHA.002167 5	CO	3/24/2017	10/31/2021	40
458461	Daniel	Hagerman		P7346	ID	7/28/2015	2/28/2021	40
458461	Daniel	Hagerman		18146	KY	9/25/2015	2/28/2021	40
458461	Daniel	Hagerman		1-106400	KS	6/19/2018	6/30/2020	40
458461	Daniel	Hagerman		PST.021077	LA	6/30/2015	12/31/2020	40
458461	Daniel	Hagerman		23665	MD	9/25/2015	2/28/2021	40
458461	Daniel	Hagerman		PH237278	MA	3/17/2017	12/31/2020	40
458461	Daniel	Hagerman		5302045191	MI	11/23/2016	11/23/2021	40
458461	Daniel	Hagerman		T-13987	MS	6/3/2015	12/31/2020	40
458461	Daniel	Hagerman		15020	NE	7/29/2015	1/1/2022	40

**Daniel Hagerman
PIC License List**

458461	Daniel	Hagerman		16049	OK	6/1/2015	2/28/2021	40	
458461	Daniel	Hagerman		RPH- 0014924	OR	8/27/2015	6/30/2021	40	
458461	Daniel	Hagerman		39330	TN	6/5/2015	6/30/2021	40	
458461	Daniel	Hagerman		59930	TX	12/1/2016	2/28/2021	40	
458461	Daniel	Hagerman		202214399	VA	8/24/2015	12/31/2020	40	
458461	Daniel	Hagerman		RP0009186	WV	7/1/2015	6/30/2021	40	
458461	Daniel	Hagerman		3560	WY	6/27/2012	12/31/2020	40	

WYOMING STATE BOARD OF PHARMACY

Hereby certifies that the individual whose name appears on this certificate has complied with the provisions of Wyoming Statute 33-24-101 *et seq* and Wyoming Statute 35-7-1001 *et seq* (if applicable) and/or rules and regulations regarding registration through the expiration date of 12/31/2020

Registration Number: 3560
Original Issue Date: 06/27/2012
Date Issued: 12/31/2019
Status: Active

Daniel E Hagerman
4543 Piper Rd
Laramie, WY 82070

Fee Paid: 102.00

Brenda Upton
Secretary-Treasurer
Wyoming State Board of Pharmacy



Permit must be displayed in a conspicuous location at the registrant's business address

BakerHostetler

Baker & Hostetler LLP

Washington Square, Suite 1100
1050 Connecticut Avenue, N.W.
Washington, DC 20036-5403

T 202.861.1500
F 202.861.1783
www.bakerlaw.com

Marc N. Wagner
direct dial: 202.861.1557
mwagner@bakerlaw.com

March 22, 2021

VIA OVERNIGHT MAIL

Mark Sedar
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno Nevada 89521

Re: ZooPharm, LLC – Request for updated information

Dear Sir or Madam:

Enclosed please find a license verification for ZooPharm, LLC located at 3131 Grand Avenue, Unit C, Laramie, WY 82070.

If you require any additional information or follow-up, please contact me at (202) 861-1557 or by e-mail at mwagner@bakerlaw.com

Sincerely,



Marc N. Wagner
Associate

Enclosure



WYOMING STATE BOARD OF PHARMACY



Bessie S. McGirr, RPh, President
 Kerri Kilgore, RPh, Vice President
 Brenda Upton, RPh, Secretary/Treasurer
 Patrick Fitzgerald, APRN, Public Member
 Jim Massengill, RPh, Member
 Robert R. Prentice, MD, Member
 Tosha Williamson, RPT, Member
 Thomas A. Maertens, RPh, Member
 Gary Norwood, DVM, Member

1712 Carey Avenue, Suite 200, Cheyenne, WY 82002
 307-634-9636 Telephone
 307-634-6335 Fax
 bop@wyo.gov electronic mailbox
 Matthew R. Martineau, RPh, Executive Director

Keith R. Bennett, Inspector/Compliance Officer

Governor: Mark Gordon

March 18, 2021

Nevada State of Pharmacy
 985 Damonte Ranch Pkwy Suite 206
 Reno, NV 89521

Re: Verification of Licensure
 ZooPharm, LLC, 3131 Grand Ave, Ste B, Laramie, WY 82070

To Whom It May Concern:

Please find this as verification of ZooPharm, LLC's licensure status in the state of Wyoming:

Resident Pharmacy License Number:	R10193
Pharmacy Controlled Substance Number:	CSB00921
Wholesale License Number:	WD2163
Wholesale Controlled Substance Number:	CSB00920
Expiration Date:	June 30, 2021
Status of License:	Active
Date License was issued:	August 7, 2020
Disciplinary Actions:	None

Please do not hesitate to contact us if you require additional information or clarification regarding this verification.

Sincerely,

Matthew R. Martineau, PharmD, RPh
 Executive Director

Cc: Applicant



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: ZooPharm, LLC

Address: 3131 Grand Avenue, Unit C

City: Laramie State: WY Zip: 82070

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

Signature of Applicant Maggie B. E.

**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
<u>CSB00921</u> <u>R 10193</u>	<u>ACTIVE</u> <u>ACTIVE</u>	<u>8/7/2020</u>	<u>6/30/2021</u>

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ 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
<u>[Signature]</u>	<u>EXECUTIVE DIRECTOR</u>	<u>WY</u>	<u>3/8/2021</u>



Wyoming

State Board of Pharmacy

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Details

Name ZooPharm, LLC
City Laramie
State WY
Pharmacist in Charge: [Hagerman, Daniel E](#)

License Type	Business Controlled Substance Registration
License Number	CSB00921
License Status	Active
License Issue Date	8/7/2020
License Expiration Date	6/30/2021
Original License Date	8/7/2020

License Type	Resident Retail Pharmacy Registration
License Number	R10193
License Status	Active
License Issue Date	8/7/2020
License Expiration Date	6/30/2021
Original License Date	8/7/2020

Disciplinary Action None

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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: ZooPharm, LLC

Address: 3131 Grand Avenue, Unit C

City: Laramie State: WY Zip: 82070

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

Signature of Applicant

Maya B. B.

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
<u>CS3000920</u> <u>WD</u>	<u>ACTIVE</u> <u>ACTIVE</u>	<u>8/7/2020</u>	<u>6/30/2021</u>

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ 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
<u>[Signature]</u>	<u>EXECUTIVE DIRECTOR</u>	<u>WY</u>	<u>3/18/2021</u>	



Wyoming

State Board of Pharmacy

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Details

Name ZooPharm, LLC (Manufacturer)
 City Laramie
 State WY

License Type	Business Controlled Substance Registration
License Number	CSB00920
License Status	Active
License Issue Date	8/7/2020
License Expiration Date	6/30/2021
Original License Date	8/7/2020

License Type	Wholesale Distributor License
License Number	WD2163
License Status	Active
License Issue Date	8/7/2020
License Expiration Date	6/30/2021
Original License Date	

Disciplinary Action None

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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**

As requested, ZooPharm is disclosing its pharmacy disciplinary history briefly as follows:

State: Colorado

Date: 3/30/2011

Case # 2011-3067

Board Administrative Action: Stipulation and Final Agency Order effective 3/28/11, as the pharmacy failed to submit required data into the Colorado Prescription Drug Monitoring Program. The pharmacy paid the fine and the action was completed effective 3/28/11. Status: Finalized. Fine \$5,500 total.

State: Colorado

Date: 4/16/2014

Case # 2014-107

Board Administrative Action: Stipulation and Final Agency Order effective 4/16/14, as the pharmacy failed to submit required data into the Colorado Prescription Drug Monitoring Program. The pharmacy paid the fine and the action was completed effective 4/16/14. Status: Finalized. Fine \$1,100 total

State: Louisiana

Date: 11/18/2015

Case # 15-0277

Board Administrative Action: For its failure to disclose the 2011 Disciplinary Action by the Colorado Board of Pharmacy on their 2012 Renewal Application for its Louisiana Pharmacy Permit and for its failure to disclose the 2014 Disciplinary Action by the Colorado Board of Pharmacy on their 2015 Renewal Application for its Louisiana Pharmacy Permit, The Board issued a letter of reprimand, and further, assessed a fine of \$10,000 plus administrative costs. Status: Finalized

State: Hawaii

Date: 3/31/2016

RICO Case # PHA-2016-4-L

Board Administrative Action: Petitioner DCCA entered into a settlement agreement with respondent ZooPharm, which was approved by the Board on March 31, 2016. RICO's allegations, if proven at an administrative hearing, would constitute **violations of Hawaii Revised Statutes Sections 436B-19(13) Disciplinary Action by Another State and 436B-19(15) Failure to Timely Report Disciplinary Action**. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a petition for disciplinary action against respondent's permit. Under the terms of the Settlement Agreement, respondent agrees to the reprimand of the license and to pay a fine of \$3500.00. Status: Finalized.

State: Texas

Date: 8/19/16

Texas Agreed Board Order #F-16-013

Board Administrative Action: ZooPharm submitted a Texas license renewal application in May 2015 and incorrectly indicated that they had not been subject to any professional disciplinary action within the last 36 months when, in fact, the Colorado Board of Pharmacy disciplined ZooPharm on April 16, 2014. Under the terms of the order, ZooPharm paid an administrative

penalty (fine) of \$3,000.00 and the pharmacy license issued to ZooPharm was reprimanded. Status: Finalized.

State: Alabama

Date: 10/12/16

Case # 16-L-0040

Board Administrative Decision: Non-resident pharmacy issued administrative fine of \$2,000.00 due to Stipulation and Final Agency Order entered by the Board of Pharmacy of the State of Colorado in or about March 12, 2014. Status: Finalized.

State: Michigan

Date: 12/12/18

File No. 53-16-144052

Board Administrative Decision: ZooPharm was fined \$500.00 and agreed to a Finalized Order based on off 'piggyback' actions from prior cases in Colorado in 2011 and 2014, Louisiana 2015, Hawaii 2016, Texas 2016 and Alabama 2016. Status: Finalized.

State: Maine

Date: 1/16/19

Case 2018-PHA-13939

Board Administrative Decision: ZooPharm was fined \$1500.00 and agreed to a Consent Order based on prior 'piggyback actions' from Colorado in 2011 and 2014 and for failing to timely notify the Maine Board within its 10-day disciplinary notification rule. Status: Finalized.

State: Pennsylvania

Date: 11/21/2019

Case: 19-54-008168

Board Final Order: ZooPharm's registration as a pharmacy in the state of Pennsylvania was issued on indefinite probation for no less than two (2) years as a result of being disciplined in another jurisdiction for failing to make reports to an Electronic Prescription Drug Monitoring Program and an indication that the Applicant had practiced pharmacy in Pennsylvania prior to registering as a nonresident pharmacy. Status: Finalized.

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-003067

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF ZOOPHARM, REGISTRATION NO. OSP 5404,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Zoopharm ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-003067 as follows:

1. On February 27, 2003, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5404 ("Colorado Registration").
2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.
3. Respondent Pharmacy's address of record with the Board and current location is 3131 Grand Avenue, Suite B, Room B, Laramie, WY 82070.
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. On August 25, 2008, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of June 16 through June 25, 2008, July 1 through July 10, 2008, and August 1 through August 10, 2008.
6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period of February 1 through February 10, 2011, and did not submit

a "zero" report indicating no dispensing transactions for said reporting period as required by Board rule.

7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

\$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents (\$5,000.00)**. Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents (\$5,500.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.
10. **Adviseements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own 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 §12-22-125, 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.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own 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.
12. **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 may be sanctioned as provided under §12-22-125.2(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.
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. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

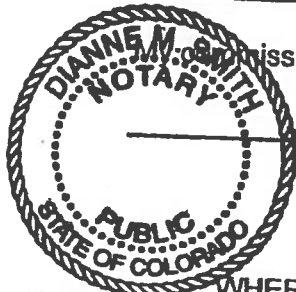
William H. Lance
Authorized Agent of Respondent Pharmacy

Dated: 11 March 2011

Subscribed and sworn to before me in the County of Larimer, State of Colorado, this 11th day of March, 2011 by William Lance, in his/her capacity as an authorized agent of Zoopharm.

My commission expires: 4/18/2012

Dianne M. Smith
Notary Public



FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, My Commission Expires 4/18/2012 and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 29th DAY OF March, 2011.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2014-107**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF ZOOPHARM, REGISTRATION NO. OSP 5404,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Zoopharm ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2014-107 as follows:

1. On February 27, 2003, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5404 ("Colorado Registration").
2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of §§12-42.5.101, *et seq.*, C.R.S. (2013), otherwise known as the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act.
3. Respondent Pharmacy's address of record with the Board and current location is 3131 E. Grand Avenue, Unit B, Laramie, Wyoming 82070.
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. Respondent Pharmacy failed to submit the required data to Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") reporting dispensing transactions of controlled substances in the State of Colorado for the reporting periods of June 16 through June 25, 2008, July 1 through July 10, 2008, and August 1 through August 10, 2008, and did not submit a "zero" report indicating no dispensing transactions for that reporting period as required by Board rule.
6. Board staff sent Respondent Pharmacy a warning letter directing it to come into compliance with the PDMP reporting requirements within fourteen days of the date of the letter (14-Day Letter) and thereafter remain in compliance. The 14-Day Letter

specifically noted that Respondent Pharmacy failed to file a "zero" report, which is required by regulation in the event no dispensing transactions of controlled substances in the State of Colorado occurred during the relevant reporting period.

7. Respondent Pharmacy failed to come into compliance with the data submission requirements of the PDMP and thereafter remain in compliance as directed in the 14-Day Letter. The Board initiated a Complaint against Respondent Pharmacy directing it to come into compliance within thirty days and thereafter to remain in compliance with PDMP reporting requirements to avoid disciplinary action.
8. Respondent Pharmacy failed to come into compliance with PDMP reporting requirements within thirty days, and/or failed to maintain compliance for two consecutive reporting periods thereafter, and entered into a Stipulation and Final Agency Order (FAO) with the Board on March 28, 2011, in which it agreed to a fine pursuant to Board Policy 30-8. Respondent Pharmacy specifically acknowledged in the FAO that any future violations of PDMP requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period as required by regulation, would lead to additional penalties pursuant to Board Policy 30-8.
9. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period of January 1 through January 10, 2014, and did not submit a "zero" report indicating no dispensing transactions for that reporting period as required by Board rule.
10. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-42.5-123(1)(c) and 12-42.5-403(3), C.R.S. and Rule 23.00.30 and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

\$1,000.00 Fine with 10% Surcharge and Terms

11. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-42.5-124(5)(a)(II), C.R.S. Respondent Pharmacy shall pay a fine of **One Thousand Dollars and No Cents (\$1,000.00)**. Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **One Thousand One Hundred Dollars and No Cents (\$1,100.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

12. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8 or otherwise in the event the case fails to settle in accordance with Board Policy 30-8.
13. **Adviseements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- To have a formal notice of hearing and charges served upon it;
 - To respond to said formal notice of charges;
 - To have a formal disciplinary hearing pursuant to §12-42.5-124(2), C.R.S.; and
 - 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.

14. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own 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.
15. **Other Requirements.** Through its undersigned authorized agent, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
- promptly pay all its own fees and costs associated with this Final Agency Order;
 - comply fully with this Final Agency Order; and
 - comply fully with the Pharmaceuticals and Pharmacists Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceutical and pharmacists in the State of Colorado.

16. **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 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.
17. **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.
18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
19. **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.
20. **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 with the Board. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

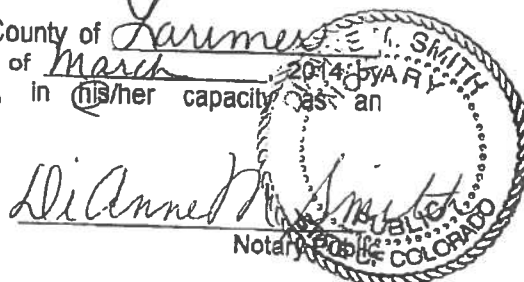
ACCEPTED AND AGREED BY

David K. Smith
Authorized Agent of Respondent Pharmacy

Dated: 3/12/2014

Subscribed and sworn to before me in the County of Yarimer
State of Colorado, this 12 day of March, 2014, by David K. Smith
authorized agent of Zoopharm, in his/her capacity as an

My commission expires: 4/18/16



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 16th DAY OF April, 2014.

State Board of Pharmacy

BY: Chris Gassen
Chris Gassen
Program Director

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF:

CONSENT ORDER

ZOOPHARM, INC.

LOUISIANA PHARMACY PERMIT NO. 5096

Case No. 15-0277

CONSENT AGREEMENT

WHEREAS, ZOOPHARM, INC. (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 5096, 3131 E Grand Avenue, Unit B, Laramie, Wyoming 82070-5140, was disciplined by Board Order issued by the Colorado Board of Pharmacy on or about March 28, 2011 and January 14, 2014. Respondent failed to report these disciplinary actions on its Renewal Applications for its Louisiana permit for Year 2012 and Year 2015.

WHEREAS, such action constitutes a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(6): Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency, or court for conduct that would constitute grounds for action as defined in this Section.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **Louisiana Pharmacy Permit No. 5096 belonging to ZOOPHARM, INC. is issued a Letter of Reprimand.**

2. ZOOPHARM, INC. is ordered to pay a fine of \$10,000.00 and to reimburse the Board \$250.00 for administrative costs, with total payment due the Board of \$10,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: NONE } WE DO NOT
Medicare Provider Number (if in the possession of one): NONE } BILL INSURANCE

I, DAVID K. SMITH, authorized to act on behalf of and acting on behalf of ZOOPHARM, INC., understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 22nd DAY OF SEPTEMBER 2015.

ZOOPHARM, INC.
Louisiana Pharmacy Permit No. 5096

David K. Smith
BY: Authorized Representative

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:



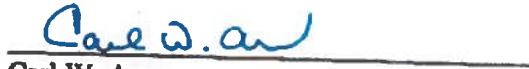
CARLOS M. FINALET, III

General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on November 18, 2015, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:



Carl W. Aron

President and Hearing Officer for the Board

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

2016 APR 1 P 2:29
10:04

Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

DEPT OF COMMERCE
AND CONSUMER AFFAIRS
2016 APR - 1 P 2:29
HEARINGS OFFICE

In the Matter of the Miscellaneous Permit of) PHA 2016-4-L
)
ZOOPHARM,) SETTLEMENT AGREEMENT PRIOR TO
) FILING OF PETITION FOR DISCIPLINARY
Respondent.) ACTION AND BOARD'S FINAL ORDER;
) EXHIBIT "I"
)

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent ZOOPHARM (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 352. The permit was issued on or about January 12, 2004. The permit will expire or forfeit on or about December 31, 2017.

2. Respondent's mailing address for purposes of this action is 3131 Grand Avenue, Unit B, Laramie, Wyoming 82070.

3. RICO received a request for investigation from the Board after Respondent reported disciplinary action by the State of Louisiana on a December 2015 renewal application.

I HEREBY CERTIFY THAT THE ATTACHED
IS A TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN THE DEPARTMENT
OF COMMERCE & CONSUMER AFFAIRS.

Pauli Fag

JS

4. Respondent attached a copy of a Consent Order from the Louisiana Board of Pharmacy issued to Respondent in Case No. 15-0277 (hereinafter "the Louisiana Order") (Exhibit "1"). The Louisiana Order was based on allegations Respondent failed to report March 28, 2011 and January 14, 2014 disciplinary actions by the State of Colorado, reprimanded Respondent's license, and imposed a \$10,000.00 fine.

5. RICO alleges that disciplinary action was taken against Respondent by the State of Louisiana based on disciplinary actions by the State of Colorado, and that Respondent failed to timely report the Louisiana action, as well as the March 28, 2011 and January 14, 2014 Colorado actions referenced in the Louisiana Order.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to timely report disciplinary action).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of the Consent Order from the Louisiana Board of Pharmacy issued to Respondent in Case No. 15-0277.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

D1

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2016-4-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Reprimand. Respondent agrees to the reprimand of Respondent's permit by the Board.

2. Administrative fine. Respondent agrees to pay a fine in the amount of THREE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$3,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

3. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 and C.2 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

4. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

5. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.6, C.7, C.8 and C.9 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

6. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

7. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

8. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

9. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

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IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: 3/7/2016, WINDSOR, COLORADO.
(CITY) (STATE)

ZOOPHARM
Respondent

By: David K. Smith
Its COO/CFO

DATED: Honolulu, Hawaii, March 8, 2016.

John T. Hassler

DARIA A. LOY-GOTO
JOHN T. HASSLER

Attorneys for Department of Commerce and
Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF ZOOPHARM: SETTLEMENT
AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND
BOARD'S FINAL ORDER; EXHIBIT "1"; CASE NO(S). PHA 2016-4-L

JS

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
ZOOPHARM, INC.	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit	)	
Numbers 112271/201113	)	Case Number 16-L-0040

FINAL ORDER

On September 20, 2016, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Zoopharm, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Stipulation and Agreement, Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law. Board President Dr. Tim Martin did not attend the administrative hearing or participate in the deliberation of this matter.

Stipulation and Agreement

Pursuant to Code of Alabama 1975, § 41-22-12 (f), the Respondent denied all charges but stipulated that the Board could introduce sufficient evidence to establish a prima facie case necessary to meet the legal burden of proof as required by the Board for this proceeding, for violating Code of Alabama (1975) § 34-23-33 (13). Therefore the Board finds the Respondent is guilty of committing the acts and violating the provisions of law set forth in Code of Alabama (1975) § 34-23-33 (13). The parties agreed to the terms listed below in this Final Order.

Findings of Fact

1. The Respondent is a non-resident pharmacy to which the Board issued permit numbers 112271 and 201113.
2. The Respondent was notified of the charges; the Respondent was represented at the administrative hearing by counsel, Mr. Spencer H. Larche, Esq. and Mr. John Paul Baer, Esq. Mr.

Waldo Roth, the Respondent's supervising pharmacist, also attended the hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent committed and is guilty of the acts specified as violations of Code of Alabama (1975) § 34-23-33 (13).

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in 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 was represented at the administrative hearing by counsel.

3. The Respondent made no objection to the timeliness of the Notice of Hearing.

4. The Respondent made no objection to the specificity of the Statement of Charges.

5. The Respondent's permits as a non-resident pharmacy in the State of Alabama are due to be have disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975) § 34-23-33 (13) in that it violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations set forth in the Stipulation and Final Agency Order entered by the Board of Pharmacy of the State of Colorado in or about March 11, 2011.

6. The Respondent's permits as a non-resident pharmacy in the State of Alabama are due to be have disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975) § 34-23-33 (13) in that it violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations set forth in the Stipulation and Final Agency Order entered by the Board of Pharmacy

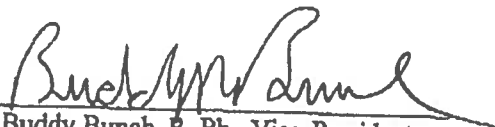
of the State of Colorado in or about March 12, 2014.

ORDER

In accordance with the foregoing Stipulation and Agreement, Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is ORDERED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars; said fine shall be paid in thirty (30) days from the date of this Final Order; and
2. All other Counts of the Statement of Charges and Notice of Hearing dated March 24, 2016 hereby DISMISSED; 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 6th day of October 2016


Mr. Buddy Bunch, R. Ph., Vice-President
Alabama State Board of Pharmacy

Copies to:
Mr. Spencer H. Larche, Esq.
Mr. John Paul Baer, Esq.
Ms. Mitzi Ellenburg, Director of Operations
Ms. Patty Wright, Case Coordinator
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

AGREED BOARD ORDER #F-16-013

RE: IN THE MATTER OF
ZOOPHARM
(PHARMACY LICENSE #26494)

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 26494 issued to Zoopharm (Respondent), 3131 Grand Avenue, Suite B, Laramie, Wyoming, 82070.

By letter dated June 20, 2016, 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 565.002(a)(3), (10) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015), as alleged in the Counts below.

The conduct described in the Consent Order of the Louisiana Board of Pharmacy is substantially similar to conduct described in:

Section 565.002(a)(3) and (10) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

COUNTS

- (1) On or about March 28, 2011, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order against the Colorado non-resident prescription drug outlet registration number 5404 held by Zoopharm. The Order was based on stipulations that the pharmacy failed to comply with data submission requirements of the Colorado Prescription Drug Monitoring Program. The Order imposed a \$5,000 penalty.

On or about April 4, 2011, Zoopharm submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action within the last 36 months, when Zoopharm was the subject of an Order by the Colorado State Board of Pharmacy on March 28, 2011, as previously described.

Agreed Board Order #F-16-013

Zoopharm

Page 2

- (2) On or about April 11, 2013, Zoopharm submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action within the last 36 months, when Zoopharm was the subject of an Order by the Colorado State Board of Pharmacy on March 28, 2011, as described above in Count (1).
- (3) On or about April 16, 2014, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order against the Colorado non-resident prescription drug outlet registration number 5404 held by Zoopharm. The Order was based on stipulations that the pharmacy failed to comply with data submission requirements of the Colorado Prescription Drug Monitoring Program. The Order imposed a \$1,000 fine.

On or about May 6, 2015, Zoopharm submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action within the last 36 months, when Zoopharm was the subject of an Order by the Colorado State Board of Pharmacy on April 16, 2014, as previously described.

- (4) On or about September 22, 2015, the Louisiana Board of Pharmacy entered a Consent Order against the Louisiana pharmacy permit number 5096 held by Zoopharm. The Order was based on allegations of failure to report the disciplinary actions by the State of Colorado listed above in Counts (1) and (3) on Zoopharm's 2012 and 2015 Louisiana Board of Pharmacy renewal applications. The Order imposed a reprimand and a \$10,000 fine.

By letter dated June 20, 2016, 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, William R. Lance, DVM, Corporate Manager, Wildlife Laboratories, Inc., 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 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.

Agreed Board Order #F-16-013
Zoopharm
Page 3

ORDER OF THE BOARD

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

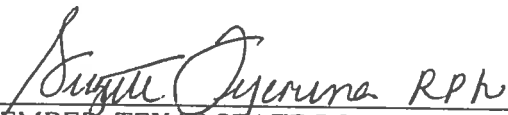
- (1) Respondent's license is reprimanded.
- (2) Respondent shall pay an administrative penalty of three thousand dollars (\$3,000) due one hundred twenty (120) days after the entry of this Order .
- (3) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement 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 (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016).

Agreed Board Order #F-16-013
Zoopharm
Page 4

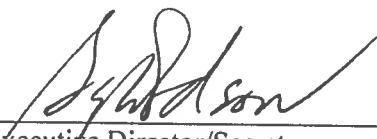
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 2nd day of August, 2016.


MEMBER, TEXAS STATE BOARD OF PHARMACY

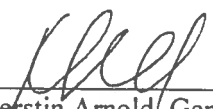
ATTEST:


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

APPROVED AS TO FORM AND AGREED TO:


William R. Lance, DVM, Corporate Manager, Wildlife Laboratories, Inc.
For and on behalf of Zoopharm

APPROVED AS TO FORM:


Kerstin Arnold, General Counsel
Texas State Board of Pharmacy



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head, Esq.
Commissioner

Geraldine L. Betts
Administrator

December 19, 2018

John Paul Baer, Pharm D, JD
Baer Law Firm, LLC
25521 E. Smoky Hill Rd., Ste. 120
Aurora, CO 80016

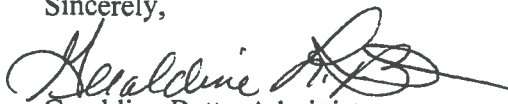
Dear Attorney Baer:

Per your request, the Board of Pharmacy is sending you this letter to clarify the timeline leading up to the Board offering your client, ZooPharm, Inc. (license # MO40000968), a consent agreement to resolve what has been docketed as Complaint No. 2018-PHA-13932.

- On November 7, 2016, ZooPharm submitted a renewal application in which it disclosed previous discipline for the first time.
- At its January 5, 2017 Board meeting, the Board voted to preliminarily deny the renewal application and to offer ZooPharm a consent agreement addressing allegations of untimely reporting of discipline and misrepresentations on previous applications.
- The Board, however, did not issue the preliminary denial or offer the corresponding consent agreement until February 12, 2018.
- On February 26, 2018, ZooPharm asked the Board to reconsider the terms of the proposed consent agreement.
- The Board, however, did not address ZooPharm's request for reconsideration until December 6, 2018, at which point it modified and re-offered the proposed consent agreement.

Thank you for your patience and that of ZooPharm with the unusual administrative delay in resolving this complaint.

Sincerely,


Geraldine Betts, Administrator
Maine Board of Pharmacy

Cc: Andrew L. Black, AAG

Licensing (207)624-8620
Main Receptionist (207)624-8603
TTY users call Maine relay 711

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www.maine.gov/professionallicensing
OFFICE LOCATION: GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE

Geraldine.L.Betts@maine.gov
Direct line: (207)624-8625
Fax: (207)624-8666

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
ZOOPHARM, INC.	)	CONSENT AGREEMENT
	)	
Complaint No. 2018-PHA-13932	)	

PARTIES

This document is a Consent Agreement regarding the pending application of ZooPharm, Inc., for the renewal of its mail order pharmacy license. The parties to this Consent Agreement are: ZooPharm, Inc. ("ZooPharm"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since February 13, 2010, ZooPharm has been licensed in Maine as a mail order pharmacy, license number MO40000968, located at 3131 E Grand Avenue Unit B, Laramie, Wyoming.
2. On March 28, 2011, ZooPharm was disciplined by the Colorado State Board of Pharmacy (Case #2011-003067) for failing to comply with data submission requirements of the Colorado Prescription Drug Monitoring Program and was fined \$5000.00.
3. ZooPharm did not report this Colorado disciplinary action to the Board until March 10, 2016, which was beyond the 10-day reporting deadline mandated by 10 M.R.S. § 8003-G(2)(C).

4. In addition, on November 9, 2011, the Board received ZooPharm's online renewal application on which ZooPharm falsely answered "No" to the following question: "Since your last renewal, has any jurisdiction taken disciplinary action against any professional license you hold (except this license) or have held or denied your application for licensure?"

5. On April 16, 2014, ZooPharm was again disciplined by the Colorado State Board of Pharmacy (Case # 2014-107) for failing to comply with data submission requirements of the Colorado Prescription Drug Monitoring Program and fined \$1,000.

6. ZooPharm did not report this second Colorado disciplinary action to the Board until March 10, 2016, which was beyond the 10-day reporting deadline mandated by 10 M.R.S. § 8003-G(2)(C).

7. In addition, on December 5, 2014, the Board received ZooPharm's online renewal application on which ZooPharm falsely answered "No" to the following question: "Since your last renewal, has any jurisdiction taken disciplinary action against any professional license you hold (except this license) or have held or denied your application for licensure?"

8. On November 19, 2015, ZooPharm was disciplined by the Louisiana Board of Pharmacy (Case #15-0277) for failing to report disciplinary action and was fined \$10,000.00.

9. ZooPharm did not report this Louisiana disciplinary action to the Board until March 10, 2016, which was beyond the 10-day reporting deadline mandated by 10 M.R.S. § 8003-G(2)(C).

10. In addition, on December 5, 2015, the Board received ZooPharm's online renewal application on which ZooPharm falsely answered "No" to the following question: "Since your

last renewal, has any jurisdiction taken disciplinary action against any professional license you hold (except this license) or have held or denied your application for licensure?"

11. On August 2, 2016, ZooPharm was disciplined by the Texas State Board of Pharmacy (Agreed Board Order #F-16-013) for failing to report disciplinary action and fined \$3,000.00.

12. ZooPharm did not report this Texas disciplinary action to the Board until September 14, 2016, which was beyond the 10-day reporting deadline mandated by 10 M.R.S. § 8003-G(2)(C).

13. Pursuant to 10 M.R.S. § 8003-G(2)(C) and 10 M.R.S. § 8003(5-A)(A)(11), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a disciplinary action to the Board within 10 days of that action.

14. Pursuant to 10 M.R.S. § 8003(5-A)(A)(1) the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for the practice of fraud, deceit or misrepresentation in obtaining a license.

15. After having reviewed the above information, the Board voted to preliminarily deny ZooPharm's application for licensure as a mail order pharmacy. In lieu of the denial, the Board also voted to offer ZooPharm this Consent Agreement. Unless ZooPharm accepts this Consent Agreement by signing and dating it and returning it to Complaint Coordinator, 35 State House Station, Augusta, ME 04333, by **January 7, 2019**, the Board will hold a hearing to adjudicate ZooPharm's application for renewal of licensure as a mail order pharmacy.

COVENANTS

16. ZooPharm admits to the facts as stated above and admits that such conduct constitutes grounds for refusal to renew licensure and for the imposition of discipline as follows:

- a. Pursuant to 10 M.R.S. §§ 8003(5-A)(A)(1) for making misrepresentations on renewal applications by failing to disclose professional licensing discipline; and
- b. Pursuant to 10 M.R.S. §§ 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken.

17. As discipline for the conduct admitted to in paragraph 16 above, ZooPharm agrees to accept the following **DISCIPLINARY ACTION**:

- a. A REPRIMAND; and
- b. A CIVIL PENALTY in the amount of one thousand five hundred dollars (\$1,500.00), payment of which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Complaint Coordinator, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

18. Violation of any of the terms or conditions of this Consent Agreement by ZooPharm shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

19. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.

20. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

21. Upon receipt of the signed Consent Agreement and the civil penalty payment, the Board will renew ZooPharm's license contingent upon it meeting all other eligibility criteria.

22. 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.

23. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

24. ZooPharm 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.

DATED: 1-3-2019 ZOOPHARM, INC.

By: David K. Smith

Title: CFO/COO

DATED:

1/10/2019

Joseph Bruno
JOSEPH BRUNO, R.Ph., PRESIDENT
Maine Board of Pharmacy

DATED:

1/16/2019

Andrew L. Black
ANDREW L. BLACK
Assistant Attorney General

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ZOOPHARM
License No. 53-01-007722,
Respondent.

File No. 53-16-144052

CONSENT ORDER

On February 12, 2018, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating MCL 333.16221(b)(x). However, MCL 333.16221(b)(x) is inapplicable to pharmacies. The violation is of MCL 333.17768(2)(d). Respondent and Respondent's attorney acknowledge the error and wish to proceed without the Department issuing a Superseding Administrative Complaint correcting the error.

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 violation(s) of MCL 333.17768(2)(d).

IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent is REPRIMANDED.

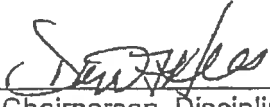
IT IS FURTHER ORDERED that for the cited violation(s) of the Public Health Code, Respondent is FINED \$500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order. Respondent shall submit payment to the Department of Licensing and Regulatory Affairs, Enforcement Division, 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 53-16-144052.

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: 12/12/18

STIPULATION

1. On February 12, 2018, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating MCL 333.16221(b)(x). However, MCL 333.16221(b)(x) is inapplicable to pharmacies. The violation is of MCL 333.17768(2)(d). Respondent and Respondent's attorney acknowledge the error and wish to proceed without the Department issuing a Superseding Administrative Complaint correcting the error.

2. The facts alleged in the Complaint are true and constitute violation(s) of MCL 333.17768(2)(d).

3. Respondent has notified the Department of the following sister state disciplinary actions, all of which derive from the March 28, 2011 and/or April 16, 2014 Stipulations and Final Agency Orders issued by the Colorado Board of Pharmacy:

- a. Consent Agreement dated September 22, 2015, issued by the Louisiana Board of Pharmacy;
- b. Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order dated March 31, 2016, issued by the Hawaii Board of Pharmacy;

- c. Agreed Board Order dated August 2, 2016, issued by the Texas Board of Pharmacy; and
- d. Final Order dated October 12, 2016, issued by the Alabama Board of Pharmacy.

This Order resolves any possible disciplinary action the Department may take against Respondent related to the above sister state disciplinary actions.

4. 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.

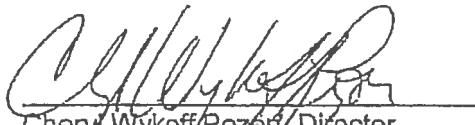
5. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

6. 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.

7. 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.

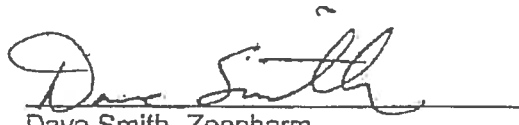
8. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:


Cheryl Wykoff Pezoff, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

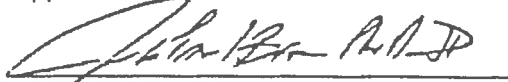
Dated: 9/26/18

AGREED TO BY:


Dave Smith, Zoopharm,
Chief Operating Officer/
Chief Financial Officer,
Respondent

Dated: 9/21/2018

Approved as to form:


John Paul Baer,
Attorney for Respondent

Dated: 9/21/2018

dm

COPY

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

In the Matter of the Application for the
Nonresident Pharmacy Registration of
ZooPharm, Inc.,
Applicant

:
:
:
:

Case No. 19-54-008168

DEC

2019 NOV 21 AM 8:15

DEC

NOV

FINAL ORDER ADOPTING
PROPOSED ADJUDICATION AND SUBSTITUTING FINAL ORDER

AND NOW, this 21st day of November 2019, the State Board of Pharmacy, having duly met and reviewed the evidentiary record of this proceeding, together with the hearing examiner's Proposed Adjudication and Order, and noting that neither party filed exceptions to the hearing examiner's proposal, hereby **ORDERS** that the proposed adjudication of the hearing examiner, filed September 11, 2019, including the proposed findings of fact, proposed conclusions of law, and discussion, except for the discussion regarding the outcome, be adopted as the Final Adjudication of the Board in this proceeding. A copy of the hearing examiner's Proposed Adjudication and Order is appended to this order as **Appendix A**.

Because Applicant had been disciplined by another jurisdiction for failing to make reports to an Electronic Prescription Drug Monitoring Program, and indicated that Applicant had practice pharmacy in Pennsylvania prior to registering as a nonresident pharmacy, the Board believes in order to protect the public health, safety and welfare that Applicant's registration should be issued on a probationary basis for at least two (2) years. Accordingly, the Board will substitute its own **FINAL ORDER** as follows:

TRUE AND CORRECT COPY
CERTIFIED FROM THE RECORD
THIS 29th DAY OF April A.D. 2020

Rina Wilson
PROTHONOTARY

FINAL ORDER

AND NOW, this 21st day of November 2019, the State Board of Pharmacy, having duly met and considered the entire record based upon the foregoing Findings of Fact, Conclusions of Law and Discussion, hereby **GRANTS** Applicant's application for a certificate of registration as a nonresident pharmacy pending compliance with administrative application requirements to include providing updated information as the Board may require, and the certificate of registration is immediately placed on **INDEFINITE PROBATION** for no less than two (2) years. After two (2) years from the date of mailing indicated below, Applicant may petition for administrative reinstatement to unrestricted status of its certificate of registration by submitting documentation to the Board proving that Applicant has not received any other disciplinary action from any other licensing authority while on probation. During the probationary period, the following terms and conditions shall apply:

1. Applicant shall report to the Board within thirty days of final disposition any disciplinary action taken by the regulatory or licensing agency of the state in which Applicant is located in accordance with section 4.1(c) of the Pennsylvania Pharmacy Act, 63 P.S. § 390-4.1(c).
2. Applicant shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of pharmacy in this Commonwealth or any other state or jurisdiction in which Respondent holds a pharmacy permit or nonresident pharmacy registration.
3. Applicant shall at all times cooperate with the Bureau of Professional and Occupational Affairs and its agents and employees in the monitoring, supervision and investigation of Applicant's compliance with the terms and conditions of this Order, including requests for, and causing to be submitted at Respondent's expense, written reports, records and

verifications of actions that may be required by the Bureau of Professional and Occupational Affairs.

4. Applicant shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Order.
5. Applicant shall notify the Bureau of Professional and Occupational Affairs, in writing, within five (5) days of the filing of any criminal charges against Applicant, the initiation of any legal action pertaining to Applicant's practice of the profession, the initiation, action, restriction or limitation relating to Applicant by a professional licensing authority of any state or jurisdiction or the Drug Enforcement Agency of the United States Department of Justice, or any investigation, action, restriction or limitation relating to Applicant's privileges to practice the profession.

VIOLATION OF THIS ORDER

6. Notification of a violation of the terms or conditions of this Order shall result in the **TERMINATION** of the period of probation, and an **IMMEDIATE SUSPENSION** of Applicant's registration(s) to practice the profession in the Commonwealth of Pennsylvania as follows:
 - a. The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition that indicates that Applicant has violated any terms or conditions of this Order.
 - b. Upon a probable cause determination by the Committee that Applicant has violated any of the terms or conditions of this Order, the Committee shall, without holding a formal hearing, issue a preliminary order terminating this probation and activating the suspension of Applicant's registration.

- c. Applicant shall be notified of the Committee's preliminary order within three business days of its issuance by certified mail and first-class mail, postage prepaid, sent to the Applicant's last registered address on file with the Board, or by personal service if necessary.
- d. Within 20 days of mailing of the preliminary order, Applicant may submit a written answer to the Commonwealth's Petition and request that a formal hearing be held concerning Applicant's violation of probation, in which Applicant may seek relief from the preliminary order activating the suspension. Applicant shall mail the original answer and request for hearing to the Bureau of Professional and Occupational Affairs' Prothonotary, 2601 North Third Street, Harrisburg, PA 17110, and a copy to the prosecuting attorney for the Commonwealth, as well as all subsequent filings in the matter.
- e. If the Applicant submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within 45 days from the date of the Prothonotary's receipt of Applicant's request for a formal hearing.
- f. Applicant's submission of a timely answer and request for a hearing shall not stay the suspension of Applicant's registration under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.
- g. The facts and averments in this Order shall be deemed admitted and uncontested at this hearing.
- h. If the Board or hearing examiner after the formal hearing makes a determination against Applicant, a final order will be issued sustaining the suspension of Applicant's registration and imposing any additional disciplinary measures deemed appropriate.

- i. If Applicant fails to timely file an answer and request for a hearing, the Board, upon motion of the prosecuting attorney, shall issue a final order affirming the suspension of Applicant's registration.
 - j. If Applicant does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or the hearing examiner makes a determination against Applicant sustaining the suspension of Applicant's registration, Applicant may petition the Board for reinstatement upon verification that Applicant has complied with the Board's order, abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.
 - k. Applicant's failure to fully comply with any terms of this Order may also constitute grounds for additional disciplinary action.
7. Nothing in this Order shall preclude the prosecuting attorney for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Order.
8. At any time after two (2) years have passed from the effective date of this order, Applicant may request reinstatement of the registration to non-probationary status. The Board will administratively reinstate Applicant's registration to a non-probationary status if Applicant has successfully completed the period of probation, and has signed a verification to that effect, unless there is a pending proceeding to terminate probation in accordance with paragraph 6.

This order is effective immediately.

**BUREAU OF PROFESSIONAL &
OCCUPATIONAL AFFAIRS**



**K. KALONJI JOHNSON
ACTING COMMISSIONER**

For Applicant:

9171 9690 0935 0226 6013 92

For the Commonwealth:

Board Counsel:

Date of Mailing:

BY ORDER:

STATE BOARD OF PHARMACY



**THERESA M. TALBOTT, R.Ph.
CHAIRPERSON**

John Paul Baer, Esquire
Baer Law Firm, LLC
25521 East Smoky Hill Road, Suite #120
Aurora, CO 80016

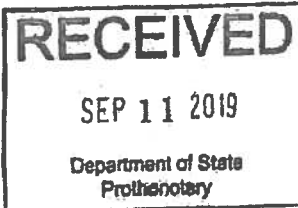
Steven A. Mimm, Esquire

Juan A. Ruiz, Esquire

November 21, 2019

Appendix A

COPY



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY**

**In re: Application for
Nonresident Pharmacy Registration of
ZooPharm, Inc.,
Applicant**

:
:
:
:

Case No. 19-54-008168

PROPOSED ADJUDICATION AND ORDER

**Thomas A. Blackburn
Hearing Examiner**

**COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF HEARING EXAMINERS
P.O. Box 2649
Harrisburg, PA 17105-2649**

Date Distributed 9/11/19
Prosecution _____
Counsel ✓ _____
BFO _____
Hearing Examiner _____
Other _____

HISTORY

This matter is before the State Board of Pharmacy ("Board") on the application of ZooPharm, Inc. ("Applicant") for a nonresident pharmacy permit in this Commonwealth. By letter dated June 5, 2019, the Board provisionally denied Applicant's application under section 4.1(g) of the Pharmacy Act¹ (Act), 63 P.S. § 390-4.1(g), because its license to practice in Colorado had been disciplined by the proper licensing authority in that state, its licenses in other states had also been disciplined and it received a letter of admonition from the Federal Drug Enforcement Agency.

Applicant submitted a timely appeal of the provisional denial and requested a hearing. By order dated July 2, 2019, the Board delegated this matter to a hearing examiner for the Department of State to conduct a formal hearing and issue a proposed adjudication and order to address, subject to Board review, whether Applicant possesses the qualifications for nonresident pharmacy registration in this Commonwealth. By notice of hearing dated July 3, 2019, the formal hearing was scheduled for August 16, 2019, beginning at 9:30 a.m. at One Penn Center, Harrisburg, Pennsylvania before the undersigned hearing examiner.

The hearing was held as scheduled. Applicant appeared in the person of its pharmacist in charge Daniel Hagerman, PharmD and was represented by John Paul Baer, Esquire. The Commonwealth was represented by prosecuting attorney Steven A. Mimm, Esquire. Applicant presented the testimony of Mr. Hagerman, as well as documentary evidence. At the conclusion of the hearing, the parties waived the filing of post-hearing briefs. The hearing transcript ("N.T.") was filed on September 3, 2019, closing the record.

¹ Act of Sept. 27, 1961 (P.L. 1700, No. 699), as amended, 63 P.S. §§ 390-1 – 390-13.

FINDINGS OF FACT

1. On March 5, 2019, Applicant submitted to the Board an application for a nonresident pharmacy registration in the Commonwealth of Pennsylvania. (Official notice of Board records,² exhibit B-3)
2. By stipulated and final agency order dated March 11, 2011, and effective March 28, 2011, at case no. 2011-003067, the Colorado State Board of Pharmacy ("Colorado Board") fined Applicant \$5,000 and imposed an additional surcharge of 10%, because after failing to submit Electronic Prescription Drug Monitoring Program ("PDMP") reports for the periods of June 16-25, 2008, July 1-10, 2008, and August 1-10, 2008, Applicant again failed to submit a PDMP report for the period of February 1-10, 2011, in violation of Colorado licensure law. (Exhibit B-3 at pp 156-159)
3. By stipulated and final agency order dated March 12, 2014, and effective April 16, 2014, at case no. 2014-107, the Colorado Board fined Applicant \$1,000 and imposed an additional surcharge of 10%, because Applicant failed to submit a PDMP report for the period of January 1-10, 2014, in violation of Colorado licensure law. (Exhibit B-3 at pp 160-164)
4. By consent agreement entered September 22, 2015, and accepted November 18, 2018, by the Louisiana Board of Pharmacy ("Louisiana Board") at case no. 15-0277, the Louisiana Board reprimanded Applicant and levied a fine of \$10,000 and ordered Applicant to reimburse it \$250 in costs of investigation, because Applicant had been twice disciplined by the Colorado

²Official notice is taken of the Board's licensure records pertaining to Applicant in accordance with the rule that a licensing board may take official notice of its own records. General Rules of Administrative Practice and Procedure, 1 Pa. Code § 31.1 *et seq.*, at § 35.173; *see also Falasco v. Commonwealth of Pennsylvania Board of Probation and Parole*, 521 A.2d 991 (Pa. Cmwlth. 1987) (The doctrine of official notice allows an agency to take official notice of facts which are obvious and notorious to an expert in the agency's field and those facts contained in reports and records in the agency's files); *Gleeson v. State Bd. of Medicine*, 900 A.2d 430, 440 (Pa. Cmwlth. 2006), *appeal denied*, 917 A.2d 316 (Pa. 2007) (licensing board may take official notice of its own records). All subsequent such references will be cited as "Board records."

Board and failed to notify the Louisiana Board of these actions on its renewals in 2012 and 2015, in violation of Louisiana licensure law. (Exhibit B-3 at pp 107, 114-116, 165-167)

5. By settlement agreement prior to filing of petition for disciplinary action dated March 7, 2016, at case no. PHA 2016-4-L, the Hawaii Board of Pharmacy ("Hawaii Board") reprimanded Applicant and levied a fine of \$3,500, because Applicant had been twice disciplined by the Colorado Board and disciplined by the Louisiana Board as a result of the Colorado actions and failed to report any of these disciplinary actions to the Hawaii Board, in violation of Hawaii licensure law. (Exhibit B-3 at pp 168-172)

6. By agreed board order #F-16-013 dated August 2, 2016, the Texas Board of Pharmacy ("Texas Board") reprimanded Applicant and levied a fine of \$3,000, because Applicant had been twice disciplined by the Colorado Board and falsely denied Applicant was the subject of any professional disciplinary action when it applied for renewals of its Texas permit in 2011, 2013 and 2015, and had been disciplined by the Louisiana Board as a result of the Colorado actions, in violation of Texas licensure law. (Exhibit B-3 at pp 107, 108-110, 173-176)

7. By final order dated October 12, 2016, at case no. 16-L-0040, the Alabama State Board of Pharmacy ("Alabama Board") ordered Applicant to pay a fine of \$1,000, because Applicant had been twice disciplined by the Colorado Board, in violation of Alabama licensure law. (Exhibit B-3 at pp 107, 111-113, 177-179)

8. By consent order dated September 26, 2018, at file no. 53-16-144052, the Michigan Board of Pharmacy ("Michigan Board") fined Applicant \$500, because Applicant had been twice disciplined by the Colorado Board, as well as by the Louisiana Board, the Hawaii Board, the Texas Board and the Alabama Board, in violation of Michigan licensure law. (Exhibit B-3 at pp 182-186)

9. By consent agreement dated January 16, 2019, at complaint no. 2018-PHA-13932, the Maine Board of Pharmacy ("Maine Board") reprimanded Applicant and ordered Applicant to pay a civil penalty of \$1,500, because Applicant falsely denied on renewal applications and failed to report to the Maine Board that Applicant had been disciplined by the Colorado Board (twice), the Louisiana Board, the Hawaii Board, the Texas Board, the Alabama Board and the Michigan Board, in violation of Maine licensure law. (Exhibit B-3 at pp 187-192)

10. On July 27, 2018, the DEA issued Applicant a letter of admonition, because Applicant had dispensed controlled substances to practitioners via a prescription for the practitioner to use as office stock for general dispensing, in violation of Federal drug law. (Exhibit B-3 at pp 180-181)

11. By letter dated June 5, 2019, the Board provisionally denied Applicant's application under section 4.1(g) of the Act, based upon disciplinary action taken against its license to operate a pharmacy in Colorado, disciplinary action against its non-resident licenses in other states, and its receipt of a letter of admonition from the DEA. (Exhibit B-2)

12. Applicant is a veterinary-only compounding pharmacy; due to the extremely wide variety of animals treated by veterinarians in zoos and elsewhere and common need for sedation or anesthesia prior to most other injections, medications are often specially compounded, and Applicant is one of the very few sources. (N.T. 19-20, exhibits A-1, A-2 and A-3)

13. Mr. Hagerman became Applicant's pharmacist in charge in 2017. (N.T. 20)

14. Instead of having a single person typically from administrative staff doing all of the PDMP reporting, Applicant now has two pharmacists who are designated at the end of every day -- whether reportable daily or weekly -- to make reports. (N.T. 25-27)

15. Applicant's staff all understand the critical nature of timely reporting to PDMP and

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have not missed any reporting and have had no more issues with any state regulators. (N.T. 26-27)

16. Applicant now has an understanding with the DEA that a limitation to specific species in a zoo is sufficiently patient specific; though a group or collection of animals would qualify as patient specific, the prescription will be as specific as possible. (N.T. 36, 38)

17. On November 13, 2018, the Wyoming State Board of Pharmacy inspected Applicant's facility in Laramie, Wyoming. (Exhibit B-3 at pp 7-81, exhibit A-7)

18. On October 17, 2018, ENV Services tested Applicant's facility and then issued a successful cleanroom certification report. (N.T. at 20-21, exhibit B-3 at pp 82-105, exhibit A-8)

19. Applicant's facility successfully completed an inspection by the California State Board of Pharmacy on April 19, 2019. (Exhibit A-4)

20. In February 2019 Mr. Hagerman conducted an audit of Applicant's activities to make sure that it was appropriately licensed wherever required to be so and discovered that Applicant was not licensed in Pennsylvania. Applicant stopped sending prescriptions to Pennsylvania and applied for the nonresident pharmacy registration. (N.T. 28-30)

21. Applicant tapered down where it would have been detrimental to the patients to abruptly stop the continuation of care and by the date of hearing had completely discontinued all shipment into Pennsylvania. (N.T. 28-30, exhibits A-9 and A-10)

22. Applicant's services and products are very much needed in Pennsylvania by the American Association of Wildlife Veterinarians and its members, the American Association of Zoo Veterinarians and its members, and the Pennsylvania Deer Farmers Association, Inc. and its members. (Exhibits A-1, A-2 and A-3)

23. Applicant received notice of the provisional denial as shown by its filing of an

appeal thereto. (Exhibit B-1)

24. Applicant received notice of the formal hearing as shown by its attendance, in the person of its pharmacist in charge, with legal counsel at the hearing in the person of its pharmacist in charge. (N.T. 5)

25. Applicant, in the person of its pharmacist in charge, testified on its behalf. (N.T. 19-39)

CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter. (Findings of Fact Nos. 1)
2. Applicant received notice of this proceeding and was afforded an opportunity to be heard in accordance with section 4 of the Administrative Agency Law, 2 Pa.C.S. § 504. (Findings of Fact Nos. 23-25)
3. The record supports granting Applicant's application in that Applicant has furnished satisfactory evidence that it meets the qualification or standards for a registration despite any prior disciplinary action. (Findings of Fact Nos. 1-22)

DISCUSSION

Applicant applied for a nonresident pharmacy registration, and the Board provisionally denied that application under section 4.1(g) of the Act, based upon disciplinary action taken against its license as to practice in Colorado, as well as other states. This section of the Act provides in pertinent part:

Section 4.1. Nonresident pharmacies.

* * *

(g) The board may deny, revoke or suspend any certificate of registration as a nonresident pharmacy upon proof satisfactory to the board that the nonresident pharmacy's permit to conduct a pharmacy was suspended or revoked or the nonresident pharmacy was otherwise disciplined by the proper licensing authority of another state.

63 P.S. § 390-4.1(g).

Applicant, as the moving party in this matter, has the burden of proof in seeking the grant of a license to practice medicine and surgery in this Commonwealth. *See, Barran v. State Board of Medicine*, 670 A.2d 765, 767 (Pa. Cmwlth.), *appeal denied*, 679 A.2d 230 (Pa. 1996) (an applicant for licensure bears the burden of proving that he meets all of the qualifications necessary for obtaining a license). Furthermore, the degree of proof required to establish a case before an administrative tribunal is a preponderance of the evidence. *Lansberry v. Pennsylvania Public Utility Commission*, 578 A.2d 600 (Pa. Cmwlth. 1990): A preponderance of the evidence is generally understood to mean that the evidence demonstrates a fact is more likely to be true than not to be true, or if the burden were viewed as a balance scale, the evidence in support of Applicant's case must weigh slightly more than any opposing evidence. *Se-Ling Hosiery, Inc. v. Margulies*, 70 A.2d 854, 856 (Pa. 1950).

The Colorado Board fined Applicant in 2011 because after failing to submit Electronic Prescription Drug Monitoring Program ("PDMP") reports for the periods of June 16-25, 2008,

July 1-10, 2008, and August 1-10, 2008, Applicant again failed to submit a PDMP report for the period of February 1-10, 2011, in violation of Colorado licensure law. And in 2014 the Colorado Board again fined Applicant because Applicant failed to submit a PDMP report for the period of January 1-10, 2014, in violation of Colorado licensure law. Action taken against one's professional license upon being found in violation of the licensure law constitutes disciplinary action. *See, Khan v. State Bd. of Auctioneer Examiners*, 842 A.2d 936, 950-51 (Pa. 2004) (even without suspension or revocation of license or other action traditionally recognized as discipline, admission or finding of violation of licensing law in other jurisdiction by disciplinary authority establishes that licensee had reciprocal discipline). Because the Colorado Board fined Applicant for violating the licensing law in Colorado, Applicant received disciplinary action by the proper licensing authority in that jurisdiction. Subsequently, the Louisiana Board, the Hawaii Board, the Texas Board, the Alabama Board, the Michigan Board and the Maine Board all fined Applicant for having been disciplined by the Colorado Board in violation of their respective professional licensure laws. And the Louisiana Board, the Hawaii Board and the Texas Board all reprimanded Applicant for its failure to disclose to these respective licensing authorities that Applicant had been disciplined by the Colorado Board, all in violation of their licensure law. These actions also constitute the receipt of disciplinary action by the proper licensing authority of those jurisdictions. Because it has received disciplinary action by the proper licensing authorities in these other jurisdictions, the Board is authorized by section 4.1(g) of the Act to deny Applicant's application.

The Board's obligation is to protect the public by, among other things, licensing only those applicants who can safely practice. Having before it only the Colorado Board's actions, as well those of the Louisiana Board, the Hawaii Board, the Texas Board, the Alabama Board, the Michigan Board and the Maine Board, and in light of the more recent letter of admonition from

the DEA, the Board rightly questioned Applicant's ability to safely practice by provisionally denying Applicant's application. With its appeal and the evidence presented at hearing, Applicant has now demonstrated that it can be trusted to practice safely.

Applicant was disciplined in Colorado because it failed to submit all PDMP reports and do so promptly. Applicant was disciplined in other states because it was disciplined in Colorado and because it failed to report that Colorado discipline to the licensing boards in other states in which it is licensed. Subsequent to its disciplinary actions, Applicant was accountable for its failures in Colorado. Applicant has through setting new policy and training as well as increased staffing indoctrinated its pharmacist staff in the importance of prompt and regular PDMP reporting. Applicant has been successfully practicing in all other jurisdictions in which it is licensed.

While the letter of admonition from the DEA is not separate grounds to deny Applicant's application, Applicant has worked with the DEA to cure the concerns that led to the letter of admonition. Finally, though not noted in the Board's provisional denial, Applicant apparently previously engaged in the practice in this Commonwealth as a nonresident pharmacy. However, Applicant on its own discovered that, although it was licensed in most every state in the country, it was not licensed in Pennsylvania. Applicant applied for registration as a nonresident pharmacy and ceased shipping medications into Pennsylvania, except for tapering those where abrupt cessation would be detrimental to patients and has now totally ceased those as well.

Under the circumstances, though it has not been perfect Applicant has demonstrated that it can practice as a nonresident pharmacy sufficiently safely to be trusted with a registration. The record supports the granting to Applicant of a registration as a nonresident pharmacy in this Commonwealth. Accordingly, based upon the foregoing findings of fact, conclusions of law and discussion, the following proposed order shall issue:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

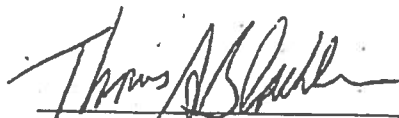
In re: Application for :
Nonresident Pharmacy Registration of :
ZooPharm, Inc., : Case No. 19-54-008168
Applicant :

PROPOSED ORDER

AND NOW, this 11th day of September, 2019, in accordance with the foregoing findings of fact, conclusions of law and discussion, the Application for Nonresident Pharmacy Registration of ZooPharm, Inc. is **GRANTED**.

The State Board of Pharmacy has announced its intention to review this Proposed Report in accordance with 1 Pa. Code § 35.226(a)(2).

BY ORDER:



Thomas A. Blackburn
Hearing Examiner

For Applicant:

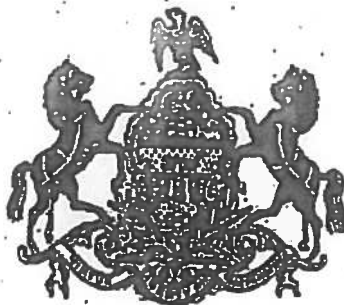
John Paul Baer, Esquire
BAER LAW FIRM, LLC
25521 East Smoky Hill Road, Suite #120
Aurora, CO 80016

For the Commonwealth:

Steven A. Mimm, Esquire
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL
PROSECUTION DIVISION
P.O. Box 69521
Harrisburg, PA 17106-9521

Date of mailing:

September 11, 2019



NOTICE

SERVICE OF PROPOSED REPORT:

The foregoing is the proposed report issued in this matter by a Hearing Examiner for the Department of State, in accordance with the General Rules of Administrative Practice and Procedure at 1 Pa. Code §35.207.

EXCEPTIONS TO PROPOSED REPORT:

Any participant who wishes to appeal all or part of the Hearing Examiner's proposed report to the Board must file exceptions in the form of a *Brief on Exceptions* with the Prothonotary of the Department of State within 30 days after the date of mailing shown on this proposed report in accordance with the General Rules of Administrative Practice and Procedure at 1 Pa. Code §§35.211-214.

The *Brief on Exceptions* shall contain a short statement of the case, a summary of the appealing party's position, the grounds for filing exceptions to the proposed report, and the argument in support of the appealing party's position with citations to the record and legal authority. The appealing party may also include proposed findings of fact and conclusions of law.

In the event any participant files exceptions, the Board may substitute its findings for those of the Hearing Examiner, and/or may impose a greater or lesser sanction than that imposed by the Hearing Examiner without regard to the relief requested or the position argued by any party, and without hearing additional argument or facing additional evidence.

Failure to file a *Brief on Exceptions* within the time allowed under the General Rules of Administrative Practice and Procedure at 1 Pa. Code §§35.211-214 shall constitute a waiver of all objections to the proposed report.

FILING AND SERVICES:

An original and three (3) copies of the *Brief on Exceptions* shall be filed with:

Prothonotary
2601 North Third Street
P. O. Box 2649
Harrisburg, PA 17105-2649

Copies of the *Brief on Exceptions* must also be served on all participants to the proceeding.

Briefs on Exceptions must be received for filing by the Prothonotary within the time limits specified herein. Date of receipt by the Office of Prothonotary and not date of deposit in the mail is determinative.

NOTICE

The attached Final Order represents the final agency decision in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a Petition for Review with that Court within 30 days after the entry of the order in accordance with the Pennsylvania Rules of Appellate Procedure. See Chapter 15 of the Pennsylvania Rules of Appellate Procedure entitled "Judicial Review of Governmental Determinations," Pa. R.A.P 1501 – 1561. Please note: An order is entered on the date it is mailed. If you take an appeal to the Commonwealth Court, you must serve the Board with a copy of your Petition for Review. The agency contact for receiving service of such an appeal is:

Board Counsel
P.O. Box 69523
Harrisburg, PA 17106-9523

The name of the individual Board Counsel is identified on the Final Order.

Summary of Actions Related to Applicant's Owner Wedgewood Village Pharmacy, LLC

- Minnesota Board of Pharmacy; Michigan Department of Licensing and Regulatory Affairs; Alabama Board of Pharmacy

On March 19, 2015, the Minnesota Board of Pharmacy finalized a Stipulation and Consent Order ("Minnesota Consent Order") with Wedgewood Village Pharmacy ("Wedgewood-NJ"), located in Swedesboro, New Jersey. Wedgewood-NJ subsequently entered into consent orders with the Michigan Department of Licensing and Regulatory Affairs ("Michigan LARA") and the Alabama Board of Pharmacy to resolve "sister state" actions that arose out of the Minnesota Consent Order. All three orders are attached.

The underlying facts of the Minnesota Consent Order are as follows. Acting on a reasonable and good faith interpretation of Minnesota law, Wedgewood-NJ had dispensed compounds into Minnesota to a licensed veterinarian pursuant to a veterinarian's order for office use. The Minnesota Board of Pharmacy, however, asserted that Wedgewood-NJ needed a wholesaler license to dispense into Minnesota in this manner. For purposes of settlement only and admitting no wrongdoing, Wedgewood entered into the Minnesota Consent Order whereby it agreed to a \$10,000 civil penalty. Wedgewood subsequently entered into a consent order with Michigan LARA to resolve a "sister state" matter based on the Minnesota Consent Order. Wedgewood-NJ entered into a similar consent order with the Alabama Board of Pharmacy to resolve a sister state action brought by the Alabama Board of Pharmacy based on the Minnesota Consent Order. There was not finding in the Michigan or Alabama consent order that Wedgewood NJ violated any provisions of Michigan or Alabama law outside of these state' prohibition on "sister State" actions.

- California Board of Pharmacy – CI 2018 82132; CI 2016 73882

On March 1, 2019, a citation was affirmed under each of Wedgewood-NJ's two California pharmacy licenses. Under California law these citations are not disciplinary actions and Wedgewood was not administered any fines in connection with the citations. Nonetheless, out of an abundance of caution Wedgewood is hereby notifying you of these citations. A copy of the citations are attached.

- California Board of Pharmacy – CI 2017 77042

On February 27, 2018, Wedgewood-NJ was issued an administrative citation and a \$1,000 fine as a result of an investigation by the California Board of Pharmacy. The citation is not a discipline by the California Board of Pharmacy and payment of the fines does not constitute any admission of wrongdoing by Wedgewood; however, it is being provided out of an abundance of caution. A copy of the citation is attached.

IN THE MATTER OF:

WEDGEWOOD VILLAGE PHARMACY,)
LLC)

Non-Resident Pharmacy)
Permit Number: 112625)

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0066

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Wedgewood Village Pharmacy, LLC ("Wedgewood") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Wedgewood through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Wedgewood has violated the "sister-state" provisions of Alabama law as set out in the Statement of Charges.
2. Wedgewood shall pay an administrative fine in the amount of Three Thousand Dollars (\$3,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.
3. Wedgewood expressly waive its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure 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. Wedgewood 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, Wedgewood 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. Wedgewood acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Wedgewood's permit, including, but not limited to revocation.

6. Wedgewood acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Wedgewood acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 6th of June, 2017.

WEDGEWOOD VILLAGE PHARMACY, LLC

BY: *Mr. A. Bl.*

ITS: President & CEO

Jennifer Clark

Jennifer Clark, attorney for Wedgewood Village Pharmacy, LLC

DONE this the _____ of _____ 6/13/2017, 2017.

ALABAMA STATE BOARD OF PHARMACY

Buddy Bunch

By: Buddy Bunch, R.Ph., President

By: *[Signature]*
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:

WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:

WEDGEWOOD VILLAGE PHARMACY,)
LLC)

Non-Resident Pharmacy)
Permit Number: 112625)

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0086

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Wedgewood Village Pharmacy, LLC
405 Heron Drive
Suite 200
Swedesboro, New Jersey 08085

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) 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 _____, 2016 at _____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 Wedgewood Village Pharmacy, LLC (Wedgewood) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that Wedgewood has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Stipulation and Consent Order by the Minnesota Board of Pharmacy on January 4,

2015 attached hereto as Exhibit "A" and/or the Facts set out therein that you shipped drugs to licensed veterinarians in Minnesota without patient specific prescriptions nor the required license to do so.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon the Consent Order entered by the State of Michigan Board of Pharmacy on April 13, 2016 as a result of the filing of an Administrative Complaint, these documents being attached hereto as Exhibits "B" and "C".

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FOUR

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 any or all of

the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

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 _____ day of _____, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Susan Alverson
Secretary

EXHIBIT "A"

BEFORE THE MINNESOTA BOARD OF PHARMACY

In the Matter of
Wedgewood Pharmacy, Non-Resident Pharmacy
License Number: 262173

STIPULATION AND CONSENT ORDER

STIPULATION

Wedgewood Pharmacy ("Pharmacy" or "Licensee") and the Minnesota Board of Pharmacy Complaint Review Panel ("Review Panel") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to register and regulate pharmacies and to take disciplinary action as appropriate.
2. Wedgewood has been licensed as a non-resident pharmacy in Minnesota since October 22, 2002. As such, Wedgewood is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On December 4, 2013, Wedgewood representatives attended a conference with the Review Panel to discuss the allegations described in a Notice of Conference. The Review Panel was composed of Board members Karen Berglund and Bob Goetz. Bryan D. Huffman, Assistant Attorney General, represented the Review Panel in this matter. Wedgewood was represented by Greg Bullinski, Esq., of Hassford Remala and Rachael G. Fontikes, Esq., of Duane Morris.

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III.

FACTS

4. Licensee is not, nor has it ever been, licensed as a drug wholesaler by the Board.
5. Licensee shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions.
6. Beginning January 7, 2013, Licensee dispensed drugs only pursuant to patient-specific prescriptions.

IV.

ISSUES

7. Licensee asserts it was acting on a good-faith interpretation of Minnesota law when it shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions. Minn. Stat. § 151.01, subd. 30 (2012) defined "dispense or dispensing," in part, as meaning "the preparation or delivery of a drug pursuant to a lawful order. . . ." Licensee asserts that it reasonably and in good faith interpreted "lawful order" to include an order by a veterinarian for office use.

8. The Board asserts that Licensee's conduct described in section III, above constitutes violations of Minn. Stat. §§ 151.06, subd. 1(a)(7)(ix) and 151.47, subd. 1(b). The Board asserts that Minnesota law at all times relevant hereto prohibited Licensee from shipping drugs for office use without being licensed as a wholesaler.

9. For purposes of the settlement of this matter only, and for no other purposes civil, administrative or criminal, Licensee agrees that the disciplinary action described below may be imposed by the Board.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

10. The Board imposes a **CIVIL PENALTY** in the amount of \$10,000 for the conduct described in section III above. The civil penalty must be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of this Order.

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

11. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Review Panel may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Review Panel must schedule a hearing before the Board. At least 20 days before the hearing, the Review Panel must mail Licensee a notice of the violation(s) alleged by the Review Panel. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee must submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Review Panel, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Review Panel and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Review Panel and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Review Panel will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations but may present argument concerning the appropriateness of additional discipline. Licensee waives a hearing before an administrative law judge, discovery, cross-examination of adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but will not limit the Board's authority to impose discipline for the violation. A decision by the Review Panel not to seek discipline when it first learns of a violation shall not waive the Review Panel's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's registration is in a conditional status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's future practice or suspension or revocation of Licensee's registration.

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f. Nothing herein limits the Review Panel's or the Board's right to temporarily suspend Licensee's license pursuant to Minnesota Statutes section 151.06, subdivision 1(b), based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII.

ADDITIONAL INFORMATION

12. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

13. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

14. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter will constitute the entire record and may be reviewed by the Board in its consideration of this matter.

15. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

16. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order

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will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

17. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it.

18. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

19. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 3. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed person, and as such, is classified as protected nonpublic data pursuant to Minnesota Statutes sections 13.39, subdivision 2, and 13.02, subdivision 13.

20. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

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CONSENT:

BOARD OF PHARMACY
COMPLAINT REVIEW PANEL

M. Bl
MARCY BLISS, PRESIDENT
Wedgewood

Karen Bergrud
KAREN BERGRUD
Board Member

Dated: 1/13/15

Dated: 1/21/2015

ORDER

Upon consideration of the Stipulation, the Board imposes a CIVIL PENALTY, and adopts all of the terms described above on this 21st day of January, 2015.

MINNESOTA BOARD
OF PHARMACY

Cody Wiberg
CODY WIBERG
Executive Director

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EXHIBIT "B"

BEFORE THE MINNESOTA BOARD OF PHARMACY

In the Matter of
Wedgewood Pharmacy, Non-Resident Pharmacy
License Number: 262173

STIPULATION AND CONSENT ORDER

STIPULATION

Wedgewood Pharmacy ("Pharmacy" or "Licensee") and the Minnesota Board of Pharmacy Complaint Review Panel ("Review Panel") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to register and regulate pharmacies and to take disciplinary action as appropriate.

2. Wedgewood has been licensed as a non-resident pharmacy in Minnesota since October 22, 2002. As such, Wedgewood is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On December 4, 2013, Wedgewood representatives attended a conference with the Review Panel to discuss the allegations described in a Notice of Conference. The Review Panel was composed of Board members Karen Bergrud and Bob Goetz. Bryan D. Huffman, Assistant Attorney General, represented the Review Panel in this matter. Wedgewood was represented by Greg Bulinski, Esq., of Bassford Remle and Rachael O. Pontikes, Esq., of Duane Morris.

III.

FACTS

4. Licensee is not, nor has it ever been, licensed as a drug wholesaler by the Board.
5. Licensee shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions.
6. Beginning January 7, 2013, Licensee dispensed drugs only pursuant to patient-specific prescriptions.

IV.

ISSUES

7. Licensee asserts it was acting on a good-faith interpretation of Minnesota law when it shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions. Minn. Stat. § 151.01, subd. 30 (2012) defined "dispense or dispensing," in part, as meaning "the preparation or delivery of a drug pursuant to a lawful order. . . ." Licensee asserts that it reasonably and in good faith interpreted "lawful order" to include an order by a veterinarian for office use.
8. The Board asserts that Licensee's conduct described in section III. above constitutes violations of Minn. Stat. §§ 151.06, subd. 1(a)(7)(ix) and 151.47, subd. 1(b). The Board asserts that Minnesota law at all times relevant hereto prohibited Licensee from shipping drugs for office use without being licensed as a wholesaler.
9. For purposes of the settlement of this matter only, and for no other purposes civil, administrative or criminal, Licensee agrees that the disciplinary action described below may be imposed by the Board.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

10. The Board imposes a CIVIL PENALTY in the amount of \$10,000 for the conduct described in section III above. The civil penalty must be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of this Order.

VL

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

11. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Review Panel may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Review Panel must schedule a hearing before the Board. At least 20 days before the hearing, the Review Panel must mail Licensee a notice of the violation(s) alleged by the Review Panel. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee must submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Review Panel, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Review Panel and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Review Panel and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Review Panel will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations but may present argument concerning the appropriateness of additional discipline. Licensee waives a hearing before an administrative law judge, discovery, cross-examination of adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but will not limit the Board's authority to impose discipline for the violation. A decision by the Review Panel not to seek discipline when it first learns of a violation shall not waive the Review Panel's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's registration is in a conditional status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's future practice or suspension or revocation of Licensee's registration.

1

f. Nothing herein limits the Review Panel's or the Board's right to temporarily suspend Licensee's license pursuant to Minnesota Statutes section 151.06, subdivision 1(b), based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII.

ADDITIONAL INFORMATION

12. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

13. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

14. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter will constitute the entire record and may be reviewed by the Board in its consideration of this matter.

15. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

16. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified changes, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order

1

will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

17. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it.

18. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

19. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed person, and as such, is classified as protected nonpublic data pursuant to Minnesota Statutes sections 13.39, subdivision 2, and 13.02, subdivision 13.

20. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

1

CONSENT:

BOARD OF PHARMACY
COMPLAINT REVIEW PANEL

M. B.
MARGY BLESS, PRESIDENT
Wedgewood

Karen Bergerud
KAREN BERGRUD
Board Member

Dated: 1/13/15

Dated: 1/21/2015

ORDER

Upon consideration of the Stipulation, the Board imposes a CIVIL PENALTY, and adopts all of the terms described above on this 21st day of January, 2015.

MINNESOTA BOARD
OF PHARMACY

Cody Wiberg
CODY WIBERG
Executive Director

1

By signing this stipulation, the parties confirm that they have read,
understand and agree with the terms of the consent order.

AGREED TO BY:

Kelly K. Elizondo
Kelly K. Elizondo (P45884)
Assistant Attorney General
Attorney for Complainant
Dated: 4-1-2016

AGREED TO BY:

Alison Lynch
Alison Lynch, Pharmacist-in-Charge
Wedgewood Village Pharmacy
Respondant
Dated: 5/31/16

Alan T. Rogalski
Alan T. Rogalski (P45880)
Attorney for Respondent
Dated: 5/31/2016

EXHIBIT "C"

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the matter of

WEDGEWOOD VILLAGE PHARMACY INC.

License Number: 53-01-008041

File Number: 53-15-137238

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs (Complainant) by Kim Gaedeke, Acting Director, Bureau of Health Care Services, files this Complaint against Wedgewood Village Pharmacy Inc. (Respondent Pharmacy) as follows:

1. The Michigan Board of Pharmacy (Board) is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 17768 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.
2. Respondent Pharmacy is licensed to practice as a pharmacy in the state of Michigan and has an address of record with Complainant of Swedesboro, New Jersey.
3. On January 21, 2015, the Minnesota Board of Pharmacy (Minnesota Board) executed a Stipulation and Consent Order which ordered Respondent Pharmacy

to pay a \$10,000.00 civil penalty. The action was based on Respondent Pharmacy not being licensed as a drug wholesaler by the Minnesota Board and shipping drugs to licensed veterinarians in Minnesota without patient-specific prescriptions. A copy of the Stipulation and Consent Order, marked Exhibit A, is attached and incorporated

COUNT I

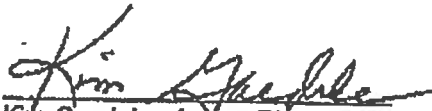
The action by the Minnesota Board, as set forth above evidence a pharmacy, manufacturer, or wholesale distributor which has had its license or federal registration limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty and constitutes a violation of section 17768(2)(d) of the Public Health Code, supra.

Complainant requests that this Complaint be served upon Respondent Pharmacy and that Respondent Pharmacy be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 308, as amended; MCL 24.201 et seq.

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent Pharmacy has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Kim Gaedeke, Acting Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30870, Lansing, MI 48909.

Pursuant to section 16231(9) of the Public Health Code, supra, Respondent Pharmacy's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 07/24/2015


Kim Gaedake, Acting Director
Bureau of Health Care Services

Attachment

This is the final page of an Administrative Complaint in the matter of Wedgewood Village Pharmacy Inc., File Number 53-15-137238, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of three pages, this page included.

DWC

On February 27, 2018, Wedgewood was issued an administrative citation and a \$1,000 fine as a result of an investigation by the California Board of Pharmacy (the "California Board"). The citation is not a discipline by the California Board and payment of the fine does not constitute any admission of wrongdoing by Wedgewood. A copy of the citation is attached.



California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

February 27, 2018

CERTIFIED MAIL

WEDGEWOOD VILLAGE PHARMACY LLC
ATTN: MARCY ANN BLISS, CEO
405 HERON DR SUITE 200
SWEDESBORO, NJ 08085

Tony J. Park
Attorney at Law
49 Discovery, Suite 240
Irvine, CA 92618

RE: CI 2017 77042
WEDGEWOOD VILLAGE PHARMACY LLC
NRP 1826

After thorough and careful consideration of the explanation and information you provided at the office conference, the committee determined that the information presented had been previously considered and was not new information. The committee decided to affirm the above-referenced Citation and Fine, CI 2017 77042 as originally issued.

This decision is the final administrative order regarding the Citation. Since you did not timely request a hearing to contest the Citation pursuant to California Code of Regulations, title 16, section 1775.4, subdivision (a), the administrative appeals process has concluded.

Failure to pay any imposed fine(s) within 30 days of the date of this letter may result in disciplinary action being taken. The timely payment of the imposed fine(s) shall not constitute an admission of the violation(s) charged in the Citation.

If any fine(s) are not timely paid, then the full amount of the unpaid fine(s) shall be added to the fee for the renewal of your license. Your license shall not then be renewed without full payment of the renewal fee and the assessed fine(s).

Please contact Associate Enforcement Analyst Jennifer Sevilla at (916) 574-7925, if you have any questions.

Sincerely

Virginia Herold
Executive Officer
Board of Pharmacy

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2017 77042	WEDGEWOOD VILLAGE PHARMACY LLC, NRP 1826

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4059.5 subd. (b)	A dangerous drug or device transferred, sold or delivered within this state shall only be transferred, sold or delivered to a licensed entity of this board	\$1,000.00

CONDUCT:

Business and Professions Code section 4059.5, subdivision (b) a dangerous drug or dangerous device transferred, sold, or delivered to a person within this state shall be transferred, sold, or delivered only to an entity licensed by the board, to a manufacturer, or to an ultimate user or the ultimate user's agent. Wedgewood Village Pharmacy, located at 405 Heron Dr. Suite 200 Swedesboro, NJ 08085 was not in compliance with this section. Specifically, Wedgewood Village Pharmacy sold prescription items to S Gerson, who represented himself as Dr. M Burd in order to purchase those items. There was a policy in place to verify licenses, but, it did not catch the fraud. The discrepancy between Dr. Burd's address of record and the fraudulent address provided was not questioned.

CITATION ISSUED ON: October 13, 2017	TOTAL AMOUNT OF FINE(S): \$1,000.00
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PAYMENT OF FINE(S) DUE BY: November 12, 2017



California State Board of Pharmacy
 1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

December 05, 2018

DATED MATERIAL ENCLOSED

WEDGEWOOD VILLAGE PHARMACY LLC
 ATTN: MARCY ANN BLISS, CEO
 405 HERON DR, SUITE 200
 SWEDESBORO, NJ 08085

RE: CI 2016 73882
WEDGEWOOD VILLAGE PHARMACY LLC
NSC 100970

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- December 19, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- January 04, 2019: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

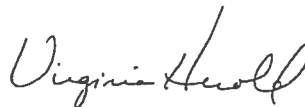
Page two
WEDGEWOOD VILLAGE PHARMACY
CI 2016 73882

No fine has been assessed with this Citation and no proof of abatement has been ordered.

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

A handwritten signature in cursive script, appearing to read "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

Unless contested, Citations are final 30 days from the date of service. Acceptance of a Citations is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than December 19, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than January 04, 2019 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Enforcement Analyst, at (916) 574-7925.

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION**

Citation Number	Name, License No
CI 2016 73882	WEDGEWOOD VILLAGE PHARMACY LLC, NSC 100970

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
CCR, Title 16, § 1735.2 subd. (c)(1)	A "reasonable quantity" that may be furnished to a prescriber for office use by the prescriber...
CCR, Title 16, § 1735.2 subd. (c)(4)	Credible basis for concluding compounded drug preparation is a reasonable quantity for office use...

CONDUCT:

California Code of Regulations section 1735.2 subsection (c)(1) states a "reasonable quantity" that may be furnished to a prescriber for office use by the prescriber as authorized by Business and Professions Code section 4052, subdivision (a)(1), means that amount of compounded drug preparation that is ordered by the prescriber or the prescriber's agent using a purchase order or other documentation received by the pharmacy prior to furnishing that lists the number of patients seen or to be seen in the prescriber's office for whom the drug is needed or anticipated, and the quantity for each patient that is sufficient for office administration. Wedgewood Village Pharmacy LLC NSC 100970 was non-compliant. Specifically, Wedgewood Village Pharmacy LLC NSC 100970, located at 405 Heron Drive #200, Swedesboro, New Jersey, furnished order #s SO-WO00513166, SO-WO0512562 and SO-WO00513661 for prescriber office use without documentation, prior to furnishing, that listed the number of patients seen or to be seen in the prescriber's office and the quantity for each patient that was sufficient for office administration. This is a violation of pharmacy law.

California Code of Regulations section 1735.2 subsection (c)(4) states a "reasonable quantity" that may be furnished to a prescriber for office use by the prescriber as authorized by Business and Professions Code section 4052, subdivision (a)(1), means that amount of compounded drug preparation that the pharmacist has a credible basis for concluding it is a reasonable quantity for office use considering the intended use of the compounded medication and the nature of the prescriber's practice. Wedgewood Village Pharmacy LLC NSC 100970 was non-compliant. Specifically, between 4/1/2017 and 4/1/2018, Wedgewood Village Pharmacy LLC NSC 100970, located at 405 Heron Drive #200, Swedesboro, New Jersey, furnished over 22000 units of compounded ophthalmic drops sized 10ml to 30ml for prescriber office use into California with the pharmacist not having a credible basis to conclude this was a reasonable quantity for office use, considering the intended use of the ophthalmic drops and the nature of the prescriber's practice. This is a violation of pharmacy law.

CITATION ISSUED ON: December 05, 2018

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION**

COPY

Citation Number	Name, License No
CI 2016 73882	WEDGEWOOD VILLAGE PHARMACY LLC, NSC 100970

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

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CITATION ISSUED ON: December 05, 2018

COPY

California State Board of Pharmacy
REQUEST FOR OFFICE CONFERENCE

Licensee: WEDGEWOOD VILLAGE PHARMACY LLC

License No: NSC 100970

Citation Number : CI 2016 73882

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) () _____ Residence: () _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an
Administrative Law Judge.

In the Matter of the Citation Against: WEDGEWOOD VILLAGE PHARMACY LLC NSC 100970 Respondent	Citation Case No : CI 2016 73882 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)
--	--

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ (Respondent)

Mailing Address of Respondent: _____

(Street Address)

(City) (State) (Zip) () _____
(Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

(Attorney's Name)

(Street Address)

(City) (State) (Zip) () _____
(Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: WEDGEWOOD VILLAGE PHARMACY LLC, NSC 100970
Citation and Fine CI 2016 73882

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On December 05, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME

CERTIFIED MAIL NO

WEDGEWOOD VILLAGE PHARMACY LLC
ATTN: MARCY ANN BLISS, CEO
405 HERON DR, SUITE 200
SWEDESBORO, NJ 08085

7018 0680 0000 1183 7938

I declare under penalty of perjury that the forgoing is true and correct.

Executed on December 05, 2018, at Sacramento, California.



DECLARANT

Christina Metzen
Associate Enforcement Analyst


California State Board of Pharmacy

1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

December 05, 2018

DATED MATERIAL ENCLOSED

WEDGEWOOD VILLAGE PHARMACY LLC
 ATTN: MARCY ANN BLISS, CEO
 405 HERON DR SUITE 200
 SWEDESBO, NJ 08085

**RE: CI 2018 82132
 WEDGEWOOD VILLAGE PHARMACY LLC
 NRP 1826**

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- December 19, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- January 04, 2019: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

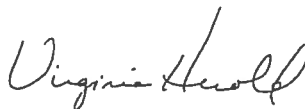
Page two
WEDGEWOOD VILLAGE PHARMACY
CI 2018 82132

No fine has been assessed with this Citation and no proof of abatement has been ordered.

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

A handwritten signature in black ink, appearing to read "Virginia Herold". The signature is fluid and cursive, with a large initial "V" and a stylized "H".

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

Unless contested, Citations are final 30 days from the date of service. Acceptance of a Citations is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than December 19, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than January 04, 2019 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Enforcement Analyst, at (916) 574-7925.

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION**

Citation Number	Name, License No
CI 2018 82132	WEDGEWOOD VILLAGE PHARMACY LLC, NRP 1826

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
CCR, Title 16, § 1735.2 subd. (c)(1)	A "reasonable quantity" that may be furnished to a prescriber for office use by the prescriber...
CCR, Title 16, § 1735.2 subd. (c)(4)	Credible basis for concluding compounded drug preparation is a reasonable quantity for office use...

CONDUCT:

California Code of Regulations section 1735.2 subsection (c)(1) states a "reasonable quantity" that may be furnished to a prescriber for office use by the prescriber as authorized by Business and Professions Code section 4052, subdivision (a)(1), means that amount of compounded drug preparation that is ordered by the prescriber or the prescriber's agent using a purchase order or other documentation received by the pharmacy prior to furnishing that lists the number of patients seen or to be seen in the prescriber's office for whom the drug is needed or anticipated, and the quantity for each patient that is sufficient for office administration. Wedgewood Village Pharmacy LLC NRP 1826 was non-compliant. Specifically, Wedgewood Village Pharmacy LLC NRP 1826, located at 405 Heron Drive #200, Swedesboro, New Jersey, furnished order #s SO-WO00513166, SO-WO0512562 and SO-WO00513661 for prescriber office use without documentation, prior to furnishing, that listed the number of patients seen or to be seen in the prescriber's office and the quantity for each patient that was sufficient for office administration. This is a violation of pharmacy law.

California Code of Regulations section 1735.2 subsection (c)(4) states a "reasonable quantity" that may be furnished to a prescriber for office use by the prescriber as authorized by Business and Professions Code section 4052, subdivision (a)(1), means that amount of compounded drug preparation that the pharmacist has a credible basis for concluding it is a reasonable quantity for office use considering the intended use of the compounded medication and the nature of the prescriber's practice. Wedgewood Village Pharmacy LLC NRP 1826 was non-compliant. Specifically, between 4/1/2017 and 4/1/2018, Wedgewood Village Pharmacy LLC NRP 1826, located at 405 Heron Drive #200, Swedesboro, New Jersey, furnished over 22000 units of compounded ophthalmic drops sized 10ml to 30ml for prescriber office use into California with the pharmacist not having a credible basis to conclude this was a reasonable quantity for office use, considering the intended use of the ophthalmic drops and the nature of the prescriber's practice. This is a violation of pharmacy law.

CITATION ISSUED ON: December 05, 2018

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION**

COPY

Citation Number	Name, License No
CI 2018 82132	WEDGEWOOD VILLAGE PHARMACY LLC, NRP 1826

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
CCR, Title 16, § 1735.2 subd. (c)(1)	A "reasonable quantity" that may be furnished to a prescriber for office use by the prescriber...
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CONDUCT:

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California State Board of Pharmacy
REQUEST FOR OFFICE CONFERENCE

Licensee: WEDGEWOOD VILLAGE PHARMACY LLC

License No: NRP 1826

Citation Number : CI 2018 82132

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____

Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) () _____ Residence: () _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an
Administrative Law Judge.

In the Matter of the Citation Against:
WEDGEWOOD VILLAGE PHARMACY LLC
NRP 1826

Respondent

Citation Case No : CI 2018 82132
NOTICE OF APPEAL
(Pursuant to sections 11505, and 11506
Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a
copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in
said Citation.

DATED _____

(Respondent)

Mailing Address of Respondent:

(Street Address)

(City) (State) (Zip)

()
(Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please
complete the following:

Mailing Address of Attorney

(Attorney's Name)

(Street Address)

(City) (State) (Zip)

()
(Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

**Name: WEDGEWOOD VILLAGE PHARMACY LLC, NRP 1826
Citation and Fine CI 2018 82132**

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On December 05, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME

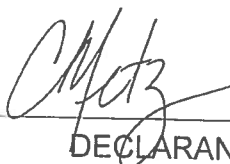
CERTIFIED MAIL NO

WEDGEWOOD VILLAGE PHARMACY LLC
ATTN: MARCY ANN BLISS, CEO
405 HERON DR SUITE 200
SWEDESBORO, NJ 08085

7018 0680 0000 1183 7945

I declare under penalty of perjury that the forgoing is true and correct.

Executed on December 05, 2018, at Sacramento, California.



DECLARANT

Christina Metzen
Associate Enforcement Analyst

1

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

WedgeWood Village Pharmacy, Inc. Complaint No. 53-15-137238
License No. 53-01-008041

_____/ CONSENT ORDER AND STIPULATION

CONSENT ORDER

An administrative complaint was filed with the Disciplinary Subcommittee of the Board of Pharmacy on July 24, 2015, charging Wedgewood Village Pharmacy, Inc. (Respondent) with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the complaint are true and that Respondent has violated section 17768(2)(d) of the Public Health Code.

Accordingly, for this violation, IT IS ORDERED:

Respondent is FINED \$500.00 (Five Hundred Dollars) to be paid by check, money order or cashier's check made payable to the State of Michigan (with complaint number 53-15-137238 clearly indicated on the check or money order), and

shall be payable within 60 days of the effective date of this order. The timely payment of the fine shall be Respondent's responsibility. Respondent shall mail the fine to: Sanction Monitoring, Bureau of Professional Licensing, Enforcement Division – Compliance Section, Department of Licensing and Regulatory Affairs, P.O. Box 30189, Lansing, Michigan 48909.

This order shall be effective on the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on _____

4-13-16

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law in the complaint. Respondent understands that, by pleading no contest, it does not admit the truth of the allegations but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the complaint and may enter an order treating the allegations as true.

2. Respondent understands and intends that, by signing this stipulation, it is waiving the right under the Public Health Code, rules promulgated under the Public Health Code, 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 to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

3. The Disciplinary Subcommittee may enter the above Consent Order, supported by Board conferee Patti Smeelink, R.Ph. Ms. Smeelink or an attorney from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

4. Conferee Smeelink and the parties considered the following factors in reaching this agreement:

- A. Respondent has fully cooperated in this matter and since initially licensed in 2004, Respondent has never had any disciplinary action taken against its Michigan Pharmacy license prior to this incident.
- B. Respondent timely reported the Minnesota Board of Pharmacy Stipulation and Consent Order to the Department.
- C. The violation of MCL 333.17768(d)(2) as alleged in the Complaint is based solely on a "sister-state" action taken against Respondent's Pharmacy license by the Minnesota Board of Pharmacy that was based on Respondent's former practice in 2012 of dispensing compounded veterinary medications for office-use to licensed veterinarians in Minnesota, which according to the Minnesota Board of Pharmacy, required a wholesaler's license. However, this practice did not implicate Respondent's practice of pharmacy in the State of Michigan and Respondent has not been found to have violated the Michigan Public Health Code or Board of Pharmacy Administrative Rules, except as provided herein.

By signing this stipulation, the parties confirm that they have read,
understand and agree with the terms of the consent order,

AGREED TO BY:

AGREED TO BY:

Kelly K. Elizondo
Kelly K. Elizondo (P45534)
Assistant Attorney General
Attorney for Complainant
Dated: 4-1-2016

Alison Lynch
Alison Lynch, Pharmacist-in-Charge
Wedgewood Village Pharmacy
Respondent
Dated: 3/31/16

Alan T. Rogalski
Alan T. Rogalski (P44550)
Attorney for Respondent
Dated: 3/31/2016



MINNESOTA BOARD OF PHARMACY

An Equal Opportunity Employer

2829 University Ave. SE., #530 • Minneapolis, MN 55414-3251 • Telephone: (651) 201-2825 • FAX: (651) 201-2837

MN RELAY SERVICE FOR HEARING/SPEECH IMPAIRED ONLY:

Metro and Non-Metro; 800-627-3529

E-Mail Address: Pharmacy.Board@state.mn.us

Web Site: www.pharmacy.state.mn.us

MAR 19 2015

PERSONAL & CONFIDENTIAL

March 16, 2015

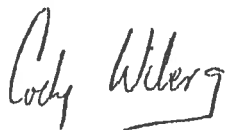
Gregory P. Bulinski
Attorney
Bassford Remele
33 South Sixth Street, Suite 3800
Minneapolis, MN 55402-3707

**Re: In the Matter of Wedgewood Pharmacy
License No. 262173**

Dear Mr. Bulinski,

Enclosed and served upon you in the above-referenced matter is the fully executed Stipulation and Consent issued by the Board of Pharmacy.

Sincerely,



Cody Wiberg, Pharm D, MS, RPh
Executive Director

**BEFORE THE MINNESOTA
BOARD OF PHARMACY**

In the Matter of
Wedgewood Pharmacy, Non-Resident Pharmacy
License Number: 262173

**STIPULATION AND
CONSENT ORDER**

STIPULATION

Wedgewood Pharmacy ("Pharmacy" or "Licensee") and the Minnesota Board of Pharmacy Complaint Review Panel ("Review Panel") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to register and regulate pharmacies and to take disciplinary action as appropriate.

2. Wedgewood has been licensed as a non-resident pharmacy in Minnesota since October 22, 2002. As such, Wedgewood is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On December 4, 2013, Wedgewood representatives attended a conference with the Review Panel to discuss the allegations described in a Notice of Conference. The Review Panel was composed of Board members Karen Bergrud and Bob Goetz. Bryan D. Huffman, Assistant Attorney General, represented the Review Panel in this matter. Wedgewood was represented by Greg Bulinski, Esq., of Bassford Remele and Rachael G. Pontikes, Esq., of Duane Morris.

III.

FACTS

4. Licensee is not, nor has it ever been, licensed as a drug wholesaler by the Board.
5. Licensee shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions.
6. Beginning January 7, 2013, Licensee dispensed drugs only pursuant to patient-specific prescriptions.

IV.

ISSUES

7. Licensee asserts it was acting on a good-faith interpretation of Minnesota law when it shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions. Minn. Stat. § 151.01, subd. 30 (2012) defined "dispense or dispensing," in part, as meaning "the preparation or delivery of a drug pursuant to a lawful order. . . ." Licensee asserts that it reasonably and in good faith interpreted "lawful order" to include an order by a veterinarian for office use.

8. The Board asserts that Licensee's conduct described in section III. above constitutes violations of Minn. Stat. §§ 151.06, subd. 1(a)(7)(ix) and 151.47, subd. 1(b). The Board asserts that Minnesota law at all times relevant hereto prohibited Licensee from shipping drugs for office use without being licensed as a wholesaler.

9. For purposes of the settlement of this matter only, and for no other purposes civil, administrative or criminal, Licensee agrees that the disciplinary action described below may be imposed by the Board.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

10. The Board imposes a **CIVIL PENALTY** in the amount of \$10,000 for the conduct described in section III above. The civil penalty must be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of this Order.

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

11. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Review Panel may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Review Panel must schedule a hearing before the Board. At least 20 days before the hearing, the Review Panel must mail Licensee a notice of the violation(s) alleged by the Review Panel. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee must submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Review Panel, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Review Panel and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Review Panel and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Review Panel will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations but may present argument concerning the appropriateness of additional discipline. Licensee waives a hearing before an administrative law judge, discovery, cross-examination of adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but will not limit the Board's authority to impose discipline for the violation. A decision by the Review Panel not to seek discipline when it first learns of a violation shall not waive the Review Panel's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's registration is in a conditional status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's future practice or suspension or revocation of Licensee's registration.

f. Nothing herein limits the Review Panel's or the Board's right to temporarily suspend Licensee's license pursuant to Minnesota Statutes section 151.06, subdivision 1(b), based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII.

ADDITIONAL INFORMATION

12. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

13. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

14. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter will constitute the entire record and may be reviewed by the Board in its consideration of this matter.

15. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

16. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order

will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

17. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it.

18. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

19. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed person, and as such, is classified as protected nonpublic data pursuant to Minnesota Statutes sections 13.39, subdivision 2, and 13.02, subdivision 13.

20. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

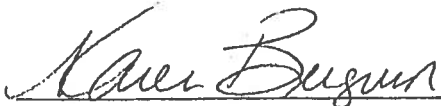
CONSENT:

BOARD OF PHARMACY
COMPLAINT REVIEW PANEL



MARCY BLISS, PRESIDENT
Wedgewood

Dated: 1/13/15



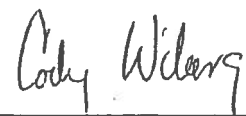
KAREN BERGRUD
Board Member

Dated: 1/21/2015

ORDER

Upon consideration of the Stipulation, the Board imposes a CIVIL PENALTY, and adopts all of the terms described above on this 21st day of January, 2015.

MINNESOTA BOARD
OF PHARMACY



CODY WIBERG
Executive Director

BakerHostetler

Baker&Hostetler LLP

811 Main Street
Suite 1100
Houston, TX 77002-6111

T 713.751.1600
F 713.751.1717
www.bakerlaw.com

Simone O. Otenaike
direct dial: 713 646 1365
sotenaike@bakerlaw.com

June 3, 2020

VIA OVERNIGHT DELIVERY

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

Re: *ZooPharm - License # PH02559*

Dear Sir or Madam:

Enclosed is a change of ownership application, along with attachments to same and the applicable fees, for the Non-Resident Pharmacy License pertaining to ZooPharm, Inc. ("ZooPharm" or "Licensee"), a Wyoming corporation, located at 3131 Grand Avenue, Suite B, Laramie, WY 82070.

On April 3, 2020, Wedgewood Village Pharmacy, LLC, a Delaware corporation, entered into a Merger and Equity Purchase Agreement (the "Agreement") with, among others, the Licensee. On July 14, 2020, pursuant to the terms and subject to the conditions set forth in the Agreement, Wedgewood Village Pharmacy, LLC will acquire a 100% indirect ownership interest in the Licensee at the grandparent level and convert the Licensee into a Delaware limited liability company with the name ZooPharm, LLC. As such, effective on July 24, 2020, Wedgewood Village Pharmacy, LLC will have a 100% indirect ownership interest in the Licensee and the Licensee's new name will be ZooPharm, LLC.

Pursuant to this name change and change of ownership, Wedgewood Village Pharmacy, LLC and the Licensee submit this application on behalf of ZooPharm, LLC. The Licensee will submit this application on or about the same time the Licensee submits a new application to the DEA. Since the Licensee's updated DEA registration has not yet been issued, the Licensee cannot provide a copy with this application. The Licensee will supplement this application once the new DEA registration is issued and such verification becomes available.

Since the Licensee's conversion into ZooPharm, LLC will occur at closing, the Licensee will supplement this application with the following documents as soon as they become available:

Atlanta Chicago Cincinnati Cleveland Columbus Costa Mesa Dallas Denver Houston
Los Angeles New York Orlando Philadelphia San Francisco Seattle Washington, DC

Nevada State Board of Pharmacy
June 3, 2020
Page 2

- The ZooPharm, LLC Wyoming Board of Pharmacy Resident Pharmacy License
- The ZooPharm, LLC Statement of Information

Please note that the parent level owner of the Licensee, Wildlife Laboratories, LLC, and Licensee's Pharmacist in Charge will remain the same. Additionally, the Licensee's operations will continue substantially unchanged from its pre-transaction operations and the Licensee's FEIN and address will not change. If you require any additional information or follow-up, please contact me at (713) 646-1365 or by e-mail at sotenaik@bakerlaw.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Simone O. Otenaika / jhl", written over a horizontal line.

Simone O. Otenaika

Enclosures

ZooPharm, Inc. (NV License No. PH02559)

John Baer [john@baerlaw.com]

Sent: Thursday, March 10, 2016 10:21 AM

To: Pharmacy Board

Attachments: NV BOP ZooPharm.pdf (120 KB) ; ATT00006.htm (268 B) ; Louisiana State Board of P~1.pdf (441 KB) ; ATT00007.htm (268 B) ; PHA 2016-4-L Hawaii-ZooPh~1.pdf (2 MB) ; ATT00008.htm (268 B) ; State of Colorado Case No ~1.pdf (1 MB) ; ATT00009.htm (268 B) ; State of Colorado Case No ~2.pdf (1013 KB) ; ATT00010.htm (1 KB)

Mr. Larry Pinson,

My client, ZooPharm, is self-reporting two disciplinary actions from the State of Colorado and related actions from Louisiana and Hawaii.

Please see the attached documentation.

Let me know if you have any questions.

Thanks, John Baer



JOHN PAUL BAER, PHARM.D., JD • ELDER LAW • PHARMACY LAW • HEALTH CARE LAW
 25521 E. SMOKEY HILL ROAD, SUITE #120 • AURORA, CO 80016 • T 720.222.1276 • JOHN@BAERLAW.COM

March 10, 2016

Nevada State Board of Pharmacy
 Attn: Larry L. Pinson, Executive Secretary
 431 W. Plumb Ln.
 Reno, NV 89509

RE: ZooPharm, Inc. (NV License No. PH02559)

Dear Nevada State Board of Pharmacy (Board),

ZooPharm, Inc., (ZooPharm) a small, specialized veterinary compounding pharmacy located in Laramie, Wyoming, has retained Baer Law Firm, LLC, as legal counsel to assist ZooPharm in proactively self-reporting two disciplinary actions from the Colorado Board of Pharmacy that were not timely reported.

The two cases, a March 2011 case (Case 2011-003067) and a January 2014 case (Case 2014-107), involved the failure to submit the required Prescription Drug Monitoring Program (PDMP) dispensing transactions of controlled substances in the State of Colorado. Both cases are attached for your convenience.

The unreported disciplinary actions were brought to ZooPharm's attention after the Louisiana Board of Pharmacy (Louisiana Board) and the Hawaii Board of Pharmacy (Hawaii Board) initiated separate disciplinary cases (Louisiana Case No 15-0277 and Hawaii RICO Case No. PHA 2016-4-L) against ZooPharm for ZooPharm's failure to report the two Colorado Board disciplinary actions in a timely fashion.

ZooPharm was fined and issued a Letter of Reprimand by the Louisiana Board. The case was closed on or about November 18, 2015. Under the terms of the Settlement Agreement with the Hawaii Board, ZooPharm paid an administrative fine to resolve the issue. This case should be closed in March-April 2016. Both of these cases are also attached for your convenience.

ZooPharm, which started in 2000, provides custom compounded veterinary analgesics, sedatives and other unique veterinary medicines to veterinarians and clinics across the nation. They have an impeccable reputation in the zoo and wildlife veterinary profession and are the single source of many essential pharmaceuticals for zoo and wildlife veterinarians nationwide.



JOHN PAUL BAER, PHARM.D, JD • ELDER LAW • PHARMACY LAW • HEALTH CARE LAW
 25521 E. SMOKY HILL ROAD, SUITE #120 • AURORA, CO 80016 • T 720.222.1276 • JOHN@BAERLAW.COM

To date, ZooPharm has paid four fines related to its Colorado PDMP reporting violations and subsequent non-reporting issues. With over 40 separate pharmacy licenses, the prospect of being fined in each state is unfathomable, especially for such a small, reputable and well-respected company. ZooPharm, however, accepts responsibility for its inactions and has taken appropriate steps to ensure that all future disciplinary actions will be promptly reported.

By self-reporting violations to the Board, ZooPharm seeks to mitigate any and all future damages to ensure they can continue to serve the zoo and wildlife communities.

Additionally, ZooPharm understands and appreciates the costs associated with having each Board of Pharmacy investigate this matter. Therefore, ZooPharm is offering to reimburse the Board, if needed, for any reasonable administrative costs associated with investigating these matters with the ultimate goal of avoiding future, reportable disciplinary actions related to the Colorado PDMP cases.

We look forward to working closely with the Board to successfully resolve this matter. Please contact me with any and all questions.

Thanks in advance,

A handwritten signature in black ink, appearing to read "John Paul Baer", is written over a horizontal line.

John Paul Baer, PharmD, JD
 Baer Law Firm, LLC
 25521 E. Smoky Hill Rd., Suite #120
 Aurora, CO 80016

 Office: 720-222-1276
 Email: john@baerlaw.com

cc: CL

Enclosures: (1) CO 2011 case, (2) CO 2014 case, (3) LA 2015 case, (4) HI 2016 case



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov



August 26, 2015

ZooPharm
ATTN: Waldo R. Roth, PIC
3131 E Grand Ave Unit B
Laramie, WY 82070-5140

RE: Case No. 15-0277

Dear Pharmacist Roth:

The Louisiana Board of Pharmacy has learned that ZooPharm renewed its Louisiana pharmacy permit for Year 2012 and Year 2015 without disclosing disciplinary actions issued by the Colorado Board of Pharmacy in 2011 and 2014.

After a review of the allegations against this pharmacy, Malcolm Broussard, the Board's Executive Director, has advised me to send you the attached proposed consent agreement. This is the standard agreement offered by the Board office for cases involving pharmacies who fail to notify the Board of disciplinary action in another state. In this case, two separate actions were not reported.

Should you agree to this proposed Consent Agreement and the Board accepts it, you will avoid an Informal Conference before the Violations Committee of the Board and any formal hearing before the full Board as well as any potential additional assessments and fines that may result.

If the terms are agreeable to you, please sign, date and have witnessed the attached proposed Consent Agreement. Please return it to my attention at the Board office along with the appropriate payment ***no later than the close of business on September 28, 2015.***

Sincerely,

Carlos M. Finalet, III
General Counsel

Pharmacy Program
Tel. 225.922.0852
Fax. 225.925.6499

CDS Program
Tel. 225.925.4770
Fax. 225.925.6499

PMP Office
Tel. 225.925.4767
Fax. 225.925.6408

Executive Office
Tel. 225.925.6496
Fax. 225.922.0316



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



MEMORANDUM

To: Carlos Finalet
From: Malcolm Broussard
Date: August 25, 2015
Re: PHY.005096 – ZooPharm

While reviewing alert messages from the NABP Clearinghouse, I discovered that one of our nonresident pharmacy permits had been disciplined by its resident state board of pharmacy in 2011 and 2014. When I checked our file, I discovered the pharmacy did not report those actions when required on the permit renewal applications. In particular:

- | | |
|------------|---|
| 03-28-2011 | Colorado Board of Pharmacy disciplined ZooPharm for its failure to submit required data to that state's prescription monitoring program, and assessed a fine of \$5,500. |
| 11-07-2011 | ZooPharm renewed its LA permit (PHY.005096) online, and in response to the question whether the pharmacy had been disciplined during that calendar year, the pharmacy replied in the negative. |
| 01-14-2014 | Colorado Board of Pharmacy disciplined ZooPharm for its failure to submit required data to that state's prescription monitoring program, and assessed a fine. |
| 12-16-2014 | ZooPharm submitted a permit renewal application for, and in response to the question whether the pharmacy had been disciplined during that calendar year, the pharmacy replied in the negative. |

The evidence is sufficient to substantiate the pharmacy's violation of several provisions of the Pharmacy Practice Act, to wit:

- La. R.S. 37:1241(A)(2) – acquisition of a credential by fraud or misrepresentation;
- La. R.S. 37:1241(A)(6) – disciplinary action taken by another state for conduct that would constitute basis for action in this state; and
- La. R.S. 37:1241(A)(7) – failure to report disciplinary action taken by another state.

**LOUISIANA BOARD OF PHARMACY
BATON ROUGE, LOUISIANA**

IN THE MATTER OF:

CONSENT ORDER

ZOOPHARM, INC.

LOUISIANA PHARMACY PERMIT NO. 5096

Case No. 15-0277

CONSENT AGREEMENT

WHEREAS, **ZOOPHARM, INC.** (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 5096, 3131 E Grand Avenue, Unit B, Laramie, Wyoming 82070-5140, was disciplined by Board Order issued by the Colorado Board of Pharmacy on or about March 28, 2011 and January 14, 2014. Respondent failed to report these disciplinary actions on its Renewal Applications for its Louisiana permit for Year 2012 and Year 2015.

WHEREAS, such action constitutes a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(6): Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency, or court for conduct that would constitute grounds for action as defined in this Section.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **Louisiana Pharmacy Permit No. 5096 belonging to ZOOPHARM, INC. is issued a Letter of Reprimand.**

2. ZOOPHARM, INC. is ordered to pay a fine of \$10,000.00 and to reimburse the Board \$250.00 for administrative costs, with total payment due the Board of \$10,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: NONE } WE DO NOT
Medicare Provider Number (if in the possession of one): NONE } BILL INSURANCE

I, DAVID K. SMITH, authorized to act on behalf of and acting on behalf of ZOOPHARM, INC., understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 22ND DAY OF SEPTEMBER 2015.

ZOOPHARM, INC.
Louisiana Pharmacy Permit No. 5096

David K. Smith
BY: Authorized Representative

ZOOPHARM, INC., Permit No. 5096
CONSENT AGREEMENT
Page 3 of 3

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF
PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at
the Board meeting on _____, 2015, the Board hereby adopts said
Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

3. RICO received a request for investigation from the Board after Respondent reported disciplinary action by the State of Louisiana on a December 2015 renewal application.

4. Respondent attached a copy of a Consent Order from the Louisiana Board of Pharmacy issued to Respondent in Case No. 15-0277 (hereinafter "the Louisiana Order") (Exhibit "1"). The Louisiana Order was based on allegations Respondent failed to report March 28, 2011 and January 14, 2014 disciplinary actions by the State of Colorado, reprimanded Respondent's license, and imposed a \$10,000.00 fine.

5. RICO alleges that disciplinary action was taken against Respondent by the State of Louisiana based on disciplinary actions by the State of Colorado, and that Respondent failed to timely report the Louisiana action, as well as the March 28, 2011 and January 14, 2014 Colorado actions referenced in the Louisiana Order.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to timely report disciplinary action).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of the Consent Order from the Louisiana Board of Pharmacy issued to Respondent in Case No. 15-0277.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2016-4-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Reprimand. Respondent agrees to the reprimand of Respondent's permit by the Board.

2. Administrative fine. Respondent agrees to pay a fine in the amount of THREE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$3,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

3. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 and C.2 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

4. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

5. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.6, C.7, C.8 and C.9 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

6. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

7. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

8. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

9. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

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IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: 3/7/2016, WINDSOR, COLORADO.
(CITY) (STATE)

ZOOPHARM
Respondent

By: David R. Smith
 Its COO/CFO

DATED: Honolulu, Hawaii, _____.

 DARIA A. LOY-GOTO
 JOHN T. HASSLER
 Attorneys for Department of Commerce and
 Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF ZOOPHARM; SETTLEMENT
 AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND
 BOARD'S FINAL ORDER; EXHIBIT "1"; CASE NO(S). PHA 2016-4-L

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF ZOOPHARM; SETTLEMENT
AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND
BOARD'S FINAL ORDER; EXHIBIT "1"; CASE NO(S). PHA 2016-4-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

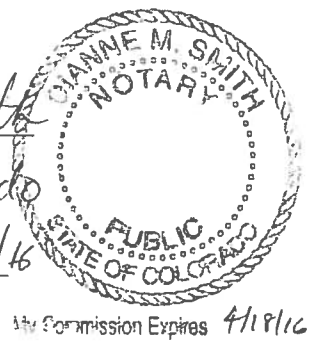
PVL 07.01.15

STATE OF Colorado)
COUNTY OF Larimer) SS.

On this 7 day of Mar, 20 16, before me personally appeared David K. Smith, to me known to be the person described, and who executed the foregoing instrument on behalf of Zoopharm, Inc as its COO/CFO, and acknowledged that he/she executed the same as his/her free act and deed.

This 6-page Settlement Agreement document dated March 7, 20 16 was acknowledged before me by David K. Smith this 7th day of March, 20 16, in the City of Windsor, in the County of Weld, in the State of Colorado.

DiAnne M. Smith
Name:
Notary Public, State of Colorado
My Commission expires: 4/18/16





Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive
Director

March 30, 2011

Zoopharm
Attn: Pharmacist Manager
3131 Grand Avenue, Suite B, Rm B
Laramie, WY 82070

RE: Stipulation and Final Agency Order
Case #2011-3067

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE
NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF
ZOO PHARM, REGISTRATION NO. OSP 5404,

Dear Pharmacist Manager:

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 March 28, 2011.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY
PRESCRIPTION DRUG MONITORING PROGRAM

Tia Johnson
PDMP Administrator

Enclosure

cc: Lauri A. Rose, Settlement Specialist, Office of Expedited Settlement
File

1560 Broadway, Suite 1350
Fax 303.894.7692

Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7800
V/TDD 711



BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-003067

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-
RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF ZOOPHARM,
REGISTRATION NO. OSP 5404,**

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Zoopharm ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-003067 as follows:

1. On February 27, 2003, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5404 ("Colorado Registration").
2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.
3. Respondent Pharmacy's address of record with the Board and current location is 3131 Grand Avenue, Suite B, Room B, Laramie, WY 82070.
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. On August 25, 2008, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of June 16 through June 25, 2008, July 1 through July 10, 2008, and August 1 through August 10, 2008.
6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period of February 1 through February 10, 2011, and did not submit

a "zero" report indicating no dispensing transactions for said reporting period as required by Board rule.

7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

\$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents (\$5,000.00)**. Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents (\$5,500.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.
10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own 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 §12-22-125, 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.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own 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.
12. **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 may be sanctioned as provided under §12-22-125.2(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.
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. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

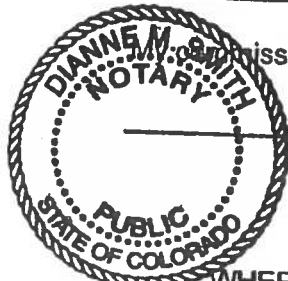
William H. Lance
Authorized Agent of Respondent Pharmacy

Dated: 11 March 2011

Subscribed and sworn to before me in the County of Larimer, State of Colorado, this 11th day of March, 2011 by William Lance, in his/her capacity as an authorized agent of Zoopharm.

My commission expires: 4/18/2012

Dianne M. Smith
Notary Public



FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, and hereby made an Order of the Board.
My Commission Expires 4/18/2012

DONE AND EFFECTIVE THIS 29th DAY OF March, 2011.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 1st day of March

2011, addressed as follows:

Zoopharm
Attn: Pharmacist Manager
3131 Grand Avenue, Suite B, Rm B
Laramie, WY 82070

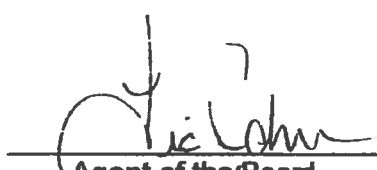

Lauri A. Rose

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 30th day of March

2011, addressed as follows:

Zoopharm
Attn: Pharmacist Manager
3131 Grand Avenue, Suite B, Rm B
Laramie, WY 82070


Agent of the Board

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 5500000067563143
Process Date: 03/30/2011
Page: 1 of 2
ZOOPHARM

SENSITIVE INFORMATION ENCLOSED

To: CEO or President
ZOOPHARM
3131 GRAND AV STE B RM B

LARAMIE, WY 82070

From: The National Practitioner Data Bank and The Healthcare Integrity and Protection Data Bank
Re: Notification of a Report in the Data Bank(s)

This notice is to inform you that the enclosed report of an action taken against you was recently submitted to the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

What are the NPDB and the HIPDB? The NPDB and the HIPDB are two separate Data banks operated by the U.S. Department of Health and Human Services.

The NPDB. Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended, established the NPDB. Title IV mandates that information on certain adverse licensure, clinical privileges, and professional society membership actions taken against physicians and dentists and information on medical malpractice payments made for the benefit of a health care practitioner be reported to the NPDB. Information on exclusions from the Medicare/Medicaid programs is also reported to the NPDB under separate authority. Hospitals and other health care entities, and state practitioner licensing boards are authorized to query the NPDB under Title IV.

Section 1921 of the Social Security Act, as amended by the Omnibus Budget Reconciliation act of 1990, expanded the NPDB to include new types of adverse actions and allowed new entities access to Section 1921 information. Section 1921 mandates that information on adverse licensure actions and negative actions or findings that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or entity be reported to the NPDB. Hospitals and other health care entities, State practitioner and entity licensing agencies, Federal and State government health care programs, law enforcement agencies and quality improvement organizations under contract with the Medicare program are authorized to query the NPDB under Section 1921.

The HIPDB. Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, established the HIPDB. Section 1128E mandates that information on certain final adverse actions (e.g., licensure, civil judgment and criminal convictions related to health care, exclusions from Federal or State health care programs and certain other adjudicated actions and decisions) taken against health care practitioners, providers and suppliers be reported to the HIPDB. Federal and State government agencies and health plans are authorized to query the HIPDB.

Confidentiality.

All information in the NPDB and the HIPDB is considered confidential and is disclosed only to legally authorized queriers for specified uses. Disclosure or use of confidential information for other purposes is a violation of Federal law. Health care practitioners, providers and suppliers may query the Data Banks about themselves (self-query) and may share their self-query results with anyone they choose. Information in the Data Banks is NOT available to the public.

What does the report mean to you?

The enclosed report summarizes an action taken against you. The NPDB and/or the HIPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 5500000067563143
Process Date: 03/30/2011
Page: 2 of 2
ZOOPHARM

action and an exclusion from the Medicare and Medicaid programs. A report in the Data Banks does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the NPDB and/or the HIPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Banks are a clearinghouse for reports, which are maintained exactly as submitted.

- >> **If the report is accurate**, you need not respond to this mailing. The report will be available to authorized queriers exactly as submitted.
- >> **If the mailing address in this report is incorrect**, you may update your mailing address as maintained by the Data Banks using the on-line Report Response Service, available at <http://www.npdb-hipdb.hrsa.gov>. Future correspondence from the Data Banks will be mailed to you at the address specified. Please be advised that this does not change your address as reflected in the report. Only the entity that originally submitted the report can modify or correct information provided in the report.
- >> **You may add a statement** expressing your view of the events described in the report using the on-line Report Response Service, available at <http://www.npdb-hipdb.hrsa.gov>.
- >> **You may dispute the report** using the on-line Report Response Service, available at <http://www.npdb-hipdb.hrsa.gov>. You may NOT dispute the reported action itself or the appropriateness of any finding or judgment.
- >> **You may submit both** a statement and dispute the report.
- >> **You must certify** that you are the subject of the report in the Certification section of the Subject Statement and Dispute screen if you submit a statement, dispute the report or both.

Do not send this form directly to the Secretary of the U.S. Department of Health and Human Services. To avoid lengthy processing delays, send the form to: NPDB-HIPDB, P.O. Box 10832, Chantilly, VA 20153-0832.

If you submit a Subject Statement or place the report in disputed status using the Report Response Service, you will be prompted to print a copy for your records. When the Data Banks process a statement and/or dispute, notification of the statement and/or disputed status is sent to all queriers who received the report. If the entity that submitted the report to the Data Banks submits a change or correction to the report, a copy of the revised report will be sent to you and to any queriers who received a previous version of the report.

If a reporting entity subsequently corrects or changes a report that contains a Subject Statement, the original statement will be maintained in the modified report until the Subject elects to remove it or replace it with a new statement.

Additional Information.

The U.S. Department of Health and Human Services, Health Resources and Service Administration, Division of Practitioner Data Banks operates the NPDB and the HIPDB under regulations codified at 45 CFR Part 60 (NPDB) and 45 CFR Part 61 (HIPDB). Information describing the operation of the Data Banks, including reporting requirements, disclosure authority, dispute procedures, authorizing legislation, implementing regulations, etc., is accessible on the World Wide Web at <http://www.npdb-hipdb.hrsa.gov>. For assistance, contact the NPDB-HIPDB Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

DCN: 5500000067563143
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Page: 1 of 1

<http://www.npdb-hipdb.hrsa.gov>

REPORT RESPONSE SERVICE LOGIN INSTRUCTIONS

To access the on-line Report Response Service, go to <http://www.npdb-hipdb.hrsa.gov>. On the Data Bank home page, click Respond to a Notification. The Respond to a Notification Sign In page displays.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank(s) for which you are the subject.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Bank(s)), you must enter one Report Number in the appropriate field on the Respond to a Notification page, along with your Report Password. Once you have completed your transaction for that report, return to the Respond to a Notification page and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

Report Number

Report Password

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

The Data Bank News, quarterly newsletter, is available electronically. If you would like to receive the Data Banks e-newsletter, check the box on the *Report Response Options* page. Enter your e-mail address and click **Save**.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

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ZOOPHARM

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 5500000067563143

This report is maintained under the provisions of:

☐ Title IV (NPDB)

☒ Section 1921 (NPDB)

☒ Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. This report also is maintained in the Healthcare Integrity and Protection Data Bank, for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

Entity Name: COLORADO STATE BOARD OF PHARMACY

Address: 1560 BROADWAY, STE. 1300

City, State, Zip: DENVER, CO 80202-0546

Country:

Name of Office: COLORADO STATE BOARD OF PHARMACY

Title or Department: DORA/PROGRAM ASSISTANT

Telephone: (303) 894-7754

Entity Internal Report Reference:

Type of Report: INITIAL

Organization Name: ZOOPHARM

Other Organization Name(s) Used:

Business Address: 3131 GRAND AV STE B RM B

City, State, ZIP: LARAMIE, WY 82070

Organization Type: PHARMACY (345)

Names and Titles of Principal Officers and Owners (POO):

Federal Employer Identification Numbers (FEIN): 999999999

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

State License Number, State of Licensure: 5404, CO

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: YES

Drug Enforcement Administration (DEA) Numbers:

Clinical Laboratory Act (CLIA) Numbers:

Food and Drug Administration (FDA) Numbers:

National Provider Identifiers (NPI):

Medicare Provider/Supplier Numbers:

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

Type of Adverse Action: STATE LICENSURE

Basis for Action: FAILURE TO MEET LICENSING BOARD REPORTING REQUIREMENTS (A3)

Name of Agency or Program

That Took the Adverse Action

Specified in This Report:

Adverse Action

COLORADO STATE BOARD OF PHARMACY

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
 Healthcare Integrity and Protection Data Bank
 P.O. Box 10832
 Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 5500000067563143
 Process Date: 03/30/2011
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 ZOOPHARM

Classification Code(s): PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)
 Date Action Was Taken: 03/28/2011
 Date Action Became Effective: 03/28/2011
 Total Amount of Monetary Penalty,
 Assessment and/or Restitution: \$ 5,500.00
 Is Subject Automatically Reinstated After
 Adverse Action Period Is Completed?:
 Description of Subject's Act(s) or Omission(s) or Other
 Reasons for Action(s) Taken and Description of Action(s) Taken
 by Reporting Entity: STIPULATION AND FINAL AGENCY ORDER EFFECTIVE 3/28/11,
 CASE #2011-3067, AS THE PHARMACY FAILED TO SUBMIT
 REQUIRED DATA INTO THE COLORADO PRESCRIPTION DRUG
 MONITORING PROGRAM. THE PHARMACY PAID THE FINE, AND THE
 ACTION WAS COMPLETED EFFECTIVE 3/28/11.

☐ Subject identified in Section B has appealed the reported adverse action.

 If the subject identified in Section B of this report has submitted a statement, it appears in this section.

 Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- ☐ If box is checked, this report has been disputed by the subject identified in Section B.
- ☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/30/2011
 Date of Most Recent Change: 03/30/2011

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

END OF DOCUMENT



Dora
Department of Regulatory Agencies

**Division of Professions
and Occupations**
Lauren Larson
Division Director

State Board of Pharmacy
Ronne Hines
Deputy Director for Healthcare

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive
Director

April 16, 2014

Zoopharm
Attn: Pharmacist Manager
3131 E Grand Ave Unit B
Laramie, WY 82070-5140

RE: Case No. 2014-107

IN THE MATTER OF DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT
PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF
ZOOPHARM, REGISTRATION NO. OSP 5404.

Dear Pharmacist Manager:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order in the above-mentioned matter, which became effective April 16, 2014.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-7430.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Janina Rivera
PDMP Administrator

Enclosure

cc: File

1560 Broadway, Suite 1350
Fax 303.894.7692

Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7800
V/TDD 711



BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2014-107**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF ZOOPHARM, REGISTRATION NO. OSP 5404,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Zoopharm ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2014-107 as follows:

1. On February 27, 2003, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5404 ("Colorado Registration").
2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of §§12-42.5.101, *et seq.*, C.R.S. (2013), otherwise known as the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act.
3. Respondent Pharmacy's address of record with the Board and current location is 3131 E. Grand Avenue, Unit B, Laramie, Wyoming 82070.
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. Respondent Pharmacy failed to submit the required data to Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") reporting dispensing transactions of controlled substances in the State of Colorado for the reporting periods of June 16 through June 25, 2008, July 1 through July 10, 2008, and August 1 through August 10, 2008, and did not submit a "zero" report indicating no dispensing transactions for that reporting period as required by Board rule.
6. Board staff sent Respondent Pharmacy a warning letter directing it to come into compliance with the PDMP reporting requirements within fourteen days of the date of the letter (14-Day Letter) and thereafter remain in compliance. The 14-Day Letter

specifically noted that Respondent Pharmacy failed to file a "zero" report, which is required by regulation in the event no dispensing transactions of controlled substances in the State of Colorado occurred during the relevant reporting period.

7. Respondent Pharmacy failed to come into compliance with the data submission requirements of the PDMP and thereafter remain in compliance as directed in the 14-Day Letter. The Board initiated a Complaint against Respondent Pharmacy directing it to come into compliance within thirty days and thereafter to remain in compliance with PDMP reporting requirements to avoid disciplinary action.
8. Respondent Pharmacy failed to come into compliance with PDMP reporting requirements within thirty days, and/or failed to maintain compliance for two consecutive reporting periods thereafter, and entered into a Stipulation and Final Agency Order (FAO) with the Board on March 28, 2011, in which it agreed to a fine pursuant to Board Policy 30-8. Respondent Pharmacy specifically acknowledged in the FAO that any future violations of PDMP requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period as required by regulation, would lead to additional penalties pursuant to Board Policy 30-8.
9. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period of January 1 through January 10, 2014, and did not submit a "zero" report indicating no dispensing transactions for that reporting period as required by Board rule.
10. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-42.5-123(1)(c) and 12-42.5-403(3), C.R.S. and Rule 23.00.30 and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

\$1,000.00 Fine with 10% Surcharge and Terms

11. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-42.5-124(5)(a)(II), C.R.S. Respondent Pharmacy shall pay a fine of **One Thousand Dollars and No Cents (\$1,000.00)**. Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **One Thousand One Hundred Dollars and No Cents (\$1,100.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

12. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8 or otherwise in the event the case fails to settle in accordance with Board Policy 30-8.

13. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own 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 §12-42.5-124(2), 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.

14. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own 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.

15. **Other Requirements.** Through its undersigned authorized agent, 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 Pharmaceuticals and Pharmacists Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceutical and pharmacists in the State of Colorado.

16. **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 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.
17. **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.
18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
19. **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.
20. **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 with the Board. 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

David K. Smith
Authorized Agent of Respondent Pharmacy

Dated: 3/12/2014

Subscribed and sworn to before me in the County of Larimer
State of Colorado, this 12 day of March, 2014, by David K. Smith
In his capacity as an authorized agent of Zoopharm.

My commission expires: 4/18/16

Deanne Smith
Notary Public
State of Colorado
My Commission Expires

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 16th DAY OF April, 2014.

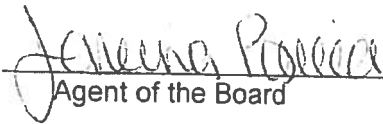
State Board of Pharmacy

BY: Chris Gassen
Chris Gassen
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, postage prepaid, at Denver, Colorado this 16th day of April 2014, addressed as follows:

Zoopharm
Attn: Pharmacist Manager
3131 E. Grand Avenue, Unit B
Laramie, WY 82070-5140


Agent of the Board

the DataBank

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb.hrsa.gov>



DCN: 5500000088743501

Process Date: 04/17/2014

Page: 1 of 2

ZOOPHARM

SENSITIVE INFORMATION ENCLOSED

To: CEO or President
ZOOPHARM
3131 E GRAND AVE
UNIT B
LARAMIE, WY 82070

From: The National Practitioner Data Bank
Re: Notification of a Report in the Data Bank

This notice is to inform you that a report of an action concerning you was recently submitted to the National Practitioner Data Bank (NPDB).

What does the report mean to you?

The report summarizes an action taken against you. The NPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs. A report in the Data Bank does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the NPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation, contracting, or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Bank is a clearinghouse for reports, which are maintained exactly as submitted.

How do you verify the contents of your report?

You can view the contents of this report by accessing the on-line Report Response Service at <http://www.npdb.hrsa.gov>. On the Data Bank home page, click Check Your Report. The Check Your Report Sign In page displays.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank for which you are the subject.

Report Number

Report Password

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Dispute Resolution, or modify your address as maintained by the Data Bank), you must enter one Report Number in the appropriate field on the Check Your Report page, along with your Report Password. Once you have completed your transaction for that report, return to the Check Your Report page and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

What is the NPDB?

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBank

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb.hrsa.gov>

DCN: 5500000088743501
Process Date: 04/17/2014
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ZOOPHARM
For authorized use by:
ZOOPHARM

ZOOPHARM

COLORADO STATE BOARD OF PHARMACY

STATE LICENSURE ACTION

Date of Action: 04/16/2014

Initial Action

Basis for Initial Action

- REPRIMAND OR CENSURE

- VIOLATION OF FEDERAL OR STATE STATUTES,
REGULATIONS OR RULES

A. REPORTING ENTITY

Entity Name: COLORADO STATE BOARD OF PHARMACY
Address: 1560 BROADWAY, STE. 1300
City, State, Zip: DENVER, CO 80202-0546
Country:
Name or Office: COLORADO STATE BOARD OF PHARMACY
Title or Department: DORA/PROGRAM DIRECTOR
Telephone: (303) 894-7754
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: ZOOPHARM
Other Organization Name(s) Used:
Business Address: 3131 E GRAND AVE
UNIT B
City, State, ZIP: LARAMIE, WY 82070
Organization Type: PHARMACY (345)
Names and Titles of Principal Officers and Owners (POO):
Federal Employer Identification Numbers (FEIN): 999999999
Social Security Numbers (SSN):
Individual Taxpayer Identification Numbers (ITIN):
State License Number, State of Licensure: OSP.0005404, CO
Is the Subject a health care entity that provides health care
services and engages in a formal peer review process for the
purpose of furthering quality health care?: YES
Drug Enforcement Administration (DEA) Numbers:
Clinical Laboratory Act (CLIA) Numbers:
Food and Drug Administration (FDA) Numbers:
National Provider Identifiers (NPI):
Medicare Provider/Supplier Numbers:
Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
Basis for Action: VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR
RULES (A6)
Name of Agency or Program
That Took the Adverse Action
Specified in This Report: COLORADO STATE BOARD OF PHARMACY

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBank

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb.hrsa.gov>

DCN: 5500000088743501
Process Date: 04/17/2014
Page: 2 of 2
ZOOPHARM
For authorized use by:
ZOOPHARM

Adverse Action
Classification Code(s): REPRIMAND OR CENSURE (3138)
Date Action Was Taken: 01/14/2014
Date Action Became Effective: 04/16/2014
Length of Action: INDEFINITE
Total Amount of Monetary Penalty,
Assessment and/or Restitution:
Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?:
Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: STIPULATION AND FINAL AGENCY ORDER EFFECTIVE 4/16/14,
CASE #2014-107, AS THE PHARMACY FAILED TO SUBMIT
REQUIRED DATA INTO THE COLORADO PRESCRIPTION DRUG
MONITORING PROGRAM. THE PHARMACY PAID THE FINE, AND THE
ACTION WAS COMPLETED EFFECTIVE 4/16/14.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report

- ☐ If box is checked, this report has been disputed by the subject identified in Section B.
- ☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 04/17/2014
Date of Most Recent Change: 04/17/2014

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Moved out of state

. gmail.com]

Sent: Thursday, March 10, 2016 9:36 AM

To: Pharmacy Board

Good morning.

I recently moved out of state and am no longer seeing patients in Nevada.

My controlled substance number is CS21608 and my pharmacy board number is PD00541.

My previous address was:

Thomas Dermatology

West Post Road, Suite

Las Vegas, NV 89148

My new practice address is:

Georgia Skin Center

Jesse Jewell Pkwy SE, Suite

Gainesville, GA 30501

p:

f: 770-535-7591

My new mailing address is:

Georgia Skin Center

Attn: Dr. Misty Caudell

P.O. Box

Gainesville, GA 30501

As I am not seeing patients in Nevada, I do not need to hold an active pharmacy board license or controlled substance license. Is there an option to change these licenses from active to inactive status?

Sincerely yours,

Dr. Misty Caudell

c:

14

14A



RECEIVED
8/13/2020

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: Accredo Health Group, Inc.

Physical Address: 11411 Strang Line Rd, STE A

Mailing Address: 11411 Strang Line Rd, STE A

City: Lenexa State: KS Zip Code: 66215-4047

Telephone: (913) 451-2919 Fax: (877) 358-7602

Toll Free Number: 800-569-5451 (Required per NAC 639.708)

E-mail: Bret.Dobson@AccredoHealth.com Website: www.Accredo.com

Managing Pharmacist: Bret Dobson License Number: 1-14384 (KS)

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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 ☐
See Exhibit A - Discipline Summary
- 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 ☐
See Exhibit B - Explanation of surrendered license

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

Victor Perini

Print Name of Authorized Person

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: Deleware

Parent Company if any: Accredo Health, Inc

Mailing Address: One Express Way

City: St Louis State: MO Zip: 63121

Telephone: (314) 996-9000 Fax: N/A

Contact Person: Tim Quinn

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 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Victor Perini

Responsible Person of Accredo Health Group, Inc. pharmacy located in Lenexa, Kansas
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

Victor Perini

Print Name of Authorized Person

7/28/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Missouri)
St. Louis) ss.
COUNTY)

I, Victor Perini, 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 Assistant Secretary for Accredo Health Group, 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, Victor Perini, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Victor Perini
Name Victor Perini

SUBSCRIBED AND SWORN TO
before me, a notary public this
28th day of July, 2020.

Carroll Timothy Quinn Jr
NOTARY PUBLIC



CARROLL TIMOTHY QUINN JR
My Commission Expires
July 18, 2022
St. Louis County
Commission #18046093

Accredo Health Group Inc. Ownership Discipline Summary

Legal Entity	Location	Type of Permit	State of Action	Case No	Date of Action	Date of Resolution	Amount of Fine	Discipline Status	Description of Action
Accredo Health Group, Inc.	IN-Indianapolis	Pharmacy	TX	K 16-002	12/16/2014	8/2/2016	\$ 1,000.00	Final	BOP alleges violation of Sections 561.156(a) and 565.002(a)(3) and Sections 291.104(a)(15) and 291.106(1)
Accredo Health Group, Inc.	TN-Memphis	Pharmacy	MI	5315136820	5/15/2015	12/9/2015	\$250.00	Final	MI BOP received notice of TN Case No. 2014001271 and alleged violation of section 17768(2)(d) of Public Health Code, 1978 PA 368 as amended; MCL 333.1101 et. seq
Accredo Health Group, Inc.	TN-Memphis	Pharmacy	TX	L-15-032	5/4/2016	8/2/2016	\$0.00	Final	TX BOP received notice of TN Case No. 2014001271 and alleged violation of Sections 565.002(a)(3) and (13); 565.002 (c)
Accredo Health Group, Inc.	IN-Indianapolis	Pharmacy	AL	16-L-0098	9/20/2016	2/21/2017	\$ 1,000.00	Final	Board alleges pharmacy violated AL code based upon TX case K-16-002.
Accredo Health Group, Inc.	TN-Nashville	Pharmacy	KS	18-051	12/11/2017	4/9/2018	\$500.00	Final	Board alleges pharmacy did not notify BOP of address change within 30 days.
Accredo Health Group, Inc.	IN-Indianapolis	Pharmacy	TX	2018-06451	10/4/2019	11/25/2019	\$0.00	Final	Board alleges failure to dispense prescription.
Accredo Health Group, Inc.	TN-Nashville	Pharmacy	ME	2019 PHA-16187	12/5/2019	4/13/2020	\$ 250.00	Final	Board alleges that pharmacy failed to notify them of KS 18-051 within 10 days



TEXAS STATE BOARD OF PHARMACY

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Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

August 19, 2016

ACCREDITO HEALTH GROUP INC
C/O TERA TEACHOUT RPH
PHARMACIST IN CHARGE
WEST PERIMETER ROAD SUITE 112
INDIANAPOLIS IN 46241

RE: In the Matter of Accredo Health Group, Inc.

Dear Ms. Teachout:

Enclosed is a copy of Agreed Board Order (ABO) #K-16-002 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 2, 2016. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

ADMINISTRATIVE PENALTY (FINE)

Under the terms of this Order, Accredo Health Group, Inc. (pharmacy license #28948) must pay an administrative penalty (fine) of \$1,000.00. **This fine is due on or before November 30, 2016.** Please make your cashier's check or money order payable to the "Texas State Board of Pharmacy" and submit to the TSBP office by the due date. Please include your ABO number (#K-16-002) on the cashier's check or money order. **Note: TSBP will not accept partial payments. You must submit payment for the full amount by the due date.**

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #28948, the pharmacy will complete a license renewal application for the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

"Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

Accredo Health Group, Inc.
August 19, 2016
Page 2

As a result of the entry of ABO #K-16-002, Accredo Health Group, Inc. must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, an Accredo Health Group, Inc. representative must answer "yes" to this question on any renewal applications submitted beginning August 2, 2016, and ending November 30, 2019.

If you have any questions about this Order, please contact Mary Newman, Enforcement Specialist, at (512) 305-8054.

Sincerely,



Carol Fisher, R.Ph., M.P.A.
Director of Enforcement

CF:ng

Enclosure: Agreed Board Order #K-16-002

c: Accredo Health Group, Inc.
c/o Victor Perini
VP, Pharmacy Operations
Heinz Road
Iowa City, IA 52240

Mark W. Bina
Quarles & Brady, LLP
North LaSalle Street, Suite
Chicago, Illinois 60654

AGREED BOARD ORDER #K-16-002

RE: IN THE MATTER OF
ACCREDITO HEALTH GROUP, INC.
(PHARMACY LICENSE #28948)

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 28948 issued to Accredo Health Group, Inc. (Respondent), 2825 West Perimeter Road, Suite 112, Indianapolis, Indiana 46241.

By letter dated January 29, 2016, 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 562.156(a); and 565.002(a)(3) and (4) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Sections 291.104(a)(15); and 291.106(1) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015), in that allegedly:

COUNT

From on or about December 16, 2014, through April 14, 2015, Accredo Health Group, Inc., 2825 West Perimeter Road, Suite 112, Indianapolis, Indiana 46241, unlawfully shipped sterile preparations into Texas when it did not possess a Class E-S license. As evidenced by pharmacy records, the pharmacy shipped 21 sterile preparations to two patients into Texas without a Class E-S license during the time period previously described.

On or about April 15, 2015, Accredo Health Group, Inc. became licensed with the Board as a Class E-S pharmacy.

An informal conference was held in the Board's office on April 13, 2016, with J. Christopher Meilinger, R.Ph., Senior Director, Specialty Pharmacy Practice, on behalf of Respondent; Tera Teachout, R.Ph., Pharmacist-in-Charge; Dennis K. McAllister, Director, Pharmacy Regulatory Affairs, Express Scripts; Rhonda Graack, Assistant General Counsel, Express Scripts; and Mark W. Bina, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Christopher M. Dembny, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Caroline Hotchkiss, Assistant General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

At the informal conference, Respondent presented information that it provided notice to the Board on November 19, 2014, that it had begun compounding sterile preparations, and that it submitted its application for change of class on January 2, 2015. Respondent also presented information that it has, at all times relevant to the count referenced above, maintained its pharmacy license in Indiana in active and good standing and has passed sterile compounding inspections by the Indiana Board of Pharmacy, the California Board of Pharmacy, and an independent third party inspector.

By signing this Order, Victor Perini, Vice President, Pharmacy Operations, Accredo Health Group, Inc., on behalf of 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:

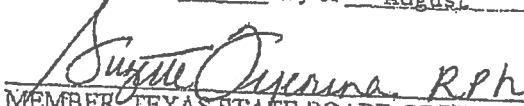
- (1) Respondent shall pay an administrative penalty of one thousand dollars (\$1,000) due one hundred twenty (120) days after the entry of this Order.
- (2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.
- (3) Failure to comply 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 (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016).

Agreed Board Order #K-16-002
Accredo Health Group, Inc.
Page 3

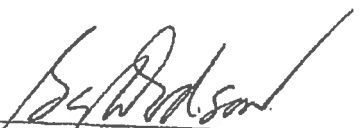
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

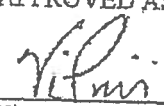
SIGNED AND ENTERED ON THIS 2nd day of August, 2016.

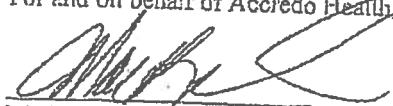

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:


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

APPROVED AS TO FORM AND AGREED TO:


Victor Perini, Vice President, Pharmacy Operations
For and on behalf of Accredo Health Group, Inc.


Mark W. Bina, Legal Counsel for Accredo Health Group, Inc.
Quarles & Brady, LLP
300 North LaSalle Street, Suite 4000
Chicago, Illinois 60654-3422

APPROVED AS TO FORM:


Kerstin Arnold, General Counsel
Texas State 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

ACCREDITO HEALTH GROUP, INC.
License Number: 53-01-007945

File Number: 53-15-136820
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint (Complaint) was executed on May 15, 2015, charging Accredo Health Group, Inc. (Respondent Pharmacy) with violating section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Pharmacy has admitted that the facts alleged in the Complaint are true and constitute violations of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Disciplinary Subcommittee) has reviewed the 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 section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ACCREDITO HEALTH GROUP, INC.
License Number: 53-01-007945

File Number: 53-15-136820
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint (Complaint) was executed on May 15, 2015, charging Accredo Health Group, Inc. (Respondent Pharmacy) with violating section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Pharmacy has admitted that the facts alleged in the Complaint are true and constitute violations of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Disciplinary Subcommittee) has reviewed the 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 section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

1
IT IS ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED \$250.00 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, Regulatory and Compliance 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 file number 53-15-136820.

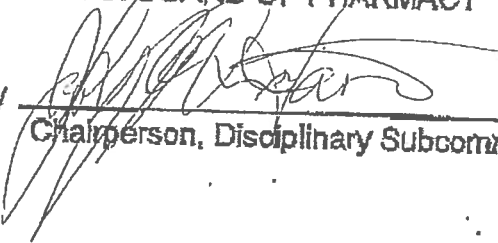
IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to Mich Admin Code, R 338.1632 and section 16221(h) of the Public Health Code, supra.

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: 12-9-15

MICHIGAN BOARD OF PHARMACY

By


Chairperson, Disciplinary Subcommittee

CONTINUED ON NEXT PAGE

STIPULATION

1. The facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

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 of 1969, 1969 PA 306, as amended; MCL 24.201 et seq. to require the Department of Licensing and Regulatory Affairs (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.

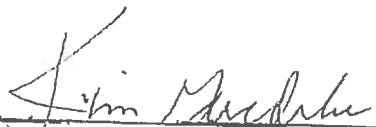
3. Respondent and the Department further agree that this matter is a public record required to be published and made available to the public pursuant to section 11(1)(a) of the Michigan Freedom of Information Act, 1976 PA 442, as amended; MCL 15.241(1)(a); and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Nichole L. Penny, 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 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 Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent and the Department expressly reserving the right to further proceedings without prejudice should the Order be rejected.

AGREED TO BY:


Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 10/08/2015

AGREED TO BY:


Vio Perini, V.P. of Pharmacy Operations
Authorized Representative for
Accredo Health Group, Inc.
Respondent Pharmacy

Dated: 9/24/15

This is the final page of a Consent Order and Stipulation in the matter of Accredo Health Group, Inc., File Number 53-15-136820, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

TD

RICK SNYDER
GOVERNORSTATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSINGMIKE ZIMMER
DIRECTOR

Facsimile

DATE:	9/18/15	TOTAL PAGES (Including Cover):	6
TO:	Name: Sameh Garas, R. Ph.		
	Company: Accredo Health Group		
	Telephone: 901-385-3672	Fax Number: 901-385-3777	
FROM:	Name: Tunishia Dankenbring, Analyst		
	Telephone:	Fax Number: 517-241-9280	

MESSAGE: Please find attached a copy of the previously mailed Consent Order and Stipulation. You may fax or email the signed Consent Order back to my attention to:

Fax: (517) 241-9280

Email: tdankenbring@michigan.gov

Thank you.

The information contained in this transmission is privileged and confidential. It is intended only for the use of the person or entity named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or duplication of this communication is strictly prohibited. If you have received this communication in error, please contact the sender immediately. Thank you.

BUREAU OF PROFESSIONAL LICENSING
511 W. OTTAWA • PO BOX 30670 • LANSING, MICHIGAN 48909
www.michigan.gov/bpl

NO. 318 P. 1

SEP. 18. 2015 2:39PM 1620

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

In the Matter Of

Accredo Health Group, Inc.
License Number: 53-01-007945

Mail Date: July 21, 2015
File No: 53-15-136820

NOTICE OF TELEPHONE COMPLIANCE CONFERENCE

You have been served with an Administrative Complaint alleging you have violated Michigan's Public Health Code.

A telephone compliance conference is scheduled in this matter for **August 20, 2015, at 9:00a.m.** During the conference you will have an opportunity to discuss this matter with the Department's representative listed below. If you are unable to participate at the scheduled date and time, you must request an adjournment in writing at least five calendar days in advance. Only one adjournment request will be granted. **Please call this number (517) 373-7803 at the time noted above.**

The purpose of the compliance conference is to afford you an opportunity to show compliance with the Public Health Code. If compliance cannot be established, the conference may be used to try to settle this matter. In the event a settlement cannot be reached, a formal administrative hearing will be scheduled. Should you wish to forego the compliance conference and proceed directly to an administrative hearing, you must notify the Department's representative in writing. You have the right, at your expense, to have an attorney represent you at the conference and/or hearing if you wish.

All Department meetings and hearings are conducted in compliance with the Americans with Disabilities Act (ADA). If you require additional accommodations to participate in the compliance conference, please call (517) 373-4972 or (517) 373-7489 (TDD) at least one week in advance to make the necessary arrangements.

Please direct all communications regarding this matter to the following Department representative:

Forrest Pasanski, Manager
Department of Licensing and Regulatory Affairs
P. O. Box 30670
Lansing, MI 48909

With a copy to: Tunishia R. Dankenbring
Departmental Analyst
Bureau of Professional Licensing
P.O. Box 30670
Lansing, MI 48909

State of Michigan
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
Bureau of Health Care Services
P.O. Box 30670
Lansing, Michigan 48909-8170

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS



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Accredo Health Group, Inc.
1620 Century Center Pkwy., Ste. 109
Memphis, TN 38134

RETURN TO
RECEIVED



Accredo Health Group, Inc.
1620 Century Center Pkwy, Ste. 109
Memphis, TN 38134

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RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
DIRECTOR

May 19, 2015

Accredo Health Group, Inc.
1620 Century Center Pkwy., Ste. 109
Memphis, TN 38134

Re: File Number 53-15-136820

Dear Representative:

Enclosed is a copy of an Administrative Complaint alleging that you have violated the Public Health Code. **YOU MUST RESPOND TO THE COMPLAINT WITHIN 30 DAYS FROM THE DATE YOU RECEIVED THE COMPLAINT.** Failure to submit a timely written response will result in the Complaint being transmitted directly to your board's Disciplinary Subcommittee (DSC) for imposition of a sanction.

At the time of your written response to the Complaint, you MUST either:

- Request that a Board conferee be contacted for a proposed settlement in resolution of this matter; or
- Request a compliance conference. This is an informal opportunity to meet with me to present evidence demonstrating compliance with the Public Health Code, or present mitigating information not contained in your written response for purposes of settlement. (Please use the enclosed form to request a compliance conference.); or
- Request a formal administrative hearing before an administrative law judge. After taking testimony, the administrative law judge will determine if a violation of the Public Health Code occurred. The hearing record will be forwarded to the DSC for consideration.

In order to exercise any of these options, you must respond to the Complaint in writing within 30 days of the date you received this information. You may obtain legal representation at your expense. If you have any questions regarding this matter, please contact me, during normal business hours at (517) 335-1755.

Sincerely,

Tunishia Dankenbring

Tunishia Dankenbring, Analyst
Regulation Section

Enclosure

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
ENFORCEMENT DIVISION
611 W. OTTAWA ST., 1st FL. • P.O. BOX 30670 • LANSING, MICHIGAN 48909
www.michigan.gov/healthlicense • (517) 335-0918

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ACCREDITO HEALTH GROUP, INC.
License Number: 53-01-007945

File Number: 53-15-136820

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs (Complainant) by Kim Gaedeke, Acting Director, Bureau of Health Care Services, files this Complaint against Accredo Health Group, Inc. (Respondent Pharmacy) as follows:

1. The Michigan Board of Pharmacy (Board) is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 17768 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent Pharmacy is currently licensed to practice as a pharmacy in the state of Michigan and has a current facility controlled substance license. Respondent Pharmacy has an address of record with Complainant of Memphis, Tennessee.

3. On January 28, 2015, the Tennessee State Board of Pharmacy (Tennessee Board) executed a Consent Order that ordered Respondent Pharmacy to pay a \$1,000.00 civil penalty, provide a corrective plan of action, and submit quarterly

reports of processing prescription turn around times. The action was based on Respondent Pharmacy's failure to timely refill a prescription for patient J.H. (initials are used to protect the patient's identity). A copy of the Consent Order, marked Exhibit A, is attached and incorporated.

COUNT 1

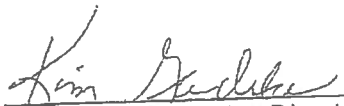
The action by the Tennessee Board, as set forth above, evidences a pharmacy, manufacturer, or wholesale distributor that has had its license or federal registration limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty in violation of section 17768(2)(d) of the Public Health Code, supra.

Complainant requests that this Complaint be served upon Respondent Pharmacy and that Respondent Pharmacy be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, MCL 24.201 et seq.

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent Pharmacy has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Kim Gaedeke, Acting Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Pursuant to section 16231(9) of the Public Health Code, supra, Respondent Pharmacy's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 05/15/2015



Kim Gaedeke, Acting Director
Bureau of Health Care Services

Attachments

This is the final page of an Administrative Complaint in the matter of Accredo Health Group, Inc., File Number 53-15-136820, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of three pages, this page included.

TD

BEFORE THE TENNESSEE STATE BOARD OF PHARMACY

IN THE MATTER OF:

ACCREDITO HEALTH GROUP, INC. (#3946)
100 CENTURY CENTER PARKWAY
SUITE 100
MEMPHIS, TN 38134

Case No. 2014001271

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health (State), by and through the Office of General Counsel and Respondent, Accredo Health Group, Inc. (Respondent) and respectfully moves the Tennessee Board of Pharmacy (Board) for approval of this Consent Order affecting Respondent's pharmacy license in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act (Practice Act), Tennessee Code Annotated Section (Tenn. Code Ann. §) 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board. Official Compilation of Rules and Regulations of the State of Tennessee (Tenn. Comp. R. & Regs.), 1140-01-01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Stipulations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a pharmacy in

the State of Tennessee, having been granted license number 3946 on October 6, 2003, which currently has an expiration date of December 31, 2015.

2. The Respondent, at all times pertinent hereto, was located in Memphis, Tennessee.
3. From May 12, 2014 until June 5, 2014, patient, "JH" attempted to obtain a refill of a prescription from the Respondent's facility.
4. Although several attempts were made by the Respondent to clarify a change with the prescription and thereafter system issues, the refilled prescription was not ready to be shipped until June 5, 2014.

III. Stipulated Grounds for Discipline

The State of Tennessee Board of Pharmacy has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of any laws relating to drugs or to the practice of pharmacy and/or the Board's rules pursuant to TENN. CODE ANN. § 63-10-305, and TENN. COMP. R. & REG. 1140-8-01 [CIVIL PENALTIES].

The stipulations of fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS. 1140-01-01, *et seq.*, for which disciplinary action by the Board is authorized.

The facts stipulated in paragraphs 3 and 4 constitute grounds for which the Board may discipline a Respondent's license to practice pharmacy pursuant to Tenn. Comp. R. & Regs. Rule 1140-2-01(I) [PHARMACISTS AND PHARMACY INTERNS], the relevant portion of which reads as follows:

- (1) A pharmacist shall hold the health and safety of patients to be the first consideration and shall render to each patient the full measure of the pharmacist's ability as an essential health practitioner.

IV. Stipulated Disposition

8. Without admitting to the truth of the allegations herein or to any alleged failure to comply with a lawful order or duly promulgated rule in violation(s) of Tenn. Code Ann. § 63-10-305(8) and for the purpose of avoiding further administrative actions with respect to this cause, Respondent agrees to the following:

(a) Respondent agrees to pay a one thousand dollar (\$1,000.00) civil penalty immediately upon execution of this Consent Order.

(b) Respondent agrees to provide a corrective plan of action to be approved by the Executive Director, Board of Pharmacy.

(c) Respondent shall submit to the Board of Pharmacy quarterly reports for a period of two (2) years relative to the return and processing of prescription turn around times.

V. Notice

9. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their

disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

10. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue its order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.

Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.

12. Furthermore, Respondent acknowledges that they understand that they have a right to a hearing under the provisions of the Uniform Administrative Procedures Act, TENN. CODE ANN. Title 4, Chapter 5, but that they hereby waive that right in order to enter into this proposed Consent Order.

13. A violation of this Order shall constitute a separate violation of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:

[Signature]
Representative of Aceredo Health Group, Inc.
Pharmacy License No. 3946
Respondent

1-23-2015
DATE

[Signature]
Assistant General Counsel
Tennessee Department of Health
Office of General Counsel
665 Mainstream Dr., 2nd Floor
Nashville, Tennessee 37243
(615) 741-1611

1/29/15
DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 28th day of

January, 2015

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.

[Signature]
Chairperson/Acting Chairperson
Tennessee Board of Pharmacy

COMPLIANCE CONFERENCE REQUEST

Please note: If you do not desire a compliance conference in person or by telephone, completion of this form is NOT required.

Even if you complete and return this form, you still **MUST** submit a **WRITTEN** response to the Administrative Complaint.

Name: _____ File Number: _____

Address: _____

Preferred Contact Number(s): _____ Best time/day to call _____

These days are preferable for me: (Please check all that apply)

☐ M ☐ T ☐ W ☐ Th ☐ F

I prefer:

☐ AM

☐ PM

I will appear:

☐ In person in Lansing

☐ Via Telephone

Additional comments regarding available dates:

Return address: Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Regulation Section
611 W. Ottawa Street
P.O. Box 30670
Lansing, MI 48909-8170

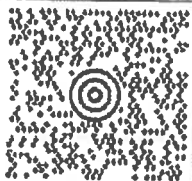


BILL HAMPTON
(901) 381-7400
ACCREDITED AIR
1620 CENTURY CENTER PKWY
MEMPHIS TN 38134-8849

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SHIP TO:

KIM GAEDEKE
BUREAU OF HEALTH CARE SERVICES
P.O. BOX 30670
REGULATORY AFFAIRS
MICHIGAN DEPT OF LICENSING
LANSING MI 48909



MI 489 0-02



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BILLING: P/P

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RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
DIRECTOR

May 19, 2015

Accredo Health Group, Inc.
1620 Century Center Pkwy., Ste. 109
Memphis, TN 38134

Re: File Number 53-15-136820

Dear Representative:

Enclosed is a copy of an Administrative Complaint alleging that you have violated the Public Health Code. **YOU MUST RESPOND TO THE COMPLAINT WITHIN 30 DAYS FROM THE DATE YOU RECEIVED THE COMPLAINT.** Failure to submit a timely written response will result in the Complaint being transmitted directly to your board's Disciplinary Subcommittee (DSC) for imposition of a sanction.

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- Request a compliance conference. This is an informal opportunity to meet with me to present evidence demonstrating compliance with the Public Health Code, or present mitigating information not contained in your written response for purposes of settlement. (Please use the enclosed form to request a compliance conference.); or
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Sincerely,

Tunishia Dankenbring

Tunishia Dankenbring, Analyst
Regulation Section

Enclosure

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ENFORCEMENT DIVISION

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www.michigan.gov/healthlicense • (517) 335-0918

COMPLIANCE CONFERENCE REQUEST

Please note: If you do not desire a compliance conference in person or by telephone, completion of this form is NOT required.

Even if you complete and return this form, you still **MUST** submit a **WRITTEN** response to the Administrative Complaint.

Name: Accredo Health File Number: 53-15-136820

Address: 1620 Century Center Parkway
Memphis TN 38134

Preferred Contact Number(s): 901 317 5080 Best time/day to call anytime

These days are preferable for me: (Please check all that apply)

☒ M

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☒ W

☒ Th

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I prefer:

☒ AM

☒ PM

I will appear:

☐ In person in Lansing

☒ Via Telephone

Additional comments regarding available dates:

Return address: Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Regulation Section
611 W. Ottawa Street
P.O. Box 30670
Lansing, MI 48909-8170

TID



1640 Century Center Parkway
Memphis, TN 38134

tel 901 385 3600
www.accredo.com

June 17, 2015

Ms. Kim Gaedeke
Acting Director
Bureau of Health Care Services
Michigan Department of Licensing and Regulatory Affairs
P.O. Box 30670
Lansing, Michigan 48909

RE: Response to Complaint Investigation No. 53-15-136820

Dear Director Gaedeke:

We are in receipt of your complaint investigation for file number 53-15-136820 sent to us by Analyst Tunishia Dankenbring against the non-resident pharmacy license of Accredo Health Group Inc. ("Accredo") of Memphis, Tennessee (located at 1620 Century Center Parkway, Memphis TN 38134, Michigan state license # 5301007945. My name is Sameh Garas and I am responding to this complaint in my capacity as the Director of Pharmacy Practice and Pharmacist-in-Charge for this Accredo pharmacy. Thank you for the opportunity to respond to your investigative inquiry and provide additional information to assist you in resolving this inquiry.

We understand your complaint investigation was prompted by our self-reporting discipline we received in another state – specifically from the Tennessee Board of Pharmacy (the original Consent Order is attached as Exhibit A). We acknowledge that we have already provided you the Consent Order which resulted from a settlement of discipline received from the Tennessee Board Pharmacy. At your request in your inquiry, we are supplementing that order with the information provided below to further explain the nature of the event in question, and limited scope of that action to the specific patient.

Please note that at no time did the action in this case involve the State of Michigan, a patient or resident in the State of Michigan, or a Michigan pharmacy. However, as a result of holding a non-resident license in the State of Michigan and several other states, we are obligated to disclose any license action in one state to all states in which we hold a license. Please rest assured that we take our timely reporting obligations seriously (as evidenced by our submission to the Department), and ensure that as a result of any discipline we take appropriate steps to ensure patient safety and continuous quality improvement (which is evidenced by the Quality

Assurance submissions being made to the Tennessee Board of Pharmacy on a quarterly basis discussed in Exhibit B).

In regards to the original complaint that ultimately resulted in the Consent Order agreed to with the Tennessee Board of Pharmacy (Exhibit A), the complaint was originally filed with Texas Board of Pharmacy on 06/11/2014 as a result of the complaint involving customer service issues with a Texas patient. While Accredo holds a non-resident pharmacy license in Texas, the Texas Board of Pharmacy ultimately determined it would be more appropriate to forward the complaint to the Tennessee Board of Pharmacy for further review and investigation because Tennessee is our resident state and primary regulator.

Accordingly it was forwarded to Tennessee and Accredo received notice of investigation from the Tennessee investigators on 07/18/2014. We worked with the assigned Tennessee regulators over the next several months to respond to any and all inquiries regarding this case, and to provide them with sufficient material to present their case before the Board in November 2014 for initial consideration. The Tennessee Board in turn finalized the Consent Order and settlement in Exhibit A in late 2014 and early 2015. Upon execution of the final settlement, the Order was promptly reported to all other boards in February 2015.

Regarding specific details of the allegations and history, the original complaint was filed by Debra Hill, the spouse of our patient, James Hill, regarding a delay in receiving his medication from our pharmacy during the course of his treatment. Accredo Specialty Pharmacy conducted an immediate investigation of the complaint received from the Board at that time in 2014 and provided a detailed response of the events as well as corrective actions taken to the Tennessee Board of pharmacy on 08/21/2014.

Provided herein is a detailed summary related to the root causes for the delay in processing of the prescription(s) in question. The delay was a result of several factors including: (1) a change of pharmacy due to insurance benefits and plan design changes outside the control of the pharmacy that required the prescription to be transferred during the middle of the patient's therapy administration, (2) conflicting communications and information on prescriptions received from the prescriber and patient's spouse about the medication dosage and the need to change the dosage as a result of the patient experiencing adverse events from the therapy, and finally (3) an inventory system error that occurred after we finally clarified the medication dose and set up the shipment.

Ultimately, none of the issues at hand were related to pharmacy practice or lack thereof. We believe our pharmacists acted in good faith relating to prescriber outreach and monitoring for patient safety. Instead the errors were the result of customer service issues, plan design issues, and a system fault that has since been corrected. Accordingly, we believe our Tennessee Consent Order appropriately reflects a focus on customer service as opposed to pharmacy practice.



1640 Century Center Parkway
Memphis, TN 38134

tel 901 385 3600
www.accredo.com

Regarding point one outlined above, Mr. Hill first started his therapy with another pharmacy - US Bioservices - for three medications Ribasphere, Pegasys, and Sovaldi. Through the PBM and insurance records available to us, it appears that US Bioservices processed 2 fills of 28 days' supply for each of the three medications. The second fill (the first refill) for each of the three prescriptions was processed through the PBM after being submitted by US Bioservices on 4/11/2014. Thereafter, the patient's prescriptions were transferred to Accredo for continued dispensing of any of the remaining refills on those three prescriptions. This transfer was dictated by his insurance coverage and prescription benefits plan. Accredo processed the three medications as soon as they were received and contacted the patient to set up the shipments on 05/08/2014. As a result of this outreach, all three medications were originally set to ship with no delays or issues.

However, before shipment occurred on 05/12/2015, Ms. Hill contacted Accredo and requested we ship only two medications; Pegasys, and Sovaldi. Those two were shipped on time as promised with no issues. She also requested a change on the dosage of the medication Ribasphere due to an adverse event experienced by the patient from that medication that impacted the patient's blood cell count. We explained to Ms. Hill that such a change required verification with the prescriber to ensure the therapy change was appropriate. Accordingly, Accredo contacted the prescriber several times on 05/13/2014, 05/14/2014, and 05/16/2014 with no success.

On 05/19/2014, the prescriber's agent contacted Accredo and provided a dose that was different from both the original prescription submitted to Accredo and the dose that Ms. Hill had mentioned she wanted her husband to have via our telephone conversations. However, in good faith and in compliance with the prescriber's request, we voided the original prescription and processed the new prescription with the directions provided on that day.

On 05/20/2014, the prescriber's agent again called to change the prescription instructions to another different set of directions. Therefore, we voided the second prescription and reprocessed the prescription for the third time with the most recent directions provided. At this point, please note that as our pharmacist conducted Drug Utilization Review, we determined from a safety perspective that the most recent dose provided (on the third prescription) was not in the acceptable therapeutic range for this therapy. Accordingly, our pharmacist requested again to clarify the directions with the prescriber to ensure patient health and safety.

Several attempts were made to contact the prescriber's office over several days from 05/23/2014 to 05/28/2014 with no success. Finally, the concern was resolved with the prescriber and the prescription was set to ship on 06/02/2014 as per Ms. Hill's request.

However, due to an inventory system issue experienced at the pharmacy, we were unable to ship the medication on that day. Ms. Hill was subsequently contacted and informed of the delay on 06/03/2014. We attempted to set up a new delivery date, but Ms. Hill mentioned that she and her husband would be travelling. At this point, the Accredo representative offered to locate a local pharmacy for Ms. Hill to obtain the medication. Accredo contacted their local retail pharmacies and failed to locate one that had the medication in stock. Therefore, we offered to ship the medication to the patient anywhere they were traveling as long as he was traveling in the US.

Ms. Hill agreed to this arrangement and advised that she would call us back with the information of the exact address of the cabin in which they would be staying. Ms. Hill called back and spoke with a different supervisor who took the information and scheduled the shipment to occur on Wednesday 06/04/2014.

However, due to the same system issue that occurred on the previous attempt, the prescription did not route to fulfillment and Accredo did not successfully ship the prescription. When Accredo attempted calling the patient on Thursday 06/05/2014, Ms. Hill would not authenticate the call to proceed as required by our privacy policies. She stated that she appreciated our call to attempt to resolve the ongoing systems issues we were having; however, she did not want to deal with Accredo anymore regarding this prescription. Since that time the system issue was corrected and similar events were not reported for this medication inventory issue.

Again, we would like to reiterate the following points to ensure the State of Michigan we are conducting our pharmacy business in a safe and effective manner. As such, please note that:

- 1- The patient impacted in this case was not a Michigan resident or patient and did not involve a Michigan pharmacy;
- 2- That our pharmacy processed the prescriptions in question in this case in accordance with all Federal and State regulations; additionally, we utilized appropriate judgment during DUR to ensure proper clinical processing to protect patient safety and ensure therapy appropriateness;
- 3- We have agreed to the attached Consent Order with the Tennessee Board of pharmacy (Exhibit A) to provide quarterly reporting reflecting our process improvements, patient satisfaction, etc.;
- 4- The consent order did not result in any punitive or restrictive actions against our license to practice pharmacy in the State of Tennessee. Our license remains active; and
- 5- We have reported the same Consent Order to all states in which we hold a pharmacy license to ensure transparency and comply with any self-reporting obligations.

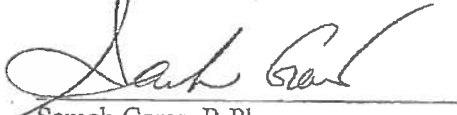
accredo[®]

1640 Century Center Parkway
Memphis, TN 38134

tel 901 385 3600
www.accredo.com

I trust that this letter has been responsive to your request for information regarding this complaint. Thank you for the opportunity to provide this response, and we hope that it helps the Department to resolve any outstanding issues or concerns against Accredo. If you have any questions regarding this matter, please contact our pharmacy counsel Phil Wickizer at (314) 684-6385, or contact me directly at (901) 381-7400.

Sincerely,



Sameh Garas, R.Ph.
Pharmacist-in-Charge
Accredo Health Group, Inc.
Memphis, Tennessee

CC: Phil Wickizer, Assistant General Counsel
Rich Palombo, R.Ph., Senior Director for Regulatory Affairs
Doug Lang, R.Ph., Vice President of Pharmacy Compliance

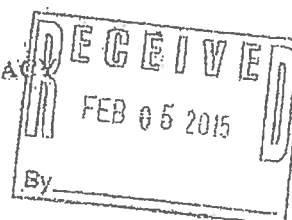
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BEFORE THE TENNESSEE STATE BOARD OF PHARMACY

IN THE MATTER OF:

ACCREDITO HEALTH GROUP, INC. (#3946)
 1640 CENTURY CENTER PARKWAY
 SUITE 109
 MEMPHIS, TN 38134

Case No. 2014001271



CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health (State), by and through the Office of General Counsel and Respondent, Accredo Health Group, Inc. (Respondent) and respectfully moves the Tennessee Board of Pharmacy (Board) for approval of this Consent Order affecting Respondent's pharmacy license in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act (Practice Act), Tennessee Code Annotated Section (TENN. CODE ANN. §) 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee (TENN. COMP. R. & REGS.), 1140-01-01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Stipulations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a pharmacy in

1

the State of Tennessee, having been granted license number 3946 on October 6, 2003, which currently has an expiration date of December 31, 2015.

2. The Respondent, at all times pertinent hereto, was located in Memphis, Tennessee.
3. From May 12, 2014 until June 5, 2014, patient, "JH" attempted to obtain a refill of a prescription from the Respondent's facility.
4. Although several attempts were made by the Respondent to clarify a change with the prescription and thereafter system issues, the refilled prescription was not ready to be shipped until June 5, 2014.

III. Stipulated Grounds for Discipline

5. The State of Tennessee Board of Pharmacy has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of any laws relating to drugs or to the practice of pharmacy and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-8-.01 [CIVIL PENALTIES].
6. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.
7. The facts stipulated in paragraphs 3 and 4 constitute grounds for which the Board may discipline a Respondent's license to practice pharmacy pursuant to Tenn. Comp. R. & Regs. Rule 1140-2-01(1) [PHARMACISTS AND PHARMACY INTERNS], the relevant portion of which reads as follows:

- 1
- (1) A pharmacist shall hold the health and safety of patients to be the first consideration and shall render to each patient the full measure of the pharmacist's ability as an essential health practitioner.

IV. Stipulated Disposition

8. Without admitting to the truth of the allegations herein or to any alleged failure to comply with a lawful order or duly promulgated rule in violation(s) of Tenn. Code Ann. § 63-10-305(8) and for the purpose of avoiding further administrative actions with respect to this cause, Respondent agrees to the following:

- (a) Respondent agrees to pay a one thousand dollar (\$1,000.00) civil penalty immediately upon execution of this Consent Order.
- (b) Respondent agrees to provide a corrective plan of action to be approved by the Executive Director, Board of Pharmacy.
- (c) Respondent shall submit to the Board of Pharmacy quarterly reports for a period of two (2) years relative to the return and processing of prescription turn around times.

V. Notice

9. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their

disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

10. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue its order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.
11. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.
12. Furthermore, Respondent acknowledges that they understand that they have a right to a hearing under the provisions of the Uniform Administrative Procedures Act, TENN. CODE ANN. Title 4, Chapter 5, but that they hereby waive that right in order to enter into this proposed Consent Order.
13. A violation of this Order shall constitute a separate violation of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:

[Signature] - Asst. Secretary
Representative of Accredited Health Group, Inc.
Pharmacy License No. 3946
Respondent

1-23-2015
DATE

[Signature]
Stefan Cange (BPR # 031057)
Assistant General Counsel
Tennessee Department of Health
Office of General Counsel
665 Mainstream Dr., 2nd Floor
Nashville, Tennessee 37243
(615) 741-1611

1/29/15
DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 28th day of

January, 2015

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.

[Signature]
Chairperson/Acting Chairperson
Tennessee Board of Pharmacy



B

February 10, 2015

Mr. Stefan Cange
Assistant Attorney General
Department of Health – Office of General Counsel
665 Mainstream Drive, 2nd Floor
Nashville, Tennessee 37243

**RE: State of Tennessee Board of Pharmacy
Case No.: 2014001271
Consent Order in Lieu of Formal Disciplinary Action
Draft Corrective Action Plan Quarterly Report Components
& Payment of Civil Penalty**

Dear Mr. Cange:

Thank you for your continued assistance. I appreciate the opportunity to resolve this matter without proceeding to a full hearing. We are in receipt of the executed order, per our discussion, please find included herein a check to satisfy payment of the Civil Penalty in the amount of \$1000. Our pharmacy received the Order on February 5, 2015 and will be making notice to all states in which we hold a license in the required time frame.

Additionally, please also find attached herein a draft of the Corrective Action Plan Quarterly Report components and metrics offered by Accredo Specialty Pharmacy to the Tennessee Board of Pharmacy. These are offered as a draft in response to the requirements in the Order issued at the January 2015 Board Meeting. We hope that you agree that the metrics offered below meet the elements of the corrective actions we discussed with the board back in September 2015. Specifically, we have been driving to focus on order visibility and aging, call times and hold times, and order delivery commitments (all of which contribute to positive turn around times for patients).

The Order issued by the Board requires Accredo to submit this monitoring plan to the Board for the Executive Director's approval. Following approval, it also requires Accredo to submit these quarterly reports and metrics on a quarterly basis for a period of two years commencing with approval of the reporting standards listed below. Per the order, the plan and reporting standards are to focus on "return and processing of prescription turn around times." In the table below, we have attempted to offer a set of four metrics we believe accomplish the Board's goals in being able to monitor our progress and improvement in turnaround times. With each metric we provide what the calculation will be and the rationale for why we believe this is a relevant metric to measure our success and improvement in customer service.

Accordingly, the elements are as follows:

Metric	Calculation	Rationale
1. Accredo Promise to	Total Successful Shipments /	Demonstrates our performance to



Deliver	Total Promised Scheduled Shipments	committed shipment dates for our patients. Misses to any commitments that are controllable by the pharmacy will cause the metric to go down
2. Accredo Patient Satisfaction	% of patients rating Accredo pharmacy service as satisfied	Demonstrates the overall level of satisfaction our patients have with our pharmacy
3. Accredo Average Seconds to Answer	Average seconds our patients hold prior to speaking with a Patient Care Advocate	Demonstrates our responsive customer service. Many of our calls are patients scheduling orders
4. System Enhancement Summary	Text	A write up of system enhancements that have been implemented over the quarter that will enhance customer service and reduce our missed commitments to patients

If there is any additional information I can provide, please do not hesitate to contact me at your convenience. Upon approval of the above listed metrics, we can start reporting at the Board's request or on the first day of the next quarter.

Sincerely,

Phil Wickizer
Pharmacy Counsel
Accredo Health Group, Inc.
One Express Way
St Louis, Missouri 63121
dexpress-scripts.com

CC: Vic Perini, D.Ph., Vice President Pharmacy Operations
Earl English, Vice President Pharmacy Service Delivery
Chris Meilinger, R.Ph., Senior Director of Pharmacy Practice
Sameh Garas, D.Ph., Director of Pharmacy Practice & Pharmacist-in-Charge
Doug Lang, R.Ph., Vice President of Pharmacy Compliance



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
DIRECTOR

September 8, 2015

Accredo Health Group, Inc.
Attn: Vic Perini, VP of Pharmacy Operations
1620 Centry Center Pkwy., Ste. 109
Memphis, TN 38134

Re: File Number 53-16-136820

Dear Mr. Perini:

Please find enclosed a proposed Consent Order and Stipulation, hereafter Consent Order, in resolution of the above-captioned matter. If acceptable, please sign the Consent Order in the space provided and return the original document without any alterations to this office by no later than **September 23, 2015**.

Upon receipt, the signed proposed Consent Order will be placed on the next meeting agenda of the Disciplinary Subcommittee of the Board of Pharmacy for consideration. If approved, a fully executed copy of the Consent Order will be forwarded to you.

NOTE: Please do not make any notations on the document other than the signatures and dates. Also, please include a current telephone number or email address on a separate document so that I can contact you, if necessary.

Please contact me if you have questions or are unable to return the proposed Consent Order by **September 23, 2015**. If the Order is not returned and/or the terms of the Consent Order are not agreed upon, your file will be transferred to the Department of Attorney General where a formal administrative hearing may be scheduled to resolve the matter.

Sincerely,

Tunishia Dankenbring
Tunishia Dankenbring, Analyst
Regulation Section

T: (517) 335-1755
F: (517) 241-1212
Email: dankenbringt@michigan.gov

Enclosure

Mailing Address:

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Enforcement Division-Regulation Section
Attention: Tunishia Dankenbring
P.O. Box 30670
Lansing, MI 48909

BUREAU OF PROFESSIONAL LICENSING
811 W. OTTAWA • P.O. BOX 30670 • LANSING, MICHIGAN 48909
www.michigan.gov/bpl

NO. 318 P. 2

1620

SEP. 18. 2015 2:39PM

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ACCREDITO HEALTH GROUP, INC.
License Number: 53-01-007945

File Number: 53-15-136820
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint (Complaint) was executed on May 15, 2015, charging Accredo Health Group, Inc. (Respondent Pharmacy) with violating section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Pharmacy has admitted that the facts alleged in the Complaint are true and constitute violations of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Disciplinary Subcommittee) has reviewed the 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 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 Pharmacy is FINED \$250.00 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, Regulatory and Compliance 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 file number 53-15-136820.

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to Mich Admin Code, 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: _____

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

CONTINUED ON NEXT PAGE

STIPULATION

1. The facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.
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 of 1969, 1969 PA 306, as amended; MCL 24.201 et seq., to require the Department of Licensing and Regulatory Affairs (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. Respondent and the Department further agree that this matter is a public record required to be published and made available to the public pursuant to section 11(1)(a) of the Michigan Freedom of Information Act, 1976 PA 442, as amended; MCL 15.241(1)(a); and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.
4. Nichole L. Penny, 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 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 Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent and the Department expressly reserving the right to further proceedings without prejudice should the Order be rejected.

AGREED TO BY:

AGREED TO BY:

Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Vic Perini, V.P. of Pharmacy Operations
Authorized Representative for
Accredo Health Group, Inc.
Respondent Pharmacy

Dated: _____

Dated: _____

This is the final page of a Consent Order and Stipulation in the matter of Accredo Health Group, Inc., File Number 53-15-136820, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

TD

Express Scripts Inc.
1 Express Way

Saint Louis 63121-1824 MO

207161 LR10999
800-332-5455

CHECK NO.
6948826

OUR REFERENCE #	YOUR INVOICE #	INVOICE DATE	DESCRIPTION	INVOICE AMOUNT	DISCOUNT TAKEN	NET CHECK AMOUNT
	3946-CF	09.22.15	3946-CF	250.00	0.00	250.00
				250.00	0.00	250.00

EPSFNCKU02 (09/04)

WARNING: Original document has an artificial watermark on reverse side, microline printing on border, and a void pantograph. Please endorse check on back.

Express Scripts, Inc.
One Express Way
St Louis, MO 63121

BANK OF AMERICA
Hartford, CT

51.44
119

CHECK NO.
6948826

DATE
09.22.15

AMOUNT
\$ *****250.00

PAY TWO HUNDRED FIFTY DOLLARS ONLY

TO THE
ORDER
OF

State of Michigan
P.O. Box 30189

Lansing MI US 48909

AUTHORIZED SIGNATURE



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Christopher M. Dembay, R.Ph.
Vice President
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Austin

Jenny Downing Yeakum, R.Ph.
Kilgore

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

August 18, 2016

ACCREDITO HEALTH GROUP, INC.
C/O LYNETTE WASHINGTON RPH
PHARMACIST IN CHARGE
1620 CENTURY CENTER PARKWAY
MEMPHIS TN 38134

RE: In the Matter of Accredo Health Group, Inc.

Dear Ms. Washington:

Enclosed is a copy of Agreed Board Order (ABO) #L-15-032 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 2, 2016. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

REPRIMAND

As a result of entering ABO #L-15-032, the pharmacy license issued to Accredo Health Group, Inc. (pharmacy license #24884) is reprimanded.

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #24884, the pharmacy will complete a license renewal application for the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

"Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #L-15-032, Accredo Health Group, Inc. must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, an Accredo Health Group, Inc. representative must answer "yes" to this question on any renewal applications submitted beginning August 2, 2016, and ending August 2, 2019.

Accredo Health Group, Inc.
August 18, 2016
Page 2

If you have any questions about this Order, please contact Mary Newman,
Enforcement Specialist, at (512) 305-8054.

Sincerely,

Carol Fisher, R.Ph., M.P.A.
Director of Enforcement

CF:mn

Enclosure: Agreed Board Order #L-15-032

c: Accredo Healthcare Group, Inc.
c/o Victor Perini
Vice President, Pharmacy Operations
W. Perimeter Rd. St
Indianapolis, IN 46241

Adam C. Stacy
Express Scripts
1 Express Way
Saint Louis, MO 63121

AGREED BOARD ORDER #L-15-032

RE: IN THE MATTER OF
ACCREDITO HEALTH GROUP, INC.
(PHARMACY LICENSE #24884)

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 24884 issued to Accredo Health Group, Inc. (Respondent), 1620 Century Center Parkway, Suite 109, Memphis, Tennessee 38134.

By letter dated March 4, 2016, 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 565.002(a)(3) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015), as alleged in the Count below.

The conduct described in the Tennessee Board of Pharmacy Consent Order is substantially similar to conduct described in:

Sections 565.001(a)(1), (2) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Section 281.7(a)(12) and (13) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014).

COUNT

On or about January 29, 2015, the Tennessee State Board of Pharmacy entered a Consent Order against the Tennessee pharmacy license number 3946 held by Accredo Health Group, Inc. The Order was based on stipulations of fact that three weeks after a patient's initial request in May 2014, a prescription refill was prepared for delivery. The Order imposed a \$1,000 penalty, and required the pharmacy provide a corrective plan of action and submit quarterly reports for two years.

An informal conference was held in the Board's office on June 2, 2016, with J. Christopher Meilinger, R.Ph., Senior Director, Specialty Pharmacy Practice, on behalf of Respondent; Dennis K. McAllister, Director, Pharmacy Regulatory Affairs, Express Scripts; and Adam C. Stacy and Jeanne Serra, Senior Legal Counsel, Express Scripts, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of:

Agreed Board Order #L-15-032
Accredo Health Group, Inc.
Page 2

Bradley A. Miller, Ph.T.R., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By signing this Order, Victor Perini, Vice President, Pharmacy Operations, Accredo Health Group, Inc., on behalf of 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 Respondent's license is reprimanded.

1

AGREED BOARD ORDER #L-15-032

RE: IN THE MATTER OF
ACCREDITO HEALTH GROUP, INC.
(PHARMACY LICENSE #24884)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

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Bradley A. Miller, Ph.T.R., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By signing this Order, Victor Perini, Vice President, Pharmacy Operations, Accredo Health Group, Inc., on behalf of 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 Respondent's license is reprimanded.

Agreed Board Order #L-15-032
Accredo Health Group, Inc.
Page 3

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

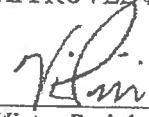
SIGNED AND ENTERED ON THIS 2nd day of August, 2016.

MEMBER, TEXAS STATE BOARD OF PHARMACY

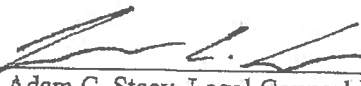
ATTEST:

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

APPROVED AS TO FORM AND AGREED TO:



Victor Perini, Vice President, Pharmacy Operations
For and on behalf of Accredo Health Group, Inc.



Adam C. Stacy, Legal Counsel for Accredo Health Group, Inc.
Express Scripts
1 Express Way
Saint Louis, Missouri 63121

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

prejudice.

3. Accredo shall pay an administrative fine in the amount of One Thousand Dollars (\$1,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Accredo attempt to discharge the same.

4. Accredo and Teachout expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure 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 them and any judicial review. Accredo and Teachout further waive 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.

5. By execution of this Consent Order, Accredo and Teachout hereby release 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.

6. Accredo and Teachout acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Accredo's permit and/or

Teachout's license to practice pharmacy, including, but not limited to revocation.

7. Accredo and Teachout acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. Accredo and Teachout acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 8 of Feb, 2017.

ACCREDITO HEALTH GROUP, INC.

BY: Victor Perini

ITS: Vice President

[Signature]
~~Toni Ann Teachout~~ Vic Perini

[Signature]
Edward Rickert, attorney for Accredo Health Group, Inc.,

Dated this 21 day of Feb, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph., President

By: James S. Ward
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
Southbridge Parkway
Suite
Birmingham, AL 35209

IN THE MATTER OF:	)	
	)	
ACCREDITO HEALTH GROUP, INC.	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
Non-Resident Pharmacy	)	
Permit Number: 113447	)	CASE NO: 16-L-0098
	)	
and	)	
	)	
TERA ANN TEACHOUT	)	
	)	
License No: 18211	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Accredo Health Group, Inc.
Tera Ann Teachout
W. Perimeter Road
Suite
Indianapolis, Indiana 46241

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975) 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 _____, 2016 at 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 Accredo Health Group, Inc. should not be renewed, revoked, suspended or placed on probation or a monetary penalty imposed and/or why your license to practice pharmacy in this State should not be renewed, revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Accredo Health Group, Inc. have been guilty of

the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon unlawfully shipping twenty-one (21) sterile preparations into Texas without the required license to do so and/or the Agreed Board Order entered by the Texas State Board of Pharmacy on August 2, 2016, a copy of the same being attached hereto as Exhibit "A".

The Board alleges that each shipment is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FOUR

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 any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

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 _____ day of _____, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Susan Alverson
Secretary

AGREED BOARD ORDER #K-16-002

**RE: IN THE MATTER OF
ACCREDITO HEALTH GROUP, INC.
(PHARMACY LICENSE #28948)**

**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 28948 issued to Accredito Health Group, Inc. (Respondent), 2825 West Perimeter Road, Suite 112, Indianapolis, Indiana 46241.

By letter dated January 29, 2016, 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 562.156(a); and 565.002(a)(3) and (4) of the Texas Pharmacy Act, Tex. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Sections 291.104(a)(15); and 291.106(1) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015), in that allegedly:

COUNT

113447 From on or about December 16, 2014, through April 14, 2015, Accredito Health Group, Inc., 2825 West Perimeter Road, Suite 112, Indianapolis, Indiana 46241, unlawfully shipped sterile preparations into Texas when it did not possess a Class E-S license. As evidenced by pharmacy records, the pharmacy shipped 21 sterile preparations to two patients into Texas without a Class E-S license during the time period previously described.

On or about April 15, 2015, Accredito Health Group, Inc. became licensed with the Board as a Class E-S pharmacy.

An informal conference was held in the Board's office on April 13, 2016, with J. Christopher Melling, R.Ph., Senior Director, Specialty Pharmacy Practice, on behalf of Respondent; Tera Teachout, R.Ph., Pharmacist-in-Charge; Dennis K. McAllister, Director, Pharmacy Regulatory Affairs, Express Scripts; Rhonda Graack, Assistant General Counsel, Express Scripts; and Mark W. Bina, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of Christopher M. Dembny, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Caroline Hotchkiss, Assistant General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

At the informal conference, Respondent presented information that it provided notice to the Board on November 19, 2014, that it had begun compounding sterile preparations, and that it submitted its application for change of class on January 2, 2015. Respondent also presented information that it has, at all times relevant to the count referenced above, maintained its pharmacy license in Indiana in active and good standing and has passed sterile compounding inspections by the Indiana Board of Pharmacy, the California Board of Pharmacy, and an independent third party inspector.

By signing this Order, Victor Perini, Vice President, Pharmacy Operations, Accredo Health Group, Inc., on behalf of 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:

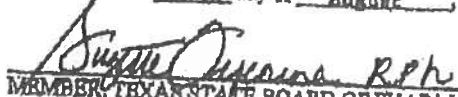
- (1) Respondent shall pay an administrative penalty of one thousand dollars (\$1,000) due one hundred twenty (120) days after the entry of this Order.
- (2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.
- (3) Failure to comply 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 (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016).

Agreed Board Order HK-16-002
Acorda Health Group, Inc.
Page 3

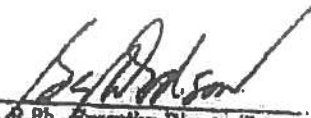
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 2nd day of August, 2016.


MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:


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

APPROVED AS TO FORM AND AGREED TO:


Victor Perini, Vice President, Pharmacy Operations
For and on behalf of Acorda Health Group, Inc.


Mark W. Bina, Legal Counsel for Acorda Health Group, Inc.
Quarles & Brady, LLP
300 North LaSalle Street, Suite 4000
Chicago, Illinois 60654-3422

APPROVED AS TO FORM:


Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)
)
Accredo Health Group, Inc.)
)
Registration No. 22-02552)

Case No. 18-051

Filed B:
FEB 20 2018
KANSAS
BOARD OF PHARMACY

SUMMARY ORDER

NOW on this 20 day of February, 2018 comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Accredo Health Group, Inc. (22-02552) ("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. 22-02552 which entitles Respondent to operate as a non-resident pharmacy in the State of Kansas ("Respondent's Registration").
2. On December 11, 2017, the address of Respondent's facility was changed from 201 Great Circle Rd, Nashville, TN 37228 to 41 Rachel Drive, Suite 1, Nashville, TN 37214, effective immediately.

3. On January 25, 2018, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application, notifying of the change in address, and applying for a new non-resident pharmacy registration under the new address.

CONCLUSIONS OF LAW

4. 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.

5. Pursuant to K.S.A. 68-3-6(b), permit holders must submit change in address information within 30 days after any change in that information.

6. Respondent's failure to submit the complete change of address application to the Board until January 25, 2018 – 15 days past the January 10, 2018 deadline – is a violation pursuant to K.S.A. 68-3-6(b).

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.

Matter of Accredo Health Group, Inc., No. 18-051 (Kan. Bd. of Pharmacy)

SUMMARY ORDER

Page 2 of 4

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 20 day of February, 2018 deposit in the United States Mail, postage prepaid, a copy of the foregoing Summary Order, properly addressed to the following:

Accredo Health Group, Inc.
Rachel Drive, Suite
Nashville, TN 37214

and the original hand delivered to:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
Jackson, St
Topeka, KS 66612

Jamm Mcan
Kansas Board of Pharmacy Staff

Matter of Accredo Health Group, Inc., No. 18-051 (Kan. Bd. of Pharmacy)

SUMMARY ORDER

Page 4 of 4



TEXAS STATE BOARD OF PHARMACY

November 19, 2019

ACCREDITO HEALTH GROUP, INC.
C/O TERA TEACHOUT RPH
PHARMACIST-IN-CHARGE
W PERIMETER STE
INDIANAPOLIS, IN 46241

RE: In the Matter of Accredo Health Group, Inc.

Dear Ms. Teachout:

Enclosed is a copy of Agreed Board Order (ABO) #2018-06451 that was entered by the Texas State Board of Pharmacy (Board) concerning the above-referenced matter. The Board entered this Order on November 5, 2019. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

REPRIMAND

As a result of entering ABO #2018-06451, the pharmacy license issued to Accredo Health Group, Inc. (pharmacy license #28948) is reprimanded.

CONTINUOUS QUALITY IMPROVEMENT PROGRAM

Under the terms of this Order, Accredo Health Group, Inc. must develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include a peer review process that is in compliance with guidelines approved by the Board. I have enclosed a copy of the Board approved guidelines for your review.

To comply with Board Guidelines, the pharmacy's Continuous Quality Improvement Program must include the following five (5) essential elements:

(1) **Purpose/Actions of the Peer Review Committee**

As set forth in the Board Guidelines, the report regarding the pharmacy's quality improvement program must state that the Peer Review Committee will:

- review incident reports;
- determine what caused the error;
- make recommendations to correct the problem that caused the error; and
- monitor the changes to determine if the changes have improved the operation of the pharmacy and reduced errors.

(2) Composition of Peer Review Committee

The report regarding the pharmacy's quality improvement program must describe the makeup of the pharmacy's Peer Review Committee. Example:

Committee Chair: Pharmacist-in-Charge
 Members: One Pharmacist, Two Technicians, and one Clerk

(3) Frequency of Peer Review Committee Meetings

The report regarding the pharmacy's quality improvement program must state that the Peer Review Committee will meet regularly. We require that the Peer Review Committee meet no less than quarterly

(4) Records of Peer Review Committee

The report regarding the pharmacy's quality improvement program must state that the Peer Review Committee will make a record which includes the following information:

- date of meeting;
- location of meeting;
- names of persons attending the meeting; and
- description of activities, such as:
 - discussion of any problems in the pharmacy's operation (e.g., work flow, dispensing process);
 - findings;
 - description of recommendations; and
 - review of actions or changes relating to individuals, systems, or processes that were made as a result of previous recommendations.

(5) Forms

Copies of the forms that the pharmacy is using to collect the data regarding errors committed at the pharmacy (i.e., incident report form) must be submitted to the Board, as well as any other peer review forms that have been developed by pharmacy [e.g., summary form(s) used by Peer Review Committees].

You, as Pharmacist-in-Charge of Accredo Health Group, Inc., are responsible for ensuring that the pharmacy complies with the terms of this Order. Either you or the pharmacy owner's designee must submit the report described above, within 120 days after the entry of this Order.

Accredo Health Group, Inc.
November 19, 2019
Page 3

Accordingly, the report regarding the pharmacy's Continuous Quality Improvement Program, including the pharmacy's peer review process and procedures, must be submitted to the Board's office, Enforcement Division, on or before March 4, 2020.

Also please be advised that the records of the Peer Review Committee meetings must be maintained for two (2) years at Accredo Health Group, Inc. for inspection by Board employees.

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #28948, the pharmacy will complete a license renewal application for the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

"Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #2018-06451, Accredo Health Group, Inc. must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, an Accredo Health Group, Inc. representative must answer "yes" to this question on any renewal applications submitted beginning November 5, 2019 and ending 36 months following the termination of all sanctions.

If you have any questions about this Order, please contact Carissa Garcia, Enforcement Specialist, at (512) 305-8054.

Sincerely,



Robert Rivera
Enforcement Program Manager

RR: cg

Enclosure: Agreed Board Order #2018-06451

c: Accredo Health Group, Inc.
Bradley Earl Phillips
Corporate President
One Express Way
Saint Louis, Missouri 63121

AGREED BOARD ORDER #2018-06451

RE: IN THE MATTER OF
ACCREDITO HEALTH GROUP, INC.
(PHARMACY LICENSE #28948)

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 28948 issued to Accredo Health Group, Inc. (Respondent), West Perimeter Road, Suite , Indianapolis, Indiana 46241.

By letter dated October 4, 2019, 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 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Title 3, Subtitle J (2017); and

Sections 281.7(a)(12) and (13); 291.31(1), (15), (16) and (17); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.32(c)(2)(B) and (D); 291.104(a)(15); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX ADMIN. CODE (2018), in that allegedly:

PREVIOUS HISTORY

On or about August 2, 2016, the Texas State Board of Pharmacy entered Agreed Board Order #K-16-002 in the matter of Accredo Health Group, Inc. The Order was based on evidence that on or about December 16, 2014, through on or about April 14, 2015, Accredo Health Group, Inc. shipped 21 sterile preparations to two patients into Texas without a Class E-S license. The Order imposed a \$1,000 penalty.

COUNT

On or about August 2, 2018, a pharmacist of Accredo Health Group, Inc., 2825 West Perimeter Road, Suite 112, Indianapolis, Indiana 46241, dispensed cyclosporine (modified) 25 mg capsules with directions to "take 2 capsules twice daily (total dose 150 mg twice daily)" to R.B., a patient with a recent kidney transplant, on a new electronically transmitted prescription. The prescriber intended that patient R.B. also receive a new electronically transmitted prescription calling for cyclosporine (modified) 100 mg capsules with directions to "take 1 capsule by mouth twice daily," for a total dose of 150 mg twice daily. The pharmacy did not dispense the second (100 mg) prescription until on or about August 10, 2018. Patient R.B. took the medication as instructed by the first (25 mg) prescription's label for approximately one week and received subtherapeutic treatment during that time. The prescriptions were assigned prescription numbers 55575779870 and 55575838520, respectively.

By letter dated October 4, 2019, 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, Bradley Earl Phillips, Corporate President, Accredo Health Group, Inc., 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 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's license is reprimanded.
- (2) Respondent shall develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include pharmacist peer review in compliance with guidelines approved by Board staff. In addition, the policies and procedures for pharmacist peer review shall state that:
 - (a) The peer review committee will:
 - review incident reports;
 - determine what caused errors;
 - make recommendations to correct the problem that caused the errors; and
 - monitor the changes to determine if the changes have improved the operation of Respondent and reduced errors.
 - (b) The peer review committee must be comprised of at least two employees of Respondent, including the pharmacist-in-charge and other pharmacist(s) or personnel who are employees of Respondent. The committee shall not be solely comprised of a district or regional manager/supervisor and the pharmacist-in-charge and shall not be used for personnel evaluation purposes.
 - (c) The peer review committee will meet regularly, and no less than quarterly.
 - (d) The peer review committee will make a record indicating:
 - date of meeting;
 - location of meeting;
 - names of persons attending the meeting;

Agreed Board Order #2018-06451

Accredo Health Group, Inc.

Page 3

- description of activities;
 - discussion of problems in Respondent's operation (e.g., work flow, dispensing process);
 - findings;
 - description of recommendations; and
 - review of actions or changes relating to individuals, systems, or processes made as a result of previous recommendations.
- (3) Respondent shall submit a report and/or documentation of such policies and procedures to Board staff within one hundred twenty (120) days after the entry of this Order. Copies of forms used by Respondent to collect the data on errors committed at the pharmacy (i.e., incident report forms) must be submitted to Board staff, as well as any other peer review forms that have been developed by Respondent. Additionally, records of the peer review committee, as described in subparagraph (d) above, shall be maintained for two (2) years at the location of Respondent and made available for inspection by Board employees.
- (4) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.
- (5) 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 (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2019).

Agreed Board Order #2018-06451
Accredo Health Group, Inc.
Page 4

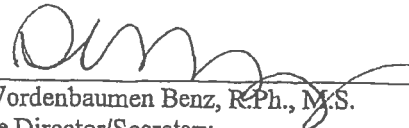
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 5th day of November, 2019.


MEMBER, TEXAS STATE BOARD OF PHARMACY

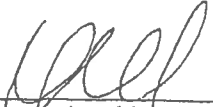
ATTEST:


Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:


Bradley Earl Phillips, Corporate President, Accredo Health Group, Inc.
On behalf of Accredo Health Group, Inc.

APPROVED AS TO FORM:


Kerstin Arnold, General Counsel
Texas State Board of Pharmacy



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

Janet T. Mills
 Governor

Anne L. Head
 Commissioner

April 13, 2020

Sent via Email: edward.rickert@quarles.com

Quarles & Brady LLP
 Attn: Edward D. Rickert
 300 N LaSalle Street Suite 4000
 Chicago, IL 60654-3422

Re: Complaint No. 2019-PHA-16187

Dear Mr. Rickert:

Enclosed please find the fully executed consent agreement between your client, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of the fine payment in the amount of \$250.00. The 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) 624-8651 with any questions.

Sincerely,

Jessica Gowell, Professional Licensing Supervisor

Enclosure

cc: Andrew Black, Esq., Assistant Attorney General
 Geraldine L. Betts, Board Administrator
 Thomas Avery, Complaint Officer

OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE

PHONE: (207) 624-8651 (Voice)

TTY users: call Maine relay 711

FAX: (207) 624-8637

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
Accredo Health Group, Inc.	)	CONSENT AGREEMENT
	)	
Complaint No. 2019-PHA-16187	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Accredo Health Group, Inc., for the renewal of its mail order prescription pharmacy license. The parties to this Consent Agreement are: Accredo Health Group, Inc. ("Accredo"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since February 20, 2018, Accredo has been licensed in Maine as a mail order prescription pharmacy with a registered location of 41 Rachel Drive, Suite 1, Nashville, Tennessee (license number **MO40002360**).
2. On February 20, 2018, the Kansas Board of Pharmacy issued a Summary Order in Case No. 18-051 that imposed discipline against Accredo's Kansas pharmacy license (#22-02552).
3. Accredo then failed to report this disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

4. On April 10, 2018, the Board received a letter from Accredo in which it submitted a copy of the Summary Order Case No. 18-051 and reported to the Board for the first time that its Kansas license had been disciplined by the Kansas Board of Pharmacy.

5. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

6. On November 3, 2018, Accredo submitted an application for the renewal of its license.

7. At its meeting on November 7, 2019, the Board reviewed the above information and voted to preliminarily deny Accredo's application for renewal of its license to be a mail order prescription pharmacy. In lieu of the denial, the Board also voted to offer Accredo this Consent Agreement. Unless Accredo either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Complaint Division, Board of Pharmacy, 35 State House Station, Augusta, ME 04333, by **January 6, 2020**, the preliminary denial of Accredo's application for licensure as a mail order prescription pharmacy will become final.

COVENANTS

8. Accredo admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline pursuant to 10 M.R.S. §§ 8003(5-A)(A)(11), and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken.

9. As discipline for the violation admitted to in paragraph 8 above, Accredo agrees to accept the following DISCIPLINARY ACTION:

- a) A REPRIMAND; and
- b) A CIVIL PENALTY in the amount of two hundred fifty dollars (\$250.00), payment of which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Complaint Division, Board of Pharmacy, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement;

10. Violation of any of the terms or conditions of this Consent Agreement by Accredo shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

11. The Board and Accredo agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Accredo 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 if other allegations are brought against Accredo, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Accredo. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Accredo.

12. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

13. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. Upon receipt of the signed Consent Agreement and the civil penalty payment, the Board will renew Accredo's license contingent upon it meeting all other eligibility criteria.

15. 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.

16. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

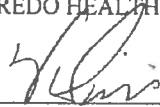
17. Accredo acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED:

3/2/2020

ACCREDO HEALTH GROUP, INC.

By:



Print Name:

Victor Perini

Title:

Assistant Secretary

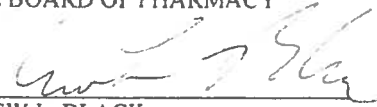
DATED:

3/18/2020


JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED:

4/3/2020


ANDREW L. BLACK
Assistant Attorney General



August 12, 2020

RE: Explanation provided for question #5 on pharmacy application:

We voluntarily relinquished the pharmacy's non-resident Michigan license. The pharmacy had no patients to support in the state Michigan, so it was determined that the license was no longer needed.

Should you have any questions or need additional information, please contact me at [redacted] or via email at [\[redacted\]@express-scripts.com](mailto:[redacted]@express-scripts.com)

Thank you,

A handwritten signature in black ink, appearing to read "Tim Quinn", written over a horizontal line.

Tim Quinn
Sr Manager – Regulatory Management
Express-Scripts Inc.

Accredo Health Group, Inc.
One Express Way
St. Louis, MO 63121
FEIN #11-3358535

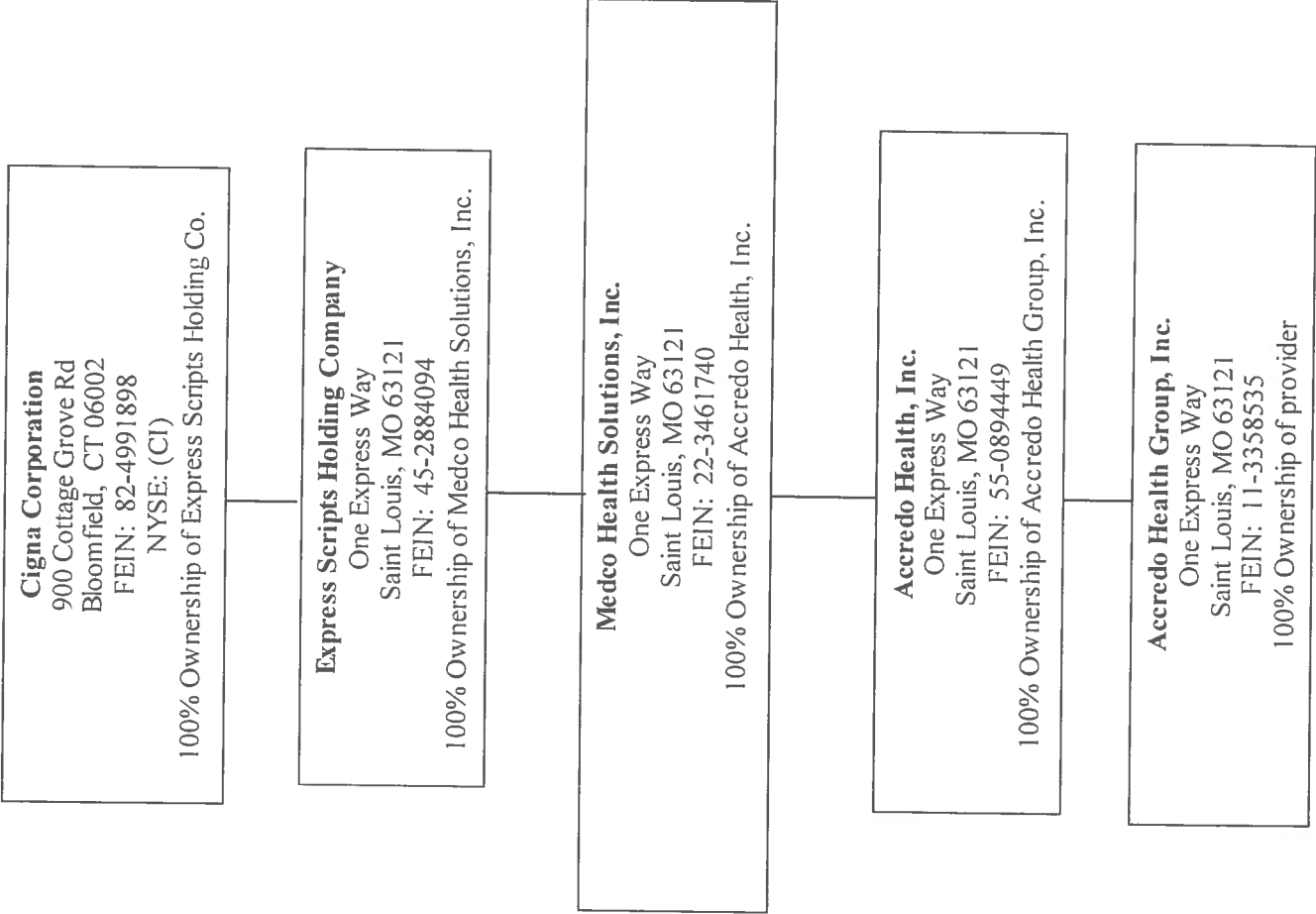
BOARD MEMBERS

Bradley Phillips – Sole Director

OFFICERS

Bradley Phillips President Residence: Pershing Place St. Louis, MO 63108 DOB:	Victor Perini Assistant Secretary Residence: Country Lake Estates Dr. Chesterfield, MO 63005-4347 DOB:	Scott Lambert Vice President & Treasurer Residence: Bethmour Rd. Bethany, CT 06524 DOB:
John Mimplitz Vice President Residence: Barrett Springs Dr. Ballwin, MO 63021 DOI	Jill Stadelman Secretary Residence: Chestnut St. Philadelphia, PA 19192 DOB:	Sandra Schmehl Assistant Secretary Residence: Race Street, No Philadelphia, PA 19106 DOB:
Mark Fleming Assistant Treasurer Residence: Woodlyn Ave. Willow Grove, PA 19090 DOE	Joanne Hart Assistant Treasurer Residence: Essex Rd. Warminster, PA 18974 DOB:	

Corporate Organizational Structure



NOTICE: Display this renewal with original certificate in a prominent location site

APPLICANT MAILING ADDRESS

HUET-DERROSSETT, MARION
ACCREDITO HEALTH GROUP, INC
11411 STRANG LINE RD, STE A
LENEXA, KS 66215

Pharmacy Certificate of Renewal of

1

Original Permit # 2-10195
Pharmacy Name ACCREDITO HEALTH GROUP, INC
P.I.C. / Lic # HUET-DERROSSETT, MARION 1-12424
Address 11411 STRANG LINE RD, STE A
City/State/Zip LENEXA, KS 66215
Owner ACCREDITO HEALTH GROUP, INC.
KANSAS STATE BOARD OF PHARMACY
2020 - 2021
Allyson
Expires June 30, 2021
(This is a renewal, not an original registration)
Executive Secretary
(785) 296-4056

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCREDITO HEALTH GROUP, 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 EIGHTEENTH DAY OF JUNE, 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 "ACCREDITO HEALTH GROUP, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2711771 8300

SR# 20205780432

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203135539

Date: 06-18-20



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: 2-10195

ACCREDITO HEALTH GROUP, INC
11411 STRANG LINE RD, STE A
LENEXA, KS 66215

Original Date: 7/3/2008

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 Alex Stein Executive Secretary

This report created on: 7/22/2020

NOTES

N/A



March 29, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: New Non-Resident Pharmacy License Application
Accredo Health Group, Inc.
1411 Strang Line Rd. Ste. A
Lenexa, KS 66215 - 4047

Hello Board Representative,

I, Victor Perini, authorized person to sign on behalf of the pharmacy mentioned above, do authorize Mr. Richard Palombo, Government Affairs - Principal and Douglas Lang, Managing Director – Direct Care Compliance, to attend the upcoming Nevada Board of Pharmacy meeting on my behalf. Mr. Palombo and Mr. Lang can address any questions or concerns the Board has with the application for new non-resident pharmacy license for the Accredo Health Group Inc. pharmacy located in Lenexa, Kansas.

Signature - Victor Perini

Assistant Secretary

Title

3/29/2021

Date

cc: Richard Palombo, R.Ph.
Government Affairs Principal
Cigna Corp.

Douglas Lang, R.Ph,
Managing Director – Direct Care Compliance
Express Scripts, Inc.

14B



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: 713 554 0425

Toll Free Number: N/A (Required per NAC 639.708)

E-mail: patientcare@nextcare-pharmacy.com Website: N/A

Managing Pharmacist: Hamilton, Michael License Number: NV 11056
TX 36578

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

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 ☒

Yes ☒ No ☐
 Date: April 07, 2020
 (No pharmacist for 3 months) Attached.
- 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

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: 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: 713 554 0425
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.)



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.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes
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: 713 554 0425

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)
Harris) ss.
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.

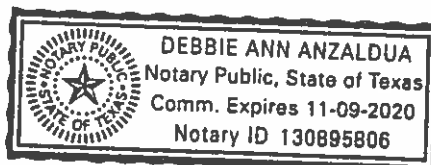
FURTHER AFFIANT SAYETH NOT.

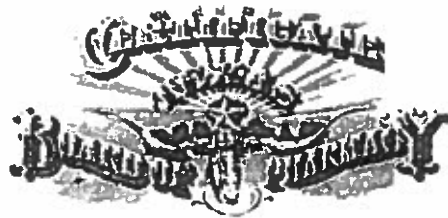
I, Michael Hamilton, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Michael Hamilton
Name

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

Debbie A. Anzaldúa
NOTARY PUBLIC





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*):

11/11 I am the Pharmacist-in-Charge (PIC) of NEXT, pharmacy license
(Name of Pharmacy)
number 11111 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
11/11/11;
(Date of Inspection)

11/11 I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable)
issued by the Compliance Officer/Inspector;

11/11 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);

11/11 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;

11/11 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
(Signature of PIC)

Date: 10-28-19

Printed Name: Michael Hamilton 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

Agreed Board Order #2020-01141

Nextcare Pharmacy

Page 2

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).

To: 15123056778

From: 7135540425

4-22-20 4:49am p. 3 of 3

*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

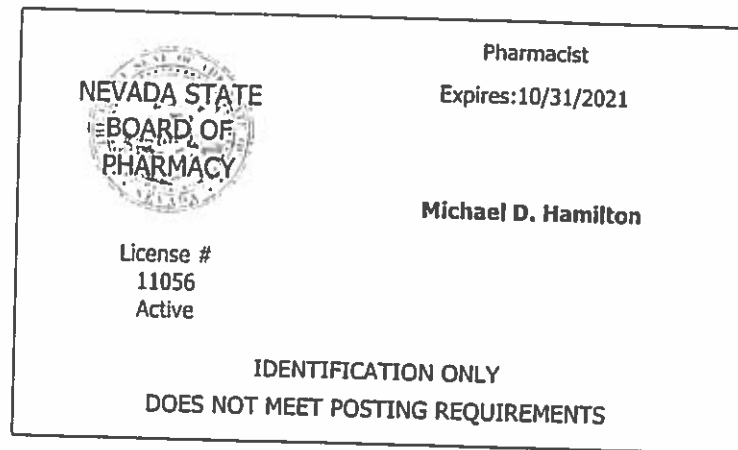
Date: 04/09/2020

Amount:

License #: 11056

(ID Card)

Trim ID Card to fit your wallet



Cut Here

License Type: Pharmacist
License #: 11056

NEVADA
STATE BOARD OF PHARMACY



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;

Nextcare Pharmacy
 April 7, 2020
 Page 2

- (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.

Nextcare Pharmacy
April 7, 2020
Page 3

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.

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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;
- ...

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.

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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 New PIC unavailable. **Texas Rph License Number _____
*Signature _____ Date _____

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
SEP 28 2017
MARCE 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)

002

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 (08/17)

003

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

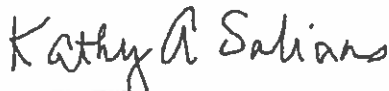
This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I 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

Agreed Board Order #2020-01141

Nextcare Pharmacy

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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 _____ 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

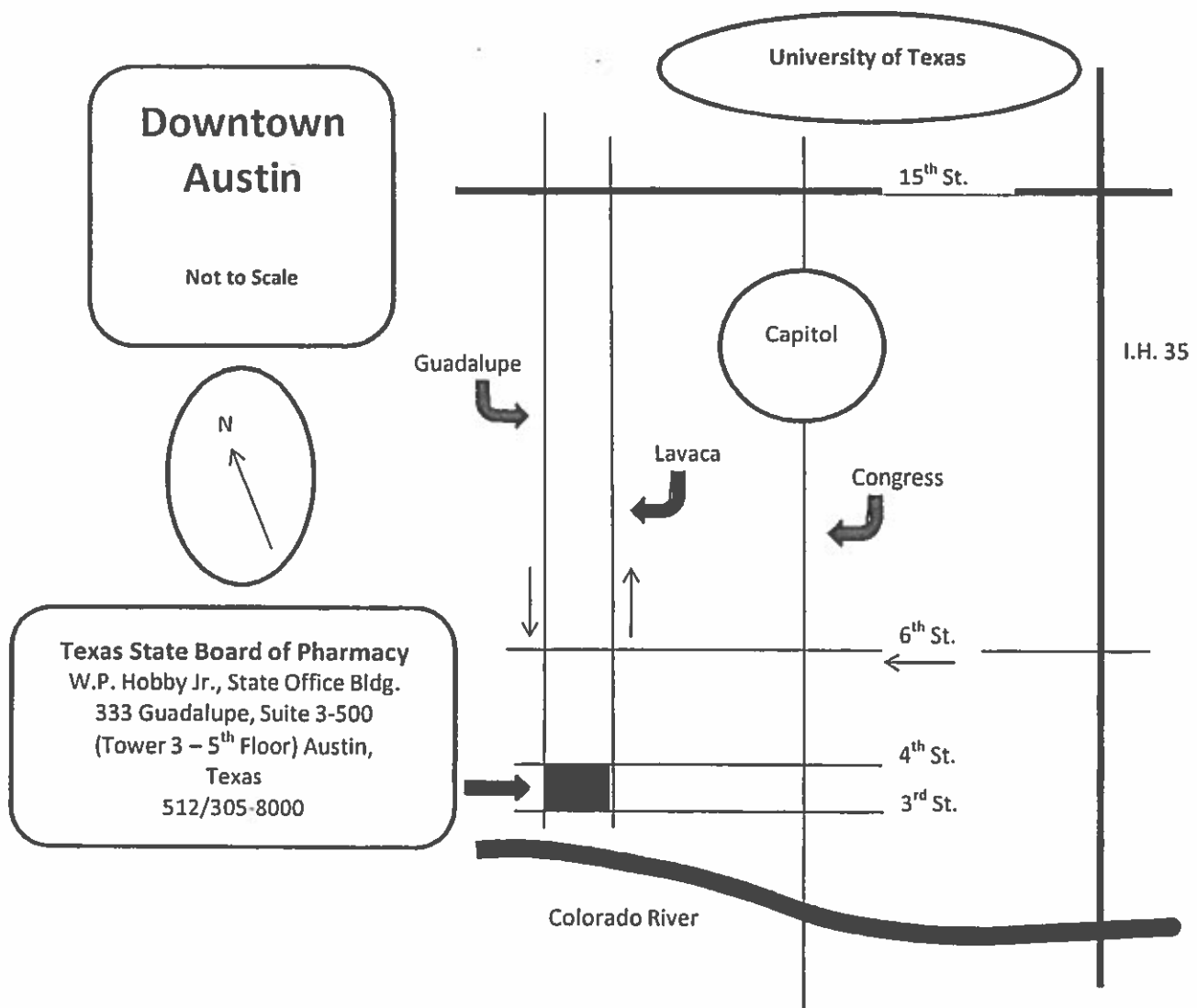
On behalf of Nextcare Pharmacy

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.

14C

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: Scriptco Pharmacy

Physical Address: 6916 Woodway Dr.

Mailing Address: 6916 Woodway Dr.

City: Woodway State: TX Zip Code: 76712

Telephone: 254-300-7366 Fax: 254-424-9800

Toll Free Number: 888-201-0334 (Required per NAC 639.708)

E-mail: support@scriptco.com Website: www.scriptco.com

Managing Pharmacist: Courtney Sullens License Number: 60597

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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. *(see letters, Dismissal, & Indictment for Gupta)*

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 McCormick
Print Name of Authorized Person
10/29/2020
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: _____
Mailing Address: 6916 Woodway Dr.
City: Woodway State: TX Zip: 76712
Telephone: 254-300-7366 Fax: 254-424-9800
Contact Person: Mark McCormick

For any corporation non publicly traded, disclose the following:

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

- a) Mark McCormick  Sendero Ln, Woodway Tx
Name Address 76712
- b) Zach Zeller Serenade Cir, Wimberley Tx
Name Address 78676
- c) Johnathan Peterson Cave Ln, San Antonio Tx
Name Address 78209
- d) Shailendra Gupta Westheimer #241, Houston Tx
Name Address 77063

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? \$3,000

4) What date did the corporation actually receive the cash assets? May 15th, 2019

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: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 830 am 5 pm

Saturday 830 am 10 am

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, Mark McCormick
Responsible Person of ScriptCO 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

Mark McCormick
Print Name of Authorized Person

10/29/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
McLennan) ss. COUNTY)

I, Mark McCormick, 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 ScriptCo 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.

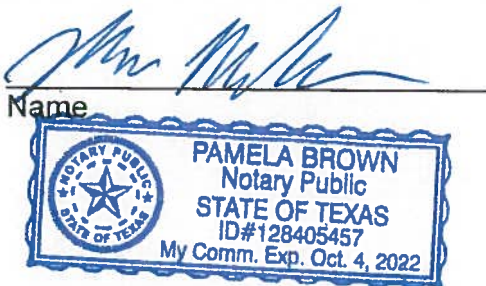
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

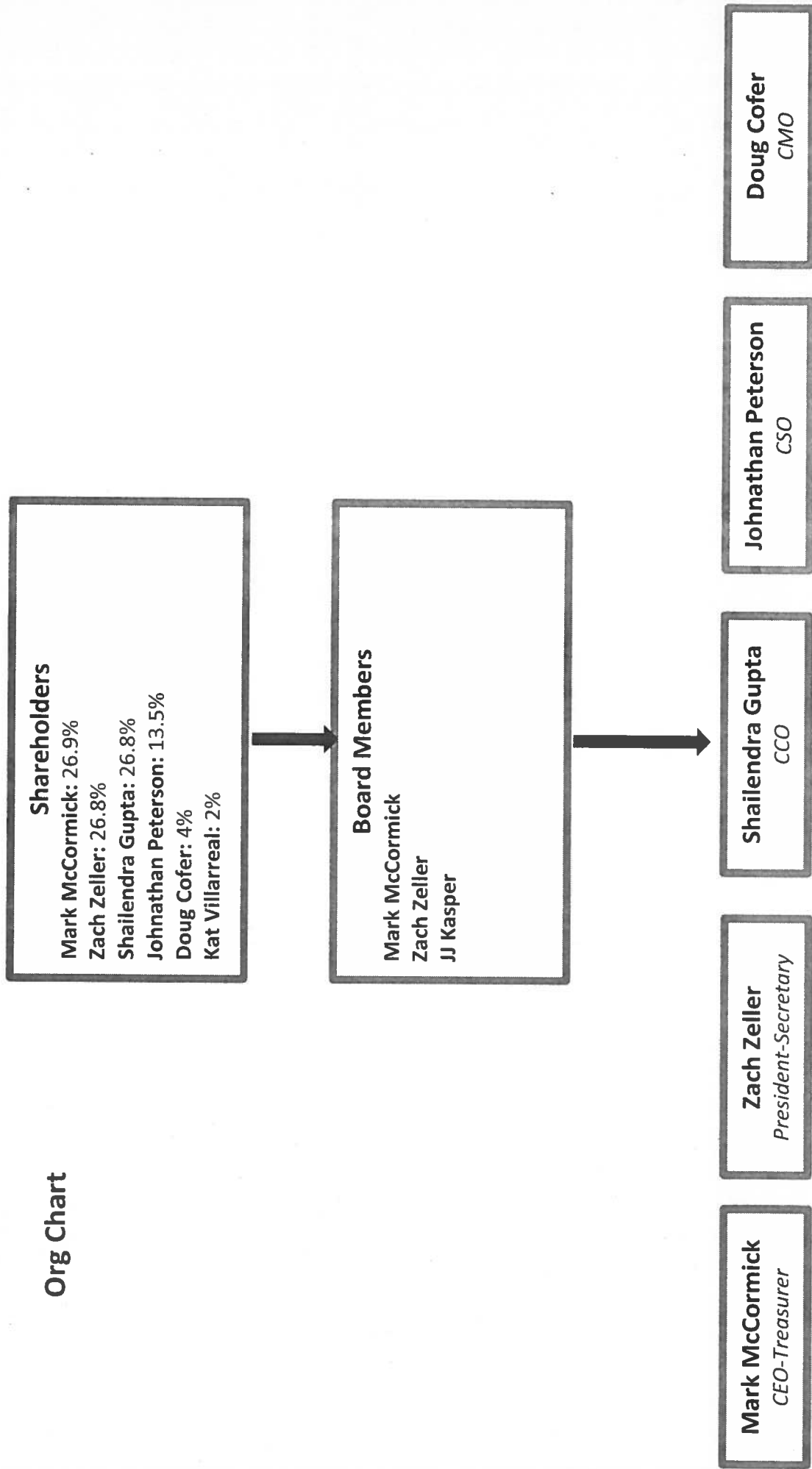
SUBSCRIBED AND SWORN TO
before me, a notary public this
30 day of October, 2020.

Pamela Brown
NOTARY PUBLIC Expires 04 Oct 2022
Pamela Brown
State of Texas
County of McLennan



208 HEWITT DR, #103, WACO, TX 76712
254.666.1034

Org Chart



SCRIPTCO

P H A R M A C Y

6916 Woodway Drive, Woodway Tx 76712

Ph: 254-300-7366

F:254-424-9800

To Whom it may concern.

I , Shailendra Gupta, became aware of pending larceny charges in February 4th, 2020 subsequently the charge was placed on August 31st, 2020 and dismissed on October 26th 2020. There was no guilty plea, pre-trial diversion, any probation or trial processes involved.

Please let me know if you have any questions.

Thank you,

A handwritten signature in black ink, appearing to read 'Shailendra Gupta', with a long horizontal flourish extending to the right.

Shailendra Gupta

ENTERED
1012712020

THE STATE OF TEXAS

VS

SHAIENDRAKUMAR A GUPTA

DEFENDANTS
COPY

Scott Carpenter

31-03 (6) (5)
23990198

18-DCR-082780

INDI
Indictment
6327060

D.O.B.: [REDACTED]	DA CONTROL NO: 18-004254
FELONY CHARGE: THEFT PROP >=\$30K<\$150K/ F3	ARREST DATE: Not arrested on this charge
CAUSE NO: 18-DCR-082780	OFFENSE DATE: Between January 1, 2016 and August 30, 2016
DISTRICT COURT NO: 458th	AGENCY/AGENCY NO: STAFFORD POLICE DEPARTMENT/ 162140PD
BAIL AMOUNT: 50,000 ⁰⁰	PRIOR CAUSE NO:
RELATED:	CO-DEF:

IN THE NAME AND BY AUTHORITY OF THE STATE OF TEXAS:

The duly organized Grand Jury of Fort Bend County, Texas, presents in the District Court of Fort Bend County, Texas, that in Fort Bend County, Texas, SHAIENDRAKUMAR A GUPTA, hereafter styled the Defendant, heretofore on or about and between January 1, 2016 and August 30, 2016, pursuant to one scheme and continuing course of conduct, did, unlawfully, appropriate property, namely, money of the aggregate value of \$30,000 or more but less than \$150,000, from Ahmed Rabie, hereinafter referred to as the owner, without the effective consent of the owner and with the intent to deprive the owner of the property.

AGAINST THE PEACE AND DIGNITY OF THE STATE.

Christina Davila

FILED

2018 MAY 29 AM 11:59

Annie Rebecca Elliott
CLERK DISTRICT COURT
FORT BEND CO., TX

FOREMAN OF THE GRAND JURY

INDICTMENT (ORIGINAL/DA)

I, Annie Rebecca Elliott, District Clerk of Fort Bend County, Texas, do hereby certify that the foregoing is a true, correct and full copy of the instrument herein set out as appears of record in the District Court of Fort Bend County, Texas.

This 31st day of May 2018



ANNIE REBECCA ELLIOTT, DISTRICT CLERK
By: Dannay Mascorro Deputy

DANNAY MASCORRO



TEXAS STATE BOARD OF PHARMACY

Re: ScriptCo Pharmacy

Address: 6916 Woodway Drive
Woodway, Texas 76712

License No.: 32871

Date Issued: September 16, 2019

Licensure Status: Active

Expiration Date: September 30, 2021

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: No

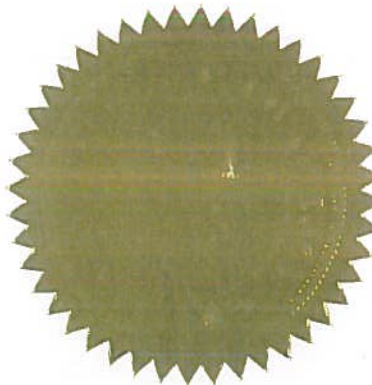
The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. ScriptCo Pharmacy (Texas Pharmacy License #32871) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

A handwritten signature in black ink, appearing to read "Megan G. Holloway", is written over a horizontal line.

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

September 17, 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.



TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 32871

SCRIPTCO PHARMACY

License Information

License Status Active
License # 32871
Expiration Date 09/30/2021
Date License Issued 09/16/2019

Address

6916 WOODWAY DR
WOODWAY, TX 76712
County MC LENNAN
Phone (254) 300-7366

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership Corporation
Type of Pharmacy Community Independent
of Hospital beds

Employment Information

Pharmacist in Charge
SULLENS, COURTNEY ALLYSON

Pharmacy Profile #

Accessible to disabled persons?

Yes

Participates in the Texas Medicaid program?

No

Translating services (Listed Below If Available)

Spanish
AT&T translating services

* Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 1027232 32871 SCRIPTCOPHCY 2019-09 09-2024.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

No **Nuclear**
 Yes **Out-Patient Prescriptions**
 Yes **Ship Prescription Out of State**
 No **Class D (Expanded Formulary)**
 No **Class D (Alternative Visit Schedule)**
 No **Compounding Sterile-Risk Level Low**
 No **Compounding Sterile-Risk Level Med**
 No **Compounding Sterile-Risk Level High**
 No **Compounding Non-Sterile**
 No **24 Hour Service**
 Yes **Closed Door**
 No **Compounding, Office Use**
 No **Home Delivery**
 No **Infusion**
 No **Pharmacist Administered Immunizations**
 No **Veterinary Prescriptions**

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
SCOTT, CHARLES W.	22933	10/13/1977	11/30/2021	Relief	Active
SULLENS, COURTNEY ALLYSON	60597	06/15/2017	10/31/2021	PLC	Active

Page 1 of 1 20 View 1 - 2 of 2

Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
BACHLEDA-CURUS, JULIUSZ CEZARY	285258	07/10/2018	05/31/2021	Staff	Active
COSTIGAN, LINDSAY JESSICA	278673	01/09/2018	01/31/2020	Staff	Expired
HAIRE, SAMANTHA LEIGH	301634	10/15/2019	10/31/2021	Staff	Active
JONES, KACEY R	255720	05/11/2016	01/31/2022	Staff	Active
KNOX, BRIANNA	276293	10/30/2017	10/31/2019	Staff	Expired
MCGUIRE, COURTNEY ANNE	236458	11/04/2014	10/31/2021	Staff	Active

Page 1 of 1 20 View 1 - 6 of 6

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode
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Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
SCRIPTCO, INC	OWNER	6916 WOODWAY DR,	WOODWAY	TX	76712
PETERSON, JOHNATHAN	OFFICER				
GUPTA, SHAILENDRA A	OFFICER				
VILLARREAL, KATHERINE	OFFICER				
ZELLER, ZACHARY	OFFICER				
MCCORMICK, MARK	OFFICER				

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.



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

License No. **32871**

Expiration Date: **9/30/2021**

Balances: **0**

**SCRIPTCO PHARMACY
6916 WOODWAY DR
WOODWAY TX 76712**



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*):

CS I am the Pharmacist-in-Charge (PIC) of ScriptCo Pharmacy, pharmacy license
(Name of Pharmacy)
number Applicant 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
9/12/19;
(Date of Inspection)

CS I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable)
issued by the Compliance Officer/Inspector;

CS 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);

n/a If applicable, the Warning Notice issued contains 0 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;

CS 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: Courtney Sullens
(Signature of PIC)

Date: 9/12/19

Printed Name: Courtney Sullens

License No.: 60597

Remarks

Pharmacy passed pre-inspection.

Action Taken

- (1) ☐ Inspection
- (2) ☒ Pre-Inspection
- (3) ☐ Partial Inspection
- (4) ☐ Visit
- (5) ☐ Other _____

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Dulicia Carrasco
Agent of the Texas State Board of Pharmacy
9/12/19 10:30 am
Date Time of Exit

Courtney Sullins
Authorized Individual for the Pharmacy
Courtney Sullins
Printed Name and Title of Authorized Individual

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "SCRIPTCO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE EIGHTH DAY OF MAY, A.D. 2019, AT 4:35 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCRIPTCO, INC." WAS INCORPORATED ON THE EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



7410166 8315

SR# 20207298483

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203671668

Date: 09-16-20

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8427221

09-16-2020

SCRIPTCO INC

6916 WOODWAY DR

WOODWAY, TX 76712

DESCRIPTION	AMOUNT
7410166 - SCRIPTCO, INC.	
Entity Status - Long Form	
Certification Fee	\$175.00
Expedite Fee, 24 Hour	\$60.00
TOTAL CHARGES	\$235.00
TOTAL PAYMENTS	\$235.00
BALANCE	\$0.00

15

1

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: Sandra Sorenson

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

- | | |
|--|---|
| ☐ Medical Gases** | ☐ Assistive Equipment |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☒ Orthotics and Prosthetics |
| ☐ Diabetic Supplies | Other: <u>Continuous Passive Motion, cold therapy</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

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:

<u>1942238514</u>	_____	_____
<u>1154452241</u>	_____	_____
<u>Medicaid - 41626700</u>	_____	_____

- 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: <u>Michael Buckholdt</u>
☐ 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

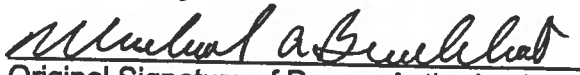
This page must be submitted for all types of ownership.

- 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

3/05/2021
Date

Board Use Only	Received: _____	Amount: _____
-----------------------	-----------------	---------------

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY 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: WI Zip: 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



NV Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

3/15/2021

Re: Addendum to MDEG Administrator Form

Dear Board Members,

This letter is to outline the discrepancies that were submitted on the MDEG administrator forms dated January 29th 2021 and March 4th 2021. Both of these reflected incorrect work history for Sandra Sorenson. I would like to provide explanation as to how this information was believed to be accurate by Ms. Sorenson.

Prior to February 2019 Kinex Medical Company and Gabel Distributors entered into a 1099 relationship in which Kinex equipment was dispensed to patients by Gabel Distributors. February 2019 Kinex and Gabel Distributors terminated this 1099 relationship and at that time Kinex took over the lease to the Hauck Street location as well as transitioned several of Gabel Distributors employees to become Kinex W2 employees.

In June 2019 Sandra Sorenson relocated from the Kinex location in Colorado to the location at Hauck Street in Las Vegas. During this time the transition from Gabel Distributors to Kinex Medical Company at the Hauck Street location was still in progress. Kinex has always referred to that location as the Gabel office. When Ms. Sorenson came to that location the terminology was skewed due to the transition and the former owner of Gabel Distributor being on-site very routinely.

There was no ill-intent to the information that Ms. Sorenson provided to the board as she believed the information to be accurate.

The work history in the MDEG administrator form dated March 15th 2021 is accurate and complete per the knowledge of Kinex Medical Company and Sandra Sorenson.

Regards,

Leann Wilhelm, CHC
Compliance Officer
Kinex Medical Company, LLC

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 3/12/2021

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 Durable 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

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 3/4/2021

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 Durable 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 Saundra Lynn
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) _____

Crested Moss Ave North Las Vegas NV 89081
 Present Residence Address-Street or RFD City State/Zip

5985 Hauck St, Unit 107 Dates Las Vegas NV 89118
 Present Business Address City State/Zip

Office Manager Dates 02/2020 - Present
 Present Position with the MDEG

Phone: 720-224-1885 Fax: _____

Email address: saundra_sorenson@kinexmedical.com

53 Denver, CO
 Date of Birth Place of Birth (City, County, State)

53 _____ Female
 Age Social Security Number or ITIN Sex

Green Brown 165 5'4"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics No

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:

1

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 Total Orthopedics, Inc - 4700 S. Wadsworth Blvd, Littleton, CO 80123 FT (2,000/yr)

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Office Manager	Coordination of orders with service reps	Jim Martin
----------------	--	------------

Title	Description of Duties	Name of Supervisor
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08/2017 Kinex Medical Company - 4700 S. Wadsworth Blvd, Littleton, CO 80123 FT (2,000/yr)

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Office Manager	Coordination of orders with service reps	Lynn Michalski
----------------	--	----------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

06/2019 Kinex Medical Company - 5985 Hauck St, Unit 107, Las Vegas, NV 89118 FT (2,000/yr)

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Office Manager	Coordination of orders with service reps	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
-------	-----------------------	--------------------

EMPLOYMENT:

1

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 Total Orthopedics, Inc - 4700 S. Wadsworth Blvd, Littleton, CO 80123 FT (2,000/yr)

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Office Manager	Coordination of orders with service reps	Jim Martin
----------------	--	------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

08/2017 Kinex Medical Company - 4700 S. Wadsworth Blvd, Littleton, CO 80123 FT (2,000/yr)

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Office Manager	Coordination of orders with service reps	Lynn Michalski
----------------	--	----------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

06/2019 Gabel Distributors - 5985 Hauck St, Unit 107, Las Vegas, NV 89118 FT (2,000/yr)

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Office Manager	Coordination of orders with service reps	Andy Gabel
----------------	--	------------

Title	Description of Duties	Name of Supervisor
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02/2020 Kinex Medical Company, 5985 Hauck Street, Unit 107, Las Vegas, NV 89118 FT (2,000/yr)

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Office Manager	Coordination of orders with service reps	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
-------	-----------------------	--------------------

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.

.....
.....
.....
.....
.....

ATTACHMENT H

TAKEN

30



Date of photograph 3/4/2021

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 or 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



3/5/2021

To Whom It May Concern,

I, Michael Buckholdt president of Kinex Medical Company, give Leann Wilhelm, compliance officer for Kinex Medical Company, permission to speak to the Nevada Board of Pharmacy on behalf of the company for any license related matters.

Please contact me if there are any questions.

Regards,

Michael Buckholdt
President
Kinex Medical Company, LLC

Date 7/19/2020

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 herein 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 JAMES Jeffrey
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) _____

W. FAIRY CHASM RD RIVERHILLS WI 53217
Present Residence Address-Street or RFD City State/Zip

Present Business Address City State/Zip

Retired _____
Occupation Dates

1-1 MILWAUKEE, WI
Date of Birth Place of Birth (City, County, State)

59 M
Age Sex

Green BAID Caucasian 220 LBS. Big 6'2"
Color of Eyes Color of Hair Complexion Weight Build 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 _____

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 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	Divorce	Milwaukee, WI
	6-7-1988			

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
LISA Groskopf - GLEASON	N. CAMEL 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	1-1-11	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.

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	Lannon Elementary Lannon, WI	1968-1972	Yes ☒ No ☐
High School	Hamilton Sussex, WI	1976-1979	Yes ☒ No ☐
College	University of Wisconsin		Yes ☒ No ☐
University	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.

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
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Applicant's initial J.G.

- 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
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- 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. CRAMEL ST	Whitefish Bay, WI	milwaukee County
--------------	-------------------	-------------------	------------------

11/2016 - Present	W. FAIRY CHASM RD.	River Hills WI	53217
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Applicant's initial

J. G.

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.

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 GROSKEFF
Title	Description of Duties	Name of Supervisor
Bought R&M from RON GROSKEFF in 2007		
11/2007	R&M DISTRIBUTING BROOKFIELD, WI	SOLD COMPANY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OWNER	MEDICAL DEVICE DISTRIBUTION CO.	
Title	Description of Duties	Name of Supervisor
2015 -	SOLD R&M TO JASON SUMMERS - NOW GREAT LAKES OPTIC	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2008	Spine Group of Wisconsin	BROOKFIELD, WI
Title	Description of Duties	Name of Supervisor
PARTNER	PARTNER SOLD SPINE PRODUCTS	SOLD MY INTEREST
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2011	KINEX MEDICAL CO	STILL PARTNER IN 2012
Title	Description of Duties	Name of Supervisor
HOME HEALTHCARE COMPANY -		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

If additional space is needed, continue on page 10 or provide attachment.

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	CARLUAT, mont	Home	CAMER ST.	whitefish Bay, WI	53211	13
Employer	Self Employed	Business				
Name	MAT Buechel	Home	minneapolis, MN			16
Employer	MORGAN STARKY	Business				
Name	JASON SUMNER	Home	Richfield, WI			15
Employer	GreatLakes Ortho	Business	- OWNER			3
Name	DAN DEMO	Home	WAUKESHA, WI			12
Employer	GreatLakes Ortho	Business				
Name	Kim Poole	Home	Brookfield, WI			30
Employer	Retired	Business	Kinex medical / RSM 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 or 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.

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 ☒



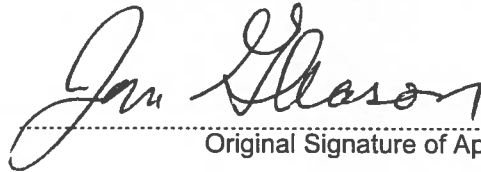
Date of photograph 7/31/2020

Applicant's initial J.G.

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 cause 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 or 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 18th day of

August
Christiane Joy Standee
 Notary Public

(seal)

State of Wisconsin County of
 Waukesha
 -lifetime

Applicant's initial



Page 9

Handwriting practice area with 30 horizontal dotted lines.

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

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.

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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
Spaciel	William	Joseph

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Bill, Billy

Present Residence Address-Street or RFD	City	State/Zip
W Grandview Ct	Franklin	WI/53132

Present Business Address	City	State/Zip

Occupation	Phone: Residence
Owner	

Business

Date of Birth	Place of Birth (City, County, State)
	Milwaukee

Age	Social Security Number or ITIN	Sex
49		male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Brown/grey		185		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 Jacqueline Spaciel (husband) City, County and State SS# or ITIN

Spouse's full name (Maiden) _____

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
<u>Zachary Spaciel</u>		<u>Milwaukee</u>	<u>Whitefish Bay, WI</u>
<u>Sydney Spaciel</u>		<u>Milwaukee</u>	<u>Franklin, WI</u>
<u>Emma Spaciel</u>		<u>Milwaukee</u>	<u>Franklin, WI</u>

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 WJ

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
Spouse	Robert Spaciel	Dallas TX	Retired
Spouse	Cheryl Spaciel (Miller)	Dallas TX	Lab Super.
Spouse	Ronald Spaciel	Milwaukee, WI	Lumber Shop
Spouse	NO MARRIAGE (divorced)		
Spouse	RANDALL Spaciel	Charlotte, NC	Safety V.P. Campells
Spouse	JOHN Spaciel	Charlotte, NC	Home Maker
Spouse	Richard Spaciel	Little Samico, WI	Plant Sup.
Spouse	JANET Spaciel (Jacobs)	Little Samico, WI	Home maker

4. EDUCATION:

Cindy Caruth (Spouse)

Franklin, WI

Home Maker

Name of School	Location	Dates Attended	Graduate
Grammar School	Carrollton		Yes ☒ No ☐
High School	Oak Creek		Yes ☒ No ☐
College			Yes ☒ No ☐
University	UW Stevens Point		Yes ☒ No ☐
Other			Yes ☐ No ☐

Applicant's initial



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



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 Oct 93	Name/Mailing Address of Employer/Business Kinex Medical	Reason for Leaving Still Here
Title Owner	Description of Duties Sales	Name of Supervisor ME
Month and Year 2000	Name/Mailing Address of Employer/Business R2 m Rehab	Reason for Leaving Still Here
Title Owner	Description of Duties Sales	Name of Supervisor ME
Month and Year	Name/Mailing Address of Employer/Business Joints In Motion	Reason for Leaving He was fired As Distributor
Title Sales	Description of Duties Sales	Name of Supervisor Jim Clancy
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 WJ Page 6

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 <u>Doug Baretz</u>	Home	<u>Franklin</u>	<u>WI</u>	<u>53132</u>		<u>30 years</u>
Employer <u>SELF</u>	Business	<u>Dominos</u>				
Name <u>Bill Page</u>	Home	<u>Franklin</u>	<u>WI</u>	<u>53132</u>		<u>40 years</u>
Employer <u>Bruno</u>	Business	<u>Medical</u>				
Name <u>Chib Larson</u>	Home	<u>Superior</u>	<u>WI</u>			<u>30 years</u>
Employer <u>Path City</u>	Business	<u>LtWO Survey</u>				
Name <u>Lew Barge</u>	Home	<u>Oconomowoc</u>	<u>WI</u>			<u>49 years</u>
Employer <u>Balastria Home</u>	Business	<u>Sup. of Building</u>				
Name <u>Rich Wiestman</u>	Home	<u>Franklin</u>	<u>WI</u>			<u>30 years</u>
Employer <u>SELF</u>	Business	<u>Health Ins.</u>				

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 or 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

WJ

any reason whatsoever? Yes ☒ No ☒

1

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 ☒



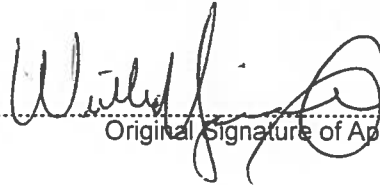
Date of photograph 8/01/2020

Applicant's initial WJ

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 cause 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 or 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 18th day of

AugustChristiane Lopez Standler

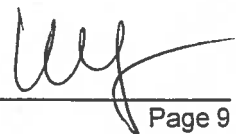
Notary Public

State of Wisconsin County of
Waukesha

(seal)

- lifetime

Applicant's initial



Page 9

- Father has drunk driving

- other sibling

Jason Justman

Green Bay WI

Sales

Applicant's initial



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1

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 herein 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 Oceyema First Name Kim Middle Name J
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD 21549 Golfview Drive City Menomonee Falls State/Zip WI 53051
 Present Business Address 21549 Golfview Drive City Menomonee Falls State/Zip WI 53051

Occupation Retired Phone Residence 262-719-3817
 Business 262-719-3817

Date of Birth 4/1/1955 Place of Birth (City, County, State) Sioux Center, Iowa (Sioux County)
 Age 65 Social Security Number or ITIN 444-444-4444 Sex M

Color of Eyes Brown Color of Hair Brown Complexion Light Weight 205 Build M Height 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 JO

A. **Current Marriage** May 17, 1974 Racine Wisconsin
Date 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 _____
Street City State Zip
665view Drive Menominee Falls, WI 53051
 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
<u>None</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>None</u>					

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
<u>Ryan Lee Deery</u>		<u>Omaha, NE</u>	<u>Brookfield, WI</u>
<u>Shane Michael Deery</u>		<u>Milwaukee, WI</u>	<u>Sioux Falls, SD</u>

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 JK

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
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Spouse _____

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <i>Seven Center Christian School</i>		<i>1959-1968</i>	☒ Yes ☐ No
High School <i>Unity Christian High School</i>		<i>1968-1972</i>	☒ Yes ☐ No
College University			☒ Yes ☐ No
Other <i>Dordt University</i>		<i>1972-1976</i>	☐ Yes ☒ No

Type of degree obtained, if any *Business Administration / Accounting*College or university where obtained *Dordt University*Applicant's initial *W*

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
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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
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Applicant's initial

[Signature]

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

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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 Breckfield, 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 Breckfield, 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
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

[Signature]

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 <u>Jim Glasco</u>	Home	<u>River Hills, WI</u>				<u>25+ years</u>
Employer <u>Retired</u>	Business					
Name <u>Bill Special</u>	Home	<u>Franklin, WI</u>				<u>25+ years</u>
Employer <u>R+M Rehab</u>	Business					
Name <u>Mike Buckholdt</u>	Home	<u>Milwaukee, WI</u>				<u>10 years</u>
Employer <u>Kinex Medical</u>	Business					
Name <u>Rob Brukema</u>	Home	<u>Brookfield, WI</u>				<u>25+ years</u>
Employer <u>Buelow, Vetr.</u>	Business	<u>Brookfield, WI</u>				
Name <u>Wally Smith</u>	Home	<u>Brookfield, WI</u>				<u>25+ years</u>
Employer <u>Milcut</u>	Business	<u>Menomonee Falls, WI</u>				

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 or 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 JS

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 22

STATE OF Wisconsin

ss.

COUNTY OF Waukesha

I, Kim Dacyema, 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 or 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 Dacyema
Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of

August
Christiane Lopez Standle
Notary Public

State of Wisconsin County of (seal)
Waukesha
- Lifetime

Applicant's initial 22

Page 9

Applicant's initial

2

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 WAUWATUSA WI 53213
Present Residence Address-Street or RFD City State/Zip

1801 AIRPORT RD SUITE D WAUKESHA WI 53188
Present Business Address City State/Zip

PRESIDENT 4/2011 - PRESENT
Occupation Dates

Phone:
Residence 7
Business (262) 373-2352

ST. LOUIS, ST. LOUIS, MO
Date of Birth Place of Birth (City, County, State)

47 Male
Age 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 NIA

Are you a citizen of the United States? Yes No If alien, registration No NIA

If naturalized, certificate No NIA Date NIA

Place NIA (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 MILWAUKEE, MILWAUKEE, WI
 Date 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 WAUKESHA 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
<u>N/A</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

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
<u>MEAGHAN BUCKHOLDT</u>		<u>MILWAUKEE, WI</u>	<u>W. Washington Blvd, Milwaukee WI</u>
<u>ANDREW BUCKHOLDT</u>		<u>MILWAUKEE, WI</u>	<u>W. Washington Blvd, Milwaukee WI</u>

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

FAMILY INFORMATION-Continued

1

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 Buckholz 2 W. BRADLEY Rd, Fox Point, WI 53217 Teacher

Mother

SHILLEY BUCKHOLT 1 CODY DR, OVERLAND PARK, KS 66210 Teacher

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 BUCKHOLT 171st W., LAKEVILLE, MN 55044 ENGINEER

Spouse

LIANA BUCKHOLT 171st W., LAKEVILLE, MN 55044 TRANSLATOR

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>CUMBERLAND</u>	<u>MILWAUKEE, WI</u>	<u>1978-1986</u>	<u>Yes</u> ☒ No ☐
High School <u>WHITEFISH BAY HS.</u>	<u>MILWAUKEE, WI</u>	<u>1986-1990</u>	<u>Yes</u> ☒ No ☐
College <u>CRAIGTON U.</u>	<u>OMAHA, NE</u>	<u>1990-1992</u>	Yes ☐ No ☒
Other <u>MARQUETTE UNIVERSITY</u>	<u>MILWAUKEE, WI</u>	<u>1992-1996</u>	<u>Yes</u> ☒ No ☐

Type of degree obtained, if any BA Psychology, MPT - Physical Therapy

College or university where obtained MARQUETTE U.

Applicant's initial MAB

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.

1

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 mas

- 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
--------------------------	-------------------	------	-----------------

5/10 - Present N. WASHINGTON BLVD WAUWATOSA, WI 53213

6/02 - 5/10 2530 N. 86th ST. WAUWATOSA, WI 53213

10/98 - 6/02 801 W. MULBURY LANE WEST BEND, WI 53095

5/96 - 10/98 900 LARAMIE LANE BAYSIDE, WI 53217

Applicant's initial mmAS

Page 5

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 5/11 - Present	Name/Mailing Address of Employer/Business Kinetix 1801 AIRPORT RD, Waukegan, WI	Reason for Leaving N/A
Title President	Description of Duties error msg ATL 790 Remington Blvd, Bollingbrook	Name of Supervisor Board of Directors
Month and Year 2/05 - 5/11	Name/Mailing Address of Employer/Business ATL 790 Remington Blvd, Bollingbrook, IL 60440	Reason for Leaving Career Change
Title Regional Director	Description of Duties Oversaw 9 Locations	Name of Supervisor Dylan Baker
Month and Year 1999 - 2005	Name/Mailing Address of Employer/Business Aron Health Care Milwaukee, WI	Reason for Leaving Promotion
Title Lead Clinician	Description of Duties Physical Therapy	Name of Supervisor Linda Snyder
Month and Year 1996 - 1999	Name/Mailing Address of Employer/Business Creative - Milwaukee, WI	Reason for Leaving Promotion
Title Physical Therapist	Description of Duties Physical Therapy	Name of Supervisor 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

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 <u>Kurt Sarawitz</u>	Home					<u>15 years</u>
Employer <u>MCW</u>	Business				<u>error (515) 554-8746</u>	<u>25 years</u>
Name <u>Russ Trumble</u>	Home					<u>146 28 year</u>
Employer <u>State of Ia</u>	Business					
Name <u>Tim Fark</u>	Home					<u>28 year</u>
Employer <u>Ahead</u>	Business					
Name <u>Cerey McVey</u>	Home					<u>25 year</u>
Employer <u>Passport Bank</u>	Business					
Name <u>Samuel Friedman</u>	Home					<u>40 year</u>
Employer <u>Gordy Kahn</u>	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
<u>N/A</u>			

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 or 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 mmab

any reason whatsoever? Yes ☒ No ☒

1

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



KINEHOL-01

HMOUSER1

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 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 SUBR INSD 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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER X POLICY PRO-JECT LOC OTHER					
B	X AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		8101R597294	8/29/2020	8/29/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION S 10,000		CUP1R599331	8/29/2020	8/29/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	UB1R557653	8/29/2020	8/29/2021	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
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 Insureds:
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

CANCELLATION

Evidence of coverage

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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16

16A

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 <u>box</u> 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 by all types of ownership

Facility Name: Danox Environmental Services Inc.

Physical Address: 102 Mary Alice Park Road STE 104-107

City: Cumming State: GA Zip Code: 30040

Telephone Number: 404 671-9163 Fax Number: 404 671-9163

Toll Free Number: 855 326-6987

E-mail: kevin@danoxservices.com Website: www.danoxservices.com

Facility Manager: Kevin S. Cox, CHMM

Professional qualifications and experience of facility manager: 25 years in waste industry
Certified Hazardous Materials Manager "10077, 40 HR HAZWOPPER, 8HR refresher, DOT training and refresher"

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: sites that need waste management services

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: Danox is a waste services company only, Reverse Distributor

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

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

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your 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 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 ☒

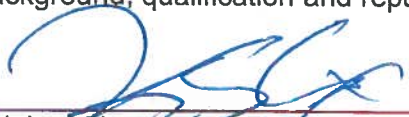
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Kevin S. Cox

Print Name of Authorized Person

08/04/2020
Date

Board Use Only

Date Processed: _____

Amount: 100.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Georgia
Parent Company if any: N/A
Mailing Address: 102 Mary Alice Park Road STE 104-107
City: Cumming State: GA Zip: 30040
Telephone: 404 671-9163 Fax: 404 671-9163
Contact Person: Kevin S. Cox p. 404 890-5672 c. 706 974-8433

For any corporation non-publicly traded, disclose the following:

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

a)	<u>Kevin S. Cox</u>	<u>102 Mary Alice Park Road STE 104-107 Cumming GA 30040</u>
	Name	Business Address
b)	<u>M. Scott Danner</u>	<u>102 Mary Alice Park Road STE 104-107 Cumming GA 30040</u>
	Name	Business Address
c)	<u></u>	<u></u>
	Name	Business Address
d)	<u></u>	<u></u>
	Name	Business Address

2) Provide the number of shares issued by the corporation. 10000

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:

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 Officers:

Kevin S. Cox, CHMM

- President
- 50% Owner

M Scott Danner, CHMM

- CFO
- 50% Owner

Employee	Birth Date	Address	Details	Building Alarm Access	Controlled Substance Access (Witness Capacity)	Vault Access		
Aaron Boykin		Bolding Road Huttig AR 71747	White Male 6'0", Brown Eyes	No	Yes	No		
DeLania Donaldson		Sienna Drive Cumming GA 30040	White Female, 5'4", 160 Blue Eyes	Yes	No	No		
Donald H Platt		Lamplighter Lane SE Marietta GA 30067	White Male, 6'00", 180, Blue Eyes	Yes	No	No		
Christy Smith		Garrison Road Lula GA 30554	White Female, 5', 114 pounds, Hazel eyes	Yes	Yes	yes		
Jeff Gaulin		Elm Street Hudson Falls NY 12839	White male, 6'0", 220 pounds Brown Eyes	No	Yes	No		
Juliette Staggs		Bruce Way Lilburn GA 30047	White Female 5'7", 320,	Yes	No	No		
Kevin Scott Cox		Dawson Pointe Parkway Dawsonville GA 30534	White Male, 5'10", 200, Brown Eyes	Yes	Yes	Yes		
Mark Alan Hilpertshauer		J Tensas Trace Milton GA 0004	White Male 5' 8", 160 Blue Eyes	Yes	Yes	Yes		
Mark Daniel Friedman		Keswick Drive Atlanta GA 30341	White, Male, 5'10", 150, Blue eyes	Yes	Yes	Yes		
Matthew Scott Danner		Brendlynn Suwanee GA 30024	White, Male, 5' 11", 190 Brown Eyes	Yes	Yes	Yes		
Paul Frettoloso		Windcrest Drive Fort Edward NY 12828	White Male, 5'8", Brown Eyes	No	Yes	No		
Randy Diamond		Feeder Street Hudson Falls NY 12839	White Male, 6'3" 280	No	Yes	No		
Robert J Brink		Silk Leaf Way Buford GA 30519	White Male, 6' 205	No	Yes	No		
Scott Gillis		Perkins Drive Hudson Falls NY 12839	White Male, 5'11" Green Eyes	No	Yes	No		
Steven Jerry		26 Nick Springs Road El Dorado AR 71730	White Male, 5' 7", Blue Eyes	No	Yes	No		
William "Chris" Clark		5 Superior Drive Dacula GA 30019	Male, Brown eyes, 6'1" 195	Yes	Yes	No		
William Dan Jagoe		Mountclaire Drive Cumming GA 30041	White Male, 6' 01", 250, Blue Eyes	No	Yes	No		
Jeremy Thompson		0 Stegall Place Dawsonville GA 30534	White male, dark hair, 5'10	No	Yes	No		
Logan Gillis		Perkins Drive Hudson Falls NY 12839	White Male 5'8", Brown Eyes	NO	Yes	NO		
William "Bill" Burrus		5 Lovestone Dr Gainesville, Ga 30506	White Male, 5'8", Brown Eyes	No	Yes	No		

Note: none of our employees handle drugs on a daily basis... only when a destruction project requires

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. BND 102999P

Application/License No. _____

Danox Environmental Services, Inc.

Applicant /Principal

_____, doing or intending to do business as a
pharmaceutical wholesaler, whose address for purposes of service is _____

102 Mary Alice Park Rd Ste 104-107 Cumming, GA 30040

Address of Applicant /Principal

_____, as
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 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 _____

August 5, 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.

POWER NO: 32-1124
Power of Attorney

Westfield Insurance Company

CERTIFIED COPY

1 Park Circle, PO Box 5001, Westfield Center, Ohio 44251-5001

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 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 102999P

Principal Name: Danox Environmental Services, Inc.

Obligee Name: Nevada State Board of Pharmacy

Bond Penalty: \$ 100,000.00

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.

By: **Gary W. Stumper**, National Surety Leader and Senior Executive

Affixed
Corporate
Seal



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 5th day of August, A.D., 2020.

By: **Frank Carrino**, Secretary

State of Ohio
County of Medina ss:

Notarial
Seal
Affixed



State of Ohio
County of Medina ss:

By:
David A. Kotnik, Attorney at Law, Notary Public
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

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 30th day of August, 2020.

APPLICANT/PRINCIPAL

SURETY COMPANY



Authorized Representative

Surety Company's Representative

Tiah Boler

print name

_____, Attorney-in-fact

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Licensee Information

Name: Darox Environmental Services Inc
Owner:

Address: 102 Mary Alice Park Road Ste 104-107
Cumming GA 30040

Primary Source License Information

Profession: Pharmacy
License Type: Reverse Distributor Pharmacy
Issue Date: 7/28/2017

License No: PHRD000024
Obtained By Method: Transfer
Expiration Date: 8/30/2021

License Status: Active
License Subtype:
Last Renewal Date: 4/15/2019

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

STATE OF GEORGIA**Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DANOX ENVIRONMENTAL SERVICES, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19553462
Date Inc/Auth/Filed : 01/03/2011
Jurisdiction : Georgia
Print Date : 08/25/2020
Form Number : 211

*Brad Raffensperger*

Brad Raffensperger
Secretary of State

Control No. 11000329

STATE OF GEORGIA

Secretary of State**Corporations Division****315 West Tower****#2 Martin Luther King, Jr. Dr.****Atlanta, Georgia 30334-1530**

CERTIFICATE OF INCORPORATION

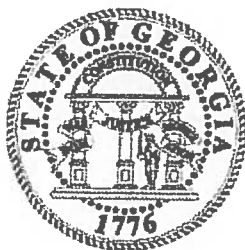
I, **Brian P. Kemp**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

DANOX ENVIRONMENTAL SERVICES, INC.

a Domestic Profit Corporation

has been duly incorporated under the laws of the State of Georgia on **01/03/2011** by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on January 3, 2011



Brian P. Kemp
Secretary of State

Articles Of Incorporation For Georgia Profit Corporation

The name of the corporation is:

Danox Environmental Services, Inc.

Principal mailing address of the corporation is:

3915 Harrison Road, Suite 500
Loganville, GA 30052

The Registered Agent is:

KISER & GREEN, LLC
3915 HARRISON ROAD, SUITE 500
LOGANVILLE, GA 30052

County: GWINNETT

The name and address of incorporator(s) are:

Robert J Kiser
3915 Harrison Road, Suite 500
Loganville, GA 30052

The corporation is authorized to issue:

10,000 Shares

The optional provisions are:

The Corporation may purchase its own shares of capital stock out of unreserved and unrestricted earned surplus and as otherwise provided by law. The Corporation's Board of Directors may from time to time distribute to shareholders, out of capital surplus of the Corporation, a portion of its assets, in cash or in property.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the date set forth below.

Signature(s):

Attorney-in-Fact, Robert J Kiser

Date:

January 03, 2011



AREAS OF EXPERTISE

- Business Development
- EPA Regulations as specified in 40 CFR
- DOT Regulations as specified in 49 CFR
- DEA
- ATF
- Recycle / Reuse applications
- Waste Characterization
- Project Management
- Logistics
- Site survey
- Project implementation
- Cost reduction

PROFESSIONAL HISTORY

- Strong Environmental Norcross Georgia, Sales & Business Development Manager, 1994- 2009, VP Business Development
- National Sales Manager, Stericycle Corporation; 2009 – January 2011
- Danox Environmental Services (DES) January 2011 – present; President, DEA Services Manager

CERTIFICATION

- Certified Hazardous Materials Manager (CHMM), Master Level; #10077

EDUCATION

- University of Georgia, BA, Communications

TRAINING

- Baxter Reilly Hazwoper 40 Hour Certification
- Annual 8 hour annual refreshers
- 49 CFR DOT training, initial and renewal

Kevin S. Cox, CHMM

Danox Environmental Services Inc.

REPRESENTATIVE EXPERIENCE

Mr. Cox has over 26 years' experience in the Environmental waste management industry. His expertise is in the development of turnkey management solutions for Hazardous and Non-Hazardous waste management. Mr. Cox is the designated representative for DES Federal DEA license and various state licenses across the US.

Major Client and Project Experience

• Warehouse Cleanup project:

Mr. Cox has successfully managed an abandoned warehouse of thousands of containers of unknown chemicals. The job involved mobilization on site, sampling and testing of materials for analysis, and characterization. Kevin was responsible for inventory of all items waste identification and cost competitive removal of the items to EPA approved facility.

• Major Consumer Product Manufacturer (Confidentiality Agreement)

Developed and managed on-going basis, multi-site, international shipments of hazardous and non-hazardous materials utilizing multiple TSDF's, transporters, and on-site employees, contractors and subcontractors. This project involved in excess of 350 shipments annually.

• **Clinical Trial management project:** Developed National turnkey solution for DEA Schedule I, EPA Flammable waste; supported over 60 site locations with proper transfer and destruction

• **Major Pharmaceutical Manufacturer** Developed and managed, on an ongoing basis a major pharmaceutical manufacturer's hazardous, non-hazardous and DEA controlled waste shipments. This generator shipped in excess of 2,000,000 pounds of waste annually.

• Puerto Rico market development:

Developed sales and service market in PR. Responsible for lead development, management plan, execution, on-site support services, logistics.

• Major Recall management program:

Supported customer with development and execution of FDA National voluntary recall project. Removed and properly documented over 3000 truck loads of product within 3-month period.

Affidavit

Matthew Scott Danner, who is 50% owner of Danox Environmental Services, Inc., was arrested in August 2008 for driving under the influence. The event happened in Forsyth County, GA and the court case was held in July 2009.

Mr. Danner plead guilty to the charges. He had to pay a fine, 1 year of probation, perform community service, and participate in Alcohol School.

Matthew Scott Danner 11-6-2020
Matthew Scott Danner (print) (50%)

Kevin Scott Cox 11/6/2020
Kevin Scott Cox (print) (50%)

Matthew Scott Danner
Matthew Scott Danner (signature)

Kevin S. Cox
Kevin Scott Cox (signature)

16B

*Application is for CHOW and
change of name for Bayer
HealthCare LLC DBA Animal
Health Division License
#WH00922

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 00922)

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 by all types of ownership

Facility Name: Elanco US Inc.

Physical Address: 12707 Shawnee Mission Parkway

City: Shawnee Mission

State: KS

Zip Code: 66216

Telephone Number: (913) 268-2000

Fax Number: (913) 281-2834

Toll Free Number: 1 (877) 352-6161

E-mail: EUI@slny.com

Website: www.elanco.com

Facility Manager: Kari Harris

Professional qualifications and experience of facility manager: Bachelor's of Science from University of Missouri, Export Control Officer for past 8 years, and involved in daily activities at this location.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☐ Practitioners

☐ Hospitals

☐ Wholesalers

☒ Other: Distribution sites with organization

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: Human over-the-counter; Veterinary over-the-counter

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

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

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your 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 ☒ *N/A*

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: Please 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

Jose Manuel Correia de Simas

Print Name of Authorized Person

07-28-2020
Date

Board Use Only

Date Processed: _____

Amount:

500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Elanco US Inc.Mailing Address: 12707 Shawnee Mission ParkwayCity: Shawnee Mission State: KS Zip: 66216Telephone: (913) 268-2000 Fax: (913) 281-2834Contact Person: Kari M. Harris

For any corporation non-publicly traded, disclose the following:

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

a)	<u>Elanco Animal Health Incorporated</u>	<u>2500 Innovation Way, Greenfield, IN 46140</u>	<u>100% Owner</u>
	Name	Business Address	

b)	<u></u>	<u></u>
	Name	Business Address

c)	<u></u>	<u></u>
	Name	Business Address

d)	<u></u>	<u></u>
	Name	Business Address

2) Provide the number of shares issued by the corporation. Elanco Animal Health Incorporated (100 percent sole owner)3) What was the price paid per share? No shares issuedA 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.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DE
 Parent Company if any: Elanco US Inc.
 Mailing Address: 12707 Shawnee Mission Parkway
 City: Shawnee Mission State: KS Zip: 66216
 Telephone: (913) 268-2000 Fax: (913) 281-2834
 Contact Person: Kari M. Harris

For any corporation non-publicly traded, disclose the following:

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

a)	<u>Elanco Animal Health Incorporated</u>	<u>2500 Innovation Way, Greenfield, IN 46140</u>	<u>100% Owner</u>
	Name	Business Address	
b)	<u></u>	<u></u>	
	Name	Business Address	
c)	<u></u>	<u></u>	
	Name	Business Address	
d)	<u></u>	<u></u>	
	Name	Business Address	

2) Provide the number of shares issued by the corporation. Elanco Animal Health Incorporated (100 percent 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 corporationList 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.

00119

1

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. 9350310

Application/License No. _____

Elanco US, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
12707 Shawnee Mission Parkway, Shawnee, KS 66216, as
Address of Applicant/Principal
PRINCIPAL, and Fidelity and Deposit Company of Maryland, 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
1299 Zurich Way, 5th Floor Schaumburg, IL 60196-1056 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 August 1, 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
23 day of July, 2020

APPLICANT/PRINCIPAL

Elanco US, Inc.


Authorized Representative

David Pugh, Treasurer

SURETY COMPANY

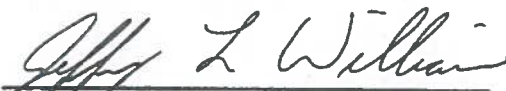
Fidelity and Deposit Company of Maryland


Surety Company's Representative

Karen L. Rolder, 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

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

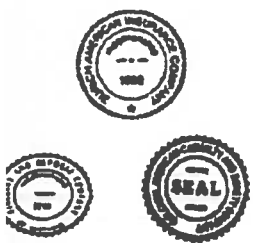
This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 23rd day of July, 2020.



Brian M. Hodges

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577



March 9, 2021

To Whom it May Concern:

This letter is to inform you of a change in corporate officers for Elanco US Inc. William Shawn McKee (former President) and Darlene Henry (former Secretary) are no longer in their officer positions. Please find the updated Officer list below:

ELANCO US INC CORPORATE OFFICERS:

Julia Loew
President

Jose Simas
Vice President

Jinee L. Majors
Secretary

David Richard Pugh
Treasurer

Kathleen St. Louis
Assistant Treasurer

I have included a list of licenses for our sites in the attached five pages. Please update your records accordingly and let me know if additional information is required.

Sincerely,

Roxanne P. Estela

Roxanne P. Estela
Advisor, State Licensing and Permits
Elanco US Inc.

~~517-226-0918~~ Roxanne_P@Elanco.com



Elanco US Inc.

Corporate Address: 2500 Innovation Way, Greenfield, IN 46140 USA
FEIN: 56-2002553
www.elanco.com

Drug Labeler Code: 58198
Incorporation State: DE
Incorporation Date: 12/16/1996

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
707	12707 Shawnee Mission Parkway Shawnee Mission, KS 66216 County: Johnson	1910953		152266193	No	(913) 268-2000	(913) 281-2834

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Karl M Harris	12707 Shawnee Mission Parkway Shawnee, KS 66216	Sr. International Business Representative		8	3	

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Elanco Animal Health Incorporated	2500 Innovation Way Greenfield, IN 46140	N/A	100%	N/A	82-5497352	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
William Shawn McKee	2500 Innovation Way Greenfield, IN 46140	President	No			
Darlene A Henry	2500 Innovation Way Greenfield, IN 46140	Secretary	No			
David Richard Pugh	2500 Innovation Way Greenfield, IN 46140	Treasurer	No			
Jose Manuel Correia de Simas	2500 Innovation Way Greenfield, IN 46140	Vice President	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Corporation Service Company			

Disciplinary History: ID 2018

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

4-112423
KARI M. HARRIS
Elanco US Inc.
12707 SHAWNEE MISSION PKWY
SHAWNEE MISSION, KS 66201

Schedules CS, Legend, NPD, 2, 2n, 3, 3n, 4, STATE OF KANSAS
STATE BOARD OF PHARMACY

N^o 4-112423

CERTIFIES

This registration Must Be Renewed
Annually by **June 30th.**

That Elanco US Inc. has complied with the
Pharmacy Act of the State of Kansas providing for the registration of **Manufacturers** within the State of Kansas, and
is hereby granted a **PERMIT** as defined in K.S.A. 65-1643 of the State of Kansas under the name of

Elanco US Inc.

at 12707 SHAWNEE MISSION PKWY SHAWNEE MISSION KANSAS

from this date until **6/30/2021**, unless this registration is surrendered, or revoked or suspended by the Kansas State
Board of Pharmacy.

This registration issued **July 20, 2020.**



KANSAS STATE BOARD OF PHARMACY

By Allyson

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

Drug Establishments Current Registration Site

f [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

t [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet/?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

+

e [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

New Search (default.cfm)

Search Results for **Elanco**

CSVExcel

Filter: 19

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Elanco US Inc.	1910953	117617385	ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK; STERILIZE;	12707 Shawnee Mission Pkwy, Shawnee, Kansas (KS) 66216-1846, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries (filtered from 4 total entries)

[Previous](#)[Next](#)

Data Current through: Thursday, Mar 11, 2021

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

Verified
MS
3/11/2021

Drug Establishments Current Registration Site

f [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

t [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)



e [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

New Search (default.cfm)

Search Results for **Elanco US Inc.**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Elanco US Inc.	1910953	117617385	ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK; STERILIZE;	12707 Shawnee Mission Pkwy, Shawnee, Kansas (KS) 66216- 1846, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

[Previous](#)[Next](#)

Data Current through: Thursday, Sep 10, 2020

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

Verified
9/11/2020
ms

Bayer HealthCare LLC

1910953

152266193

ANALYSIS;
API MANUFACTURE;
LABEL;
MANUFACTURE;
PACK;
STERILIZE;

12707 Shawnee Mission Pkwy, Shawnee Mission, Kansas (KS) 66216-1846, United States (USA)

12/31/2020

Top 4 suppliers

EVONIK CORP
1650 LILLY RD
LAFAYETTE
USA

ALCAMI
W 132 N 10550 GRANT DR
GERMANTOWN
USA

ABBVIE
DEPT GS02 BLDG AP5
NORTH CHICAGO
USA

PROVIMI NORTH AMERICA INC
6531 STATE ROAD 503
LEWISBURG Ohio 45338
USA

Business Entity Search

Date: 03/12/2021

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

ELANCO US INC.

Business Entity ID Number

3574829

Previous Names:

NOVARTIS ANIMAL HEALTH US, INC.

Current Mailing Address: 2500 Innovation Way, Greenfield, IN 46140

Business Entity Type: FOREIGN FOR PROFIT

Date of Formation in Kansas: 01/22/2004

State of Organization: DE

Current Status: **ACTIVE AND IN GOOD STANDING**

Resident Agent and Registered Office

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW WANAMAKER DRIVE SUITE 204, TOPEKA, KS 66614

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

Delaware

The First State

Standing

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELANCO 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 FOURTH DAY OF MAY, 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 "ELANCO US INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2695209 8300

SR# 20203409513

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202871885

Date: 05-04-20

Kari Harris

Lenexa, KS 66219 |

n

International Trade Management

Export Control Officer | Trade Compliance | Supply Chain & Logistics

International Trade Professional with expertise in all facets of supply chain management, financial analysis, and marketing within high-profile trading organizations. Skilled in collaborating with all members of the organization and government entities to achieve business and financial objectives. Instrumental in streamlining and improving processes, enhancing productivity and account growth, and implementing multiple projects simultaneously. Technical proficiency in MS Office 365, SAP, ACE, AS400 and the following databases: Cargo Wise, Cornerstone, Oracle Sales Cloud, and PACE.

- | | | |
|---------------------------|----------------------------|-----------------------------------|
| ▪ Pharmaceutical Industry | ▪ Managing KPI's | ▪ Logistics & Incoterms |
| ▪ EPA & FDA Standards | ▪ Competitive Intelligence | ▪ Cross-Functional Collaboration |
| ▪ Contract Negotiation | ▪ Foreign Trade Zones | ▪ Trade Policies |
| ▪ Industry Networking | ▪ Customs Clearance | ▪ Multi-Million Dollar Valuations |

PROFESSIONAL EXPERIENCE

SENIOR INTERNATIONAL BUSINESS REP / EXPORT CONTROL OFFICER | Elanco US, LLC | Shawnee, KS 2011 – Present

Extend international trade services to clients whom participate in import and export of pharmaceutical goods. Serve as a trade liaison in effort to meet and exceed the clients' supply chain needs. Process export queries that impact Product Supply, Project Managers, Engineering, Production, Lab, R&D, and Regulatory Affairs.

- Research and mitigated potential weaknesses in the Foreign Trade Zone (FTZ) and collaborated with U.S. Customs to deactivate the FTZ in effort to avoid millions of dollars in fines and penalties.
- Assisted in the successful launch of two pharmaceutical ingredients with a temporary import bond program valued annually at 2 million dollars.
- Actively cooperate with the Global Transportation Team to implement new processes and streamline imports and exports.
- Maintain trade compliance policies and operational procedures and update them accordingly to governmental regulatory changes.

CUSTOMS ENTRY SPECIALIST | F.H. KAYSING COMPANY, LLC | Kansas City, MO

2007 – 2011

Facilitated the transmission and clearance or transfer of cargo, confirming all necessary data and documents are available for entry. Processed and reviewed daily statements and PMS for clientele. Oversaw EPA compliance with the entry of chemicals into the U.S. and FTZ's. Customized supply chain solutions by negotiating freight services and pricing.

- Managed a 6 million-dollar FTZ by providing brokerage services and arranging customs clearance.
- Assisted the Foreign Trade Manager for 4 year as a **Brokerage Coordinator** by ensuring import orders were tracked to meet on-time delivery KPI's.
- Filed notices for import shipments that needed FDA clearance.
- Classified and researched retail products daily to obtain the most compliant and competitive duty rates for clients.

*Previous experience as an **IMPORT BROKERAGE COORDINATOR** with Phoenix International Freight Services Ltd, 2005-2007*

EDUCATION & AFFILIATION

B.S. in Fitness & Wellness | Minor: **Business** | University of Central Missouri | Warrensburg, MO

Member of the Board of Directors | Greater Kansas City Foreign Trade Zones, Inc. | 2012 - 2016

Kari M. Harris

E. Cherokee Place, Olathe, KS 66062

Telephone: (---) --- --- email: kari.harris@bayer.com

Experience:

Oct. 2011-Present

SR. International Business Representative & Export Compliance Officer
Bayer Healthcare LLC Animal Health Division

Jul 2007-Oct.2011

Entry Specialist

F.H Kaysing Company, LLC

2005-2007

Brokerage Coordinator

Phoenix International



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
Southwest Region
Kansas City District
8050 Marshall Drive
Suite 205
Lenexa, Kansas 66214-1524
913-495-5100

September 29, 2015

Elizabeth Kile Vehring
Regulatory Affairs Specialist
Bayer Health Care, LLC
12707 Shawnee Mission Pkwy
Shawnee, KS 66216-1846

Dear Ms. Vehring:

Our records indicate Bayer HealthCare LLC Animal Health Division is on a campus located at 12707 Shawnee Mission Parkway, Shawnee, Kansas. We routinely inspect this facility and the various operations conducted there. We cover all six systems including the material system which is what the warehousing and distribution operations are covered under. The determination of which systems are covered on any particular inspection is left to the discretion of FDA.

In our records we have combined all the various locations on this campus to be included under the address 12707 Shawnee Mission Parkway. This includes 12809 Shawnee Mission Parkway. All of the locations on this campus are now included under the FEI number 1910953. Please use this FEI number when identifying your establishment.

If I can be of any further assistance, feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Danial S. Hutchison", is written over a blue circular stamp.

Danial S. Hutchison
Compliance Officer
Kansas City District



Elanco US Inc.
PO Box 708
2500 Innovation Way
Greenfield, IN 46140
317.276.2000

Discipline Explanation

June 11, 2018

To Whom It May Concern:

In June 2017, the Idaho State Board of Pharmacy changed the interpretation of their laws regarding Virtual Wholesalers and Virtual Manufacturers. Elanco monitors all law changes from the Board of Pharmacies and is notified daily of changes. However, since the change was in interpretation rather than an actual language change we were not aware of the new requirements. When Elanco found this out we applied for a license right away and were issued a license, which we still hold.. However, since we had been shipping into the state using the old interpretation, which didn't require licensure for virtuals, we were out of compliance. Elanco paid a fee to the Idaho Board of Pharmacy to resolve this issue.

Please let me know if you have any further questions.

Roxanne P. Estela
Sr. Associate, Regulatory Affairs
Elanco US Inc.
Estela_Roxanne_P@elanco.com
(317) 220-2913

STATE OF IDAHO

STATE OF IDAHO

In the Matter of the License of:

ELANCO US INC.,
Manufacturer License No. M46280,

Respondent.

Case No. BOP 18-018

STIPULATION AND CONSENT ORDER

WHEREAS, information has been received by the Idaho Board of Pharmacy (“Board”) that constitutes sufficient grounds for the initiation of an administrative action against Elanco US Inc. (“Respondent”); and

WHEREAS, the parties wish to expeditiously settle this matter in lieu of proceeding to an administrative hearing before the Board; now, therefore,

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms:

A. JURISDICTION OF THE BOARD

1. The Board may regulate the practice of pharmacy in the state of Idaho in accordance with title 54, chapter 17, Idaho Code. The Board is further empowered by title 37, chapter 27, Idaho Code, to administer the regulating provisions of the Uniform Controlled Substances Act in the state of Idaho.

2. Respondent is a licensee of the Board and holds Manufacturer License No. M46280. Respondent's license is subject to the provisions of title 54, chapter 17, Idaho Code, title 37, chapter 27, Idaho Code, and the Board's rules promulgated at IDAPA 27.01.01, *et seq.*

B. STIPULATED FACTS

1. Respondent is a corporation organized in the state of Indiana and is a manufacturer of drugs as defined by Idaho Code § 54-1705(24).

2. Respondent previously held Manufacturer Registration No. M21204, which expired June 30, 2016. The Board received the new Manufacturer Registration Application submitted by Respondent on July 10, 2017. In the course of reviewing the application, Board staff discovered they had a previous registration and contacted Respondent to request a list of medications shipped into Idaho for the time period of June 30, 2016, through the date of the application. Respondent provided Board Staff with a listing of the drug products shipped into the state of Idaho during the period of June 2016 through May 2017.

3. According to the list provided by Respondent, Respondent shipped 548 drug products to veterinary medical providers in the state of Idaho between June 2016 and May 2017. Each product shipped during the period in which Respondent was unlicensed in the state of Idaho is a violation of Idaho law and Board rules.

4. While Respondent's error may have been unintentional, Respondent acknowledges its actions constituted violations of the statutes and rules governing the practice of pharmacy in Idaho. More specifically, Respondent admits the violations are subject to the following statutes and rules:

a. Idaho Code § 54-1726(1)(f) (the Board may suspend, revoke or restrict the license or registration of any person, upon one or more of the following grounds. . .being found by the Board to be in violation of any of the provisions of this chapter, chapter 27, title 37, or rules adopted pursuant to either chapter);

b. Idaho Code § 54-1729(2)(c) (each drug or device outlet shall apply for a certificate of registration or a license in one of the following classifications . . . (c) manufacturer);

c. Idaho Code § 54-1728(1)(f) (upon the finding of the existence of grounds for discipline the Board may impose one or more of the following penalties . . . (f)

imposition of an administrative fine not to exceed two thousand dollars (\$2,000) plus costs of prosecution and administrative costs);

d. Idaho Code § 54-1732(1) (no drug outlet designated in § 54-1729 shall be operated until a certificate of registration has been issued to said facility by the Board . . . upon the finding of a violation of this subsection, the Board may impose one or more of the penalties enumerated in § 54-1728, Idaho Code);

e. IDAPA 27.01.01.060 (a license or a certificate of registration, as applicable, is required for drug outlets doing business in or into Idaho); and

f. IDAPA 27.01.01.501 (the Board may suspend, revoke or restrict the registration of an individual on one or more of the grounds provided in Idaho Code § 54-1726);

5. Respondent, in lieu of proceeding with a formal disciplinary hearing, hereby agrees the Board may enter a final order against its license as set forth in Section C below.

C. STIPULATED PENALTIES

1. The parties agree that under the facts presented and the regulations that apply to such facts, the Board has the authority pursuant to Idaho Code § 54-1728(f) to impose an administrative fine of Two Thousand Dollars (\$2,000) per occurrence for each drug product shipped into the state of Idaho during the time it was unlicensed. In the interests of efficiency and economy, it is agreed that Respondent shall pay a fine of Forty Thousand Dollars (\$40,000) for the violations outlined above in Section B. This fine shall become due only after the Board approves and executes the Order incorporating this Stipulation and shall be paid to the Board within 180 days of the date the Order is executed.

2. Failure to comply with any of the terms of this Stipulation and Consent Order may result in additional action being taken against Respondent's manufacturer license.

3. All costs associated with Respondent's compliance with the terms of this Stipulation and Order shall be borne solely by Respondent.

D. COMPLIANCE WITH STIPULATION AND CONSENT ORDER

1. The Board has authority to enforce compliance with the terms and conditions of this Stipulation. By signing this Stipulation, Respondent waives its ability to challenge the Board's lack of authority to enforce compliance on appeal to a district court. If there is reason to believe Respondent has violated any of the terms or conditions of this Stipulation, the Executive Director of the Board shall file an administrative complaint, setting forth the allegations of non-compliance and notifying Respondent, and its attorney, if applicable, that Respondent may request a hearing regarding the allegations of non-compliance. If Respondent does not request a hearing on the administrative complaint, any allegations of non-compliance will be deemed admitted.

2. If Respondent fails to comply with this Stipulation, Respondent's license may be subject to further discipline, up to and including suspension or revocation. Therefore, the Board retains jurisdiction over this proceeding until all matters are finally resolved as set forth in this Stipulation. Any action taken by the Board to enforce compliance with this Stipulation shall be in accordance with this section.

3. Any additional costs and/or attorney fees incurred by the Board in any enforcement action shall be borne solely by Respondent.

E. ACKNOWLEDGMENTS AND WAIVER OF RIGHTS

Respondent, by signature of its authorized representative hereto, hereby acknowledges the following:

1. Respondent admits to the allegations stated above in Section B. Respondent understands these allegations constitute cause for disciplinary terms upon its license. Respondent agrees the Board has jurisdiction to proceed in this matter with its consent as indicated by signature

on its behalf hereto.

2. Respondent has read the above Stipulation fully and has had the opportunity to discuss it with legal counsel. Respondent understands and acknowledges that by its terms it is waiving certain rights provided under Idaho law.

3. Respondent understands that it has, among other rights, the right to a full and complete hearing; the right to confront and cross-examine witnesses; the right to present evidence or to call witnesses, or to so testify on its own behalf; the right to reconsideration; the right to appeal this matter to district court; and all rights provided by the Idaho Administrative Procedure Act and the laws and rules governing the practice of pharmacy in Idaho. Respondent hereby freely and voluntarily waives these rights, without further process, in order to enter into this Stipulation as a resolution of the allegations contained herein.

4. Respondent understands that in signing this Stipulation, it is enabling the Board to impose disciplinary terms upon its license as set forth in Section C without further process.

5. Respondent understands the Board may approve this Stipulation as proposed, approve it subject to specified changes, or reject it. Respondent understands that, if approved as proposed, the Board will execute and issue this Stipulation and Consent Order according to the aforementioned terms, and Respondent hereby agrees to the above Stipulation for settlement. If the Board approves this Stipulation subject to changes, and those changes are acceptable, Respondent acknowledges the Stipulation will take effect, and an order modifying the terms of the Stipulation will be issued. If the changes are unacceptable or the Board rejects this Stipulation, this Stipulation will be of no effect. Admissions in this Stipulation and negotiations preceding the signing of this Stipulation will not be admissible at any subsequent disciplinary hearing.

6. In the event this Stipulation is rejected by the Board or any changes proposed by the Board are not accepted, Respondent waives any right it may have to challenge the Board's

impartiality to hear the allegations in any subsequent administrative complaint based on the fact that the Board has considered and rejected this Stipulation.

7. Respondent understands the Board shall have the right to make full disclosure of this Stipulation and Consent Order to any state, agency or individual requesting information subject to any applicable provisions of the Idaho Public Records Act, title 9, chapter 3, Idaho Code.

8. Respondent understands this Stipulation and Consent Order is the resolution of a contested case and is a public record.

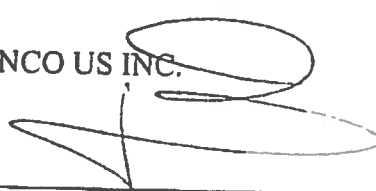
9. This Stipulation contains the entire agreement between the parties, and Respondent is not relying on any other agreement or representation of any kind, verbal or otherwise.

10. This Stipulation shall be presented to the Board with a recommendation for approval from the Executive Director of the Board and the Deputy Attorney General responsible for prosecution before the Board at the next regularly-scheduled meeting of the Board.

11. Except for Paragraph E.6., which becomes effective when Respondent signs this Stipulation, this Stipulation shall not become effective until it has been approved by a majority of the Board, and a Board member signs the attached Order.

DATED this 18 day of January, ²⁰¹⁸⁻⁰¹⁻¹⁹ ~~2017~~.

ELANCO US INC.

By: 

Its: Director and CFO
Authorized Representative for Respondent

I concur in this stipulation and order and recommend that the Board adopt the same.

DATED this 18 day of January, 2018.

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL


STEVEN L. OLSEN
Deputy Attorney General

I also concur in this stipulation and order and recommend the Board adopt the same.

DATED this 23rd day of January, 2018.

IDAHO BOARD OF PHARMACY

By: 
Alex J. Adams, PharmD, MPH
Executive Director

ORDER

Pursuant to Idaho Code § 54-1728 and § 37-2718, the Idaho Board of Pharmacy hereby accepts the terms and conditions of the foregoing Stipulation and Consent Order, and it is hereby ordered that Respondent comply with said terms and conditions.

DATED this 8th day of February, 2018.



Nicole Chopski, PharmD
Board Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 8th day of February, 2018, I caused to be served a true and correct copy of the foregoing STIPULATION AND CONSENT ORDER by the following method to:

Roxanne Estela
Elanco US Inc.
2500 Innovation Way
Greenfield, IN 46140-8767

- ☒ U.S. Mail
- ☐ Hand Delivery
- ☒ Certified Mail, Return Receipt Requested
- ☐ Overnight Mail
- ☐ Facsimile:

Steven L. Olsen
Deputy Attorney General
Civil Litigation Division
P. O. Box 83720
Boise, ID 83720-0010

- ☐ U.S. Mail
- ☐ Hand Delivery
- ☐ Overnight Mail
- ☐ Facsimile:
- ☒ Email: steven.olsen@ag.idaho.gov
 colleen.funk@ag.idaho.gov



Ellen Mitchell
Investigations Support Coordinator



STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

Date: 07/29/2020
To: Nevada State Board of Pharmacy
Re: Elanco US Inc.

Facility Address: 12707 Shawnee Mission Parkway, Shawnee Mission, KS 66216

Dear Sir/Madam:

Please be advised that I represent **Elanco US Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/money order # 63082 for your fee in the amount of **\$500.00**. As required, the following documents are also being submitted:

- ☒ Bond - Payable to State of Nevada
- ☒ Certificate of Good Standing from Formation State
- ☒ Company Particulars with Personal Info
- ☒ DEA Registration Certificate
- ☐ Home State License Verification, Board-Sealed
- ☒ Home State License/Exemption Letter, Copy
- ☒ Proof of FDA Registration (FEI)
- ☒ Discipline Explanation
- ☒ CHOW Docs
- ☒ List of Top 4 Suppliers

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slnysupport.com

Kind regards,

Jennifer Schneider
VP, Client Services



STATE LICENSE SERVICING, INC.
1751 State Route 17A, Suite 3
Florida, New York 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

August 1, 2020

To: Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521



Re: Elanco US Inc. Pending Change of Name/Ownership

Bayer to Elanco
Lic # WH00922

Dear Licensing Authority:

State License Servicing, Inc. represents Elanco US Inc. in the servicing of their state licenses. Effective August 1st, 2020, Elanco US Inc. has purchased assets from Bayer HealthCare LLC Animal Health Division. With this purchase, two licensed facilities located in Shawnee Mission, KS have change of name and ownership application(s) pending with your office. The closing documents finalizing the sale and purchase agreement are enclosed to accompany the change of name and ownership application(s).

If you require any additional information, please feel free to call or email me at the address below.

Kind Regards,

A handwritten signature in blue ink, appearing to be 'JS' or similar initials.

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slny.com

CONFIDENTIAL

PURCHASE AND ASSIGNMENT AGREEMENT AND BILL OF SALE

This PURCHASE AND ASSIGNMENT AGREEMENT AND BILL OF SALE (this "Agreement"), dated as of August 1, 2020 (the "Effective Date"), is made and entered into by and between Bayer HealthCare LLC, a limited liability company duly formed and validly existing under the laws of the State of Delaware (United States of America), with its principal office at 100 Bayer Boulevard, Whippany, NJ 07981 ("Seller 1") and Bayer U.S. LLC a limited liability company duly formed and validly existing under the laws of Delaware (United States of America), with its principal office at 100 Bayer Boulevard, Whippany, NJ 07981-1544 ("Seller 2") (Seller 1 and Seller 2 together "Seller") and Elanco US Inc., a corporation duly formed and validly existing under the laws of the State of Delaware (United States of America), with its principal office at 2500 Innovation Way, Greenfield, IN 46140 ("Purchaser"), regarding the sale and purchase of the animal health business of Seller in the United States of America.

WITNESSETH

WHEREAS, Seller is an indirect subsidiary of Bayer Aktiengesellschaft, a German stock corporation ("Seller Parent") and Purchaser is a direct, wholly owned subsidiary of Elanco Animal Health Incorporated, an Indiana corporation ("Purchaser Parent");

WHEREAS, Seller desires to sell, convey, transfer, assign and deliver to Purchaser, and Purchaser desires to purchase from Seller, for the consideration and upon the terms and conditions set forth in this Agreement, the entirety of Seller's right, title and interest in and to the Transferred Assets, as herein defined; and

WHEREAS, Seller wishes to assign and transfer to Purchaser, and Purchaser wishes to assume and thereafter discharge and perform when due or payable and to be bound by all the terms, covenants, conditions, Liabilities and obligations of, all of the Assumed Liabilities, as herein defined.

NOW, THEREFORE, in consideration of the Purchase Price and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Purchaser and Seller hereby agree as follows:

Section 1. Definitions

(a) As used in this Agreement, the following terms have the meanings set forth below:

"Affiliate" means, with respect to any Person, any other Person directly or indirectly controlling, controlled by, or under common control with, such other Person as of the date on which, or at any time during the period for which, the determination of affiliation is being made. For purposes of this definition, the term "control" (including the correlative meanings of the terms "controlled by" and "under common control with"), as used with respect to any Person, means the possession, directly or indirectly, of the power to direct or cause the direction of the management policies of such Person, whether through the ownership of voting securities or by contract or otherwise.

"Agriculture Exclusion Field" means the research, development, breeding, propagation, manufacturing, commercialization, regulatory approval and registration, processing, distribution, marketing, licensing and commercial sale (as applicable) of (i) agricultural crop seeds, (ii) genetic events that cause any plant to be tolerant of any product containing an agricultural chemical or to better resist insects and other pests and (iii) agricultural products to control, deter and/or prevent diseases and the growth of or kill undesired plants, insects and nematodes in any or all developmental forms and in any or all application modes.

"Animal Health Field" means the diagnosis, prevention, palliation, mitigation, cure or treatment of any disease, disorder, syndrome, or condition (including pest infestation) in, or the enhancement or protection of the health and productivity of, non-human animals (and not, for clarity, humans), including the treatment of non-human animals that may indirectly impact the health of humans, including uses for food safety, nutrition and/or environmental and vector-borne disease control where such disease control may impact non-human animals or humans. For clarity, the Animal Health Field does not include (i) uses in non-human animals for the research, development, manufacture or commercialization of any products to diagnose, prevent, palliate, or treat any disease, disorder, syndrome or condition in humans or (ii) the Agriculture Exclusion Field.

"Assumed Liabilities" means all Liabilities of Seller to the extent related to or arising from the Transferred Assets, Transferred Registered Intellectual Property and Transferred Owned Real Property, and all Liabilities of or in relation to each Transferred Employee, including accrued vacation time other than the Excluded Liabilities, whether relating to periods prior to, on, or after the Effective Date, except as otherwise agreed between the Parties.

"Business" means Seller's and its Affiliates' business in the Territory, as of the date of this Agreement, of discovery, research, development, registration, manufacturing, formulating, packaging, distributing, marketing, promotion, licensing sale and/or commercialization for use in the Animal Health Field of pharmaceuticals (including parasitocides, antimicrobials, anti-inflammatories, analgesics, hormones, psychotropic), specialty products (including immunomodulators, cardiovascular, antiemetics, bile and liver therapy, functional gastrointestinal disorders, laxatives and metabolic disorder treatments), nutritionals (including vitamins, feed supplements, feed additives, medicinal feed additives), performance enhancers, cosmetics (such as shampoos), disinfectants (including water and surface treatments), biologicals (vaccines), diagnostics, and other products and their constituents.

"Business Day" means any day other than a Saturday, a Sunday or a day on which banks in the County of New York, the State of Indiana or in Frankfurt am Main, Germany, are authorized or obligated by applicable Law or executive Order to close.

"Business Products" means all commercialized products which are Related to the Business, including certain animal health environmental products.

"Change of Control and Retention Payments" means all change of control and retention bonuses that are payable to any Transferred Employee solely upon the consummation of the Transaction pursuant to any arrangements entered into by Seller and its Affiliates prior to the Effective Date.

"Consent" means any consent, license, permit, waiver, approval, authorization or order of, or filing or registration with, or notification to, any Person that is not a Government Entity or an Affiliate of Seller Parent or Purchaser.

"Contract" means any contract, agreement, lease, easement, license, sales order, purchase order, or any other binding contractual or quasi-contractual obligation, commitment or understanding, whether oral or written, other than Permits, Consents or any employee benefit plan.

"Data" means all data of any and all types and all databases, compilations and collections of data in any forms or mediums, whether machine readable or otherwise.

"Encumbrance" means any lien, pledge, charge, claim, security interest, option, mortgage, easement, restrictive covenant, right of first offer or right of first refusal, title defect or other restriction or encumbrance of any kind.

"Excluded Liabilities" means those liabilities and items listed in Schedule 3.

"Government Entity" means any national, supranational, federal, state or local governmental entity or authority, including any court, administrative body, self-regulatory body or quasi-governmental entity, in each case, with competent jurisdiction to enforce or interpret any Law.

"IFRS" means the International Financial Reporting Standards issued by the International Accounting Standards Board, London, and the interpretations of the IFRS Interpretations Committee.

"Intellectual Property" means all rights in or to the following, anywhere in the world: (i) trademarks (including common law trademarks), service marks, brand names, certification marks, collective marks, d/b/a's, domain names, logos, symbols, trade dress, assumed names, fictitious names, trade names, and other indicia of origin, all applications and registrations for the foregoing and all renewals of same, and all goodwill associated therewith and symbolized thereby (collectively, "Trademarks"); (ii) patents, patent applications and registrations, design patents, community designs and all other supra-national or national design rights, whether registered or unregistered, and other patent rights, including all divisions, continuations, continuations-in-part, renewals, reissues, extensions, certificates of reexamination, utility models and supplementary protection certificates (collectively, "Patents"); (iii) trade secrets, confidential information and know-how, including unpatented inventions, processes, schematics, algorithms, R script packages, business methods, formulae, drawings, prototypes, models, and designs; (iv) published and unpublished works of authorship, whether copyrightable or not, copyrights therein and thereto, all registrations and applications therefor, and all renewals, extensions, restorations and reversions thereof; (v) software; (vi) Data; and (vii) any other similar intellectual property or proprietary rights.

"IT Assets" means information technology assets, including computers, tangible embodiments of software and Data, servers, workstations, end-user devices, routers, hubs, switches, and data communications lines. For clarity, "IT Assets" excludes any Intellectual Property, or any of the information technology infrastructure to be made available to Purchaser pursuant to any separate agreement between Purchaser or any of its Affiliates and any third party service provider.

"Law" means any law, common law, statute, ordinance, rule, regulation, code, Order, judgment, injunction or decree enacted, issued, promulgated, enforced or entered by a Government Entity.

"Liabilities" means any and all debts, liabilities, guarantees, assurances, commitments and obligations of any kind, whether fixed, contingent or absolute, matured or unmatured, liquidated or unliquidated, accrued or not accrued, asserted or not asserted, known or unknown, due or to become due, determined, determinable or otherwise, whenever or however arising (including, whether arising out of any contract or tort based on negligence or strict liability) and whether or not the same is reflected on a balance sheet or would be required by the International Financial Reporting Standards issued by the International Accounting Standards Board, London, and the interpretations of the IFRS Interpretations Committee, both as endorsed by the European Union, to be reflected in financial statements or disclosed in the notes thereto.

"Local IT Infrastructure" means (i) the IT infrastructure built by Seller and its Affiliates on or relating to any Transferred Owned Real Property or any sites subject to Transferred Leases and (ii) personal end-user IT hardware (such as laptops, mobile telephones and iPads) owned by Seller and used by the Transferred Employees in the Territory (in each case to the extent not otherwise agreed between the Parties); for the avoidance of doubt, the Local IT Infrastructure shall not include any IT infrastructure located at or relating to the Seller Leased Real Property except as set forth in the foregoing clause (ii).

"Order" means any order, writ, judgment, award, injunction or decree of any Government Entity, arbitrator or arbitral tribunal.

"Ordinary Course" means, with respect to Seller and its Affiliates, the conduct of the Business and the operation of the Transferred Assets in accordance with Seller's and its Affiliates' normal day-to-day customs, practices and procedures, consistent with past practice, taking into account actions taken in connection with Seller Parent's pursuit and implementation of its divestiture of the Business and, with respect to Purchaser and its Subsidiaries, the conduct of their business and operations and the operation of their assets in accordance with the normal day-to-day customs, practices and procedures of Purchaser and its Subsidiaries and their respective predecessors in interest, consistent with past practice, taking into account actions taken in connection with Purchaser's pursuit and implementation of its acquisition of the Business.

"Party" or "Parties" means the parties to this Agreement.

"Patent Assignment Agreement" means the patent assignment agreement between Seller and Purchaser, dated as of the date hereof.

"Permit" means any consent, license, permit, action, waiver, approval, authorization, certificate, registration or filing issued by, obtained from or made with a Government Entity.

"Permitted Encumbrances" means (i) Encumbrances specifically disclosed in the financial information relating to the Business for the fiscal years 2016, 2017 and 2018 or for the six-month period ended June 30, 2019 disclosed by Seller to the Purchaser in writing prior to August 20, 2019; (ii) mechanics', materialmen's, warehousemen's, carriers',

workers', builders' or repairmen's liens or other similar common law or statutory Encumbrances arising or incurred in the Ordinary Course and that secure either (A) amounts not yet due and payable or (B) amounts that are being contested in good faith by appropriate proceedings and (in either case) for which adequate reserves have been established; (iii) liens for Taxes, assessments and other governmental charges not yet due and payable or due but not delinquent or being contested in good faith by appropriate proceedings and for which adequate reserves have been established; (iv) with respect to real property, (A) easements, quasi-easements, licenses, covenants, rights-of-way, rights of re-entry or other similar restrictions and minor imperfections of title, including any items that would be shown by a current title report or other similar report or listing or implied by law, including easements for streets, alleys, highways, telephone lines, power lines, and railways, and all similar matters of public record, (B) any conditions that would be apparent or revealed by a current survey or physical inspection that (in the case of both (A) and (B)) do not secure payment of a sum of money and do not and would not be expected to, individually or in the aggregate, materially impair the present use and operation of such property and (C) zoning, building, subdivision or other similar requirements or restrictions; (v) deed restrictions limiting the use of real property to commercial, industrial or non-residential uses in each case that are consistent with such real property's present use; (vi) licenses, covenants not to sue or other rights under Intellectual Property, IT Assets or Product Authorization Data granted by Seller Parent or its Subsidiaries; (vii) Encumbrances in Purchaser's favor arising out of this Agreement; (viii) immaterial non-monetary Encumbrances incurred in the Ordinary Course; (ix) Encumbrances that will be discharged prior to or in conjunction with the contemplated transactions; and (x) pledges or deposits under workmen's compensation Laws, unemployment insurance Laws or similar legislation, or good-faith deposits in connection with bids, tenders, contracts or leases, or deposits to secure public or statutory obligations or to secure customs or appeal bonds to which such entity is a party, in each case incurred or made in the Ordinary Course.

"Person" means an individual, a corporation, a partnership, an association, a limited liability company, a Government Entity, a trust or other entity or organization.

"Product Authorization" means a Permit that is necessary for the manufacturing, import, export, distribution, use, promotion or sale of veterinary medicinal products (small molecules, biological entities and vaccines), pesticides, biocides, nutritionals, crop pesticides, vaccines, biologics and other veterinary products, including medical devices, in the Animal Health Field for one or more indications (if applicable) or that is otherwise applicable to any Business Product in a country or other regulatory jurisdiction, including approval of New Animal Drug Applications (as such term is defined in the United States Food, Drug and Cosmetic Act) or any corresponding foreign application, including, with respect to the European Union, the approval of a marketing authorization application filed with the European Medicines Agency pursuant to the centralized approval procedure or with the applicable Government Entity of a country in the European Economic Area with respect to the decentralized procedure or mutual recognition or any other national approvals.

"Product Authorization Data" means any Data (including biological trial data and raw data), information, reports or studies, summaries and dossiers relating to the product authorized by a Product Authorization or its excipients or active ingredients (including its metabolites, impurities and degradates) that have been submitted or prepared for submission, or used or retained for the support of submissions, to any relevant Government Entity in order to obtain or maintain any permit necessary for the manufacturing, import, export, distribution,

use, promotion or sale of a product, and any written correspondence from a Government Entity in respect of such permit or submission.

"Reference Exchange Rate" means, with respect to any day, the exchange rate (a) as published by Reuters (WMR Reuters fixing) referring to the exchange rate at 2:00 p.m. Central European Time on such day or (b) if no rates are published on such day, on the latest day before that day for which such rates are published.

"Related to the Business" means exclusively related to or dedicated to the Business as conducted by Seller and its Affiliates prior to the Effective Date.

"Retained Defined Benefit Pension Plan" means any benefit plan of Seller accounted for as a post-employment defined benefit pension plan in accordance with the accounting guidelines of Seller Parent and its group companies and that will be retained by Seller Parent following the Effective Date and based on plan documents disclosed to Purchaser prior to the Effective Date.

"Seller Leased Real Property" means any real property located in the Territory which is leased or subleased by Seller or one of its Affiliates to Purchaser or one of its Affiliates.

"Subsidiary" means, with respect to any Person, any other Person (i) whose securities or other ownership interests having by their terms the power to elect a majority of the board of directors or other persons performing similar functions are owned or controlled, directly or indirectly, by such Person and/or one or more Subsidiaries, or (ii) whose business and policies such Person and/or one or more Subsidiaries have the power to direct.

"Taxes" means (i) all federal, state, county, local and foreign taxes and similar charges of any kind imposed (including by way of pre-payment) by any Government Entity, including but not limited to those on, or measured by or referred to as income, gross receipts, financial operation, sales, use, value added, franchise, profits, license, withholding, payroll, excise, severance, stamp, real or personal property, transfer, registration, environmental, escheat or other tax of any kind whatsoever, whether computed on a separate or consolidated, unitary or combined basis or in any other manner; customs, duties, social security contributions or similar fees; (ii) any statutory successor or secondary liability for or in respect of any item described in clause (i); and (iii) any interest, penalties, fines and additions to tax imposed by such Government Entity with respect to any amounts within the meaning of (i) or (ii), but excluding deferred taxes and notional tax losses (e.g. reductions of losses carry forward or future depreciation).

"Territory" means the United States of America, Guam Puerto Rico and the United States Virgin Islands.

"Trademark Assignment Agreement" means the trademark assignment agreement between Seller and Purchaser, dated as of the date hereof.

"Transaction" means the transactions contemplated by this Agreement.

"Transferred Assets" means the Transferred Seller 1 Assets and the Transferred Seller 2 Assets.

2a. "Transferred Seller 1 Assets" means those assets and items listed in Schedule

2b. "Transferred Seller 2 Assets" means those assets and items listed in Schedule

"Transferred Employees" means certain employees of the Business located in the Territory who will become employees of Purchaser or one of its Affiliates in connection with the Transaction.

"Transferred Leases" means the leases and subleases listed on Schedule 5 governing real property used by the Business, each of which will be transferred pursuant to a separate lease transfer agreement.

"Transferred Owned Real Property" means the real property set forth in Schedule 6, which will be transferred pursuant to a separate real property transfer deed.

"Transferred Registered Intellectual Property" means (i) the Patents which will be transferred pursuant to the Patent Assignment Agreement and (ii) the Trademarks which will be transferred pursuant to the Trademark Assignment Agreement.

"Transfer Tax" means any and all statutory, governmental, federal, state, local, municipal, foreign and other sales, excise, use, transfer, gross receipts, documentary, filing, recordation, stamp duty, stamp duty reserve tax, stamp duty land tax, mortgage tax, real estate tax, real estate transfer tax, and all other similar taxes, duties or other like charges, however denominated (including any conveyance and recording fees), incurred or that may be payable in connection with the sale or purchase of the Transferred Assets, together with interest, penalties, and additional amounts imposed with respect thereto, but for the avoidance of doubt, "Transfer Taxes" shall not include any Tax charged on, in respect of or calculated by reference to a Person's net income or profits or gains.

(b) "In addition, the following terms shall have the meanings ascribed to them in the corresponding section of this Agreement.

TERM	SECTION
Agreement	Preamble
Compound	Schedule 2
Effective Date	Preamble
Patents	"Intellectual Property" definition
Purchaser	Preamble
Purchaser Parent	Recitals
Purchase Price	Section 4(a)
Seller	Preamble
Seller Parent	Recitals
Trademarks	"Intellectual Property" definition
Transferred (Non-Registered) Intellectual Property	Schedule 2
Transfer Tax Returns	Section 7(b)

(c) Unless the express context otherwise requires:

(i) the words "hereof," "herein" and "hereunder" and words of similar import, when used in this Agreement, shall refer to this Agreement as a whole and not to any particular provision of this Agreement;

(ii) the terms defined in the singular shall have a comparable meaning when used in the plural, and vice versa;

(iii) the terms "U.S. Dollars" and "\$" mean United States Dollars;

(iv) references herein to a specific Section, Subsection or Schedule shall refer, respectively, to Sections, Subsections or Schedules of this Agreement;

(v) wherever the word "include," "includes," or "including" is used in this Agreement, it shall be deemed to be followed by the words "without limitation";

(vi) wherever the word "promptly" or "as promptly as practicable" is used in this Agreement, it shall mean without undue delay; and

(vii) references herein to any gender includes each other gender.

(d) Heading references herein are for convenience purposes only, and shall not be deemed to limit or affect any of the provisions hereof.

Section 2. Assignment and Assumption

(a) As of the Effective Date, Seller 1 hereby sells, conveys, transfers, assigns and delivers to Purchaser free and clear of all Encumbrances other than Permitted Encumbrances, and Purchaser hereby purchases and accepts from Seller 1, the entirety of Seller 1's right, title and interest in and to all of the Transferred Seller 1 Assets located in the Territory.

(b) As of the Effective Date, Seller 2 hereby sells, conveys, transfers, assigns and delivers to Purchaser free and clear of all Encumbrances other than Permitted Encumbrances, and Purchaser hereby purchases and accepts from Seller 2, the entirety of Seller 2's right, title and interest in and to all of the Transferred Seller 2 Assets located in the Territory.

(c) As of the Effective Date, Seller hereby assigns and transfers to Purchaser, and Purchaser hereby assumes and agrees to thereafter discharge and perform when due or payable and to be bound by all the terms, covenants, conditions, Liabilities and obligations in and of, all of the Assumed Liabilities located in the Territory.

(d) No asset shall be a Transferred Asset to the extent that the sale, conveyance, transfer or assignment of such asset or any claim or right or any benefit arising thereunder or resulting therefrom is prohibited by any applicable Law or would require any Permits or Consents which have not been obtained as of the Effective Date; *provided, that* the Parties and their Affiliates shall use their reasonable best efforts, and cooperate with each other, to obtain promptly such Permits or Consents and to the extent such Permits or Consents are obtained after the Effective Date such asset shall become a Transferred Asset.

Section 3. Transfer of Possession

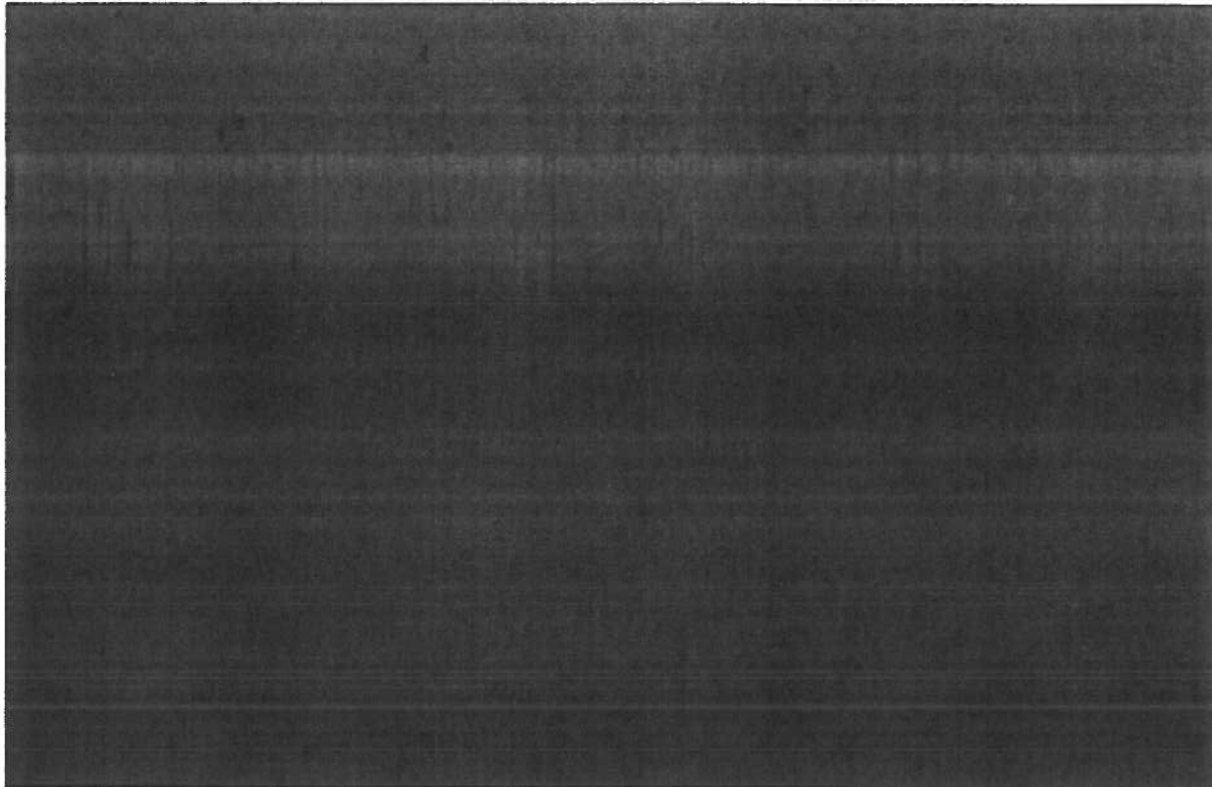
(a) To the extent not otherwise agreed between the Parties, Purchaser shall collect the movable Transferred Assets as soon as reasonably practicable after the Effective

Date from the premises of Seller during regular business hours. If any of the movable Transferred Assets are in the possession of third parties, Seller hereby assigns to Purchaser with effect as of the Effective Date its rights to request delivery of such movable Transferred Assets against such third parties. Purchaser hereby accepts such assignment.

(b) Prior to the Effective Date, Seller shall bear the risk of destruction, loss, deterioration and damage of the movable Transferred Assets.

(c) As of the Effective Date, Purchaser shall bear the risk of destruction, loss, deterioration and damage of the movable Transferred Assets and all costs and risks of removing, transporting and collecting such assets from the aforementioned premises.

Section 4. Purchase Price



Section 5. No Representations or Warranties

Except as may otherwise be expressly agreed in writing between the Parties or their Affiliates, no Party nor any of its Affiliates makes any representations or warranties of any kind, express or implied, with respect to the subject matter of this Agreement, including the Business and the Transferred Assets, and each Party disclaims any and all warranties, express or implied, including any implied warranties of merchantability, non-infringement or fitness for a particular purpose which are specifically disclaimed, other than such representations and warranties that are or have been expressly agreed in writing between the Parties and their Affiliates.

Section 6. No Assignment or Benefit to Third Parties

This Agreement shall be binding upon and inure to the benefit of the Parties and their respective successors, legal representatives and permitted assigns. No Party may assign any

of its rights or delegate any of its obligations under this Agreement, by operation of Law or otherwise, without the prior written consent of the other Party, except that Purchaser may assign any and all of its rights under this Agreement to one or more direct or indirect Subsidiaries of Purchaser Parent (but no such assignment shall relieve Purchaser of any of its obligations hereunder). Any attempted assignment or delegation of this Agreement not effected in accordance with this Section 6 shall be null and void. Nothing in this Agreement, express or implied, is intended to confer upon any Person other than Purchaser, Seller, or their respective successors, legal representatives and permitted assigns, any rights or remedies under or by reason of this Agreement.

Section 7. Tax Matters

(a) Purchaser shall be entitled to deduct and withhold from any amounts allocable to such transfers and otherwise payable pursuant to this Agreement such amounts as are required to be deducted and withheld under applicable Tax Law or according to an order issued by a Government Entity after following the procedures specified in the following sentence. If Purchaser believes that any withholding of Tax is required with respect to any payment under this Agreement, then Purchaser shall give written notice to Seller describing the basis for such withholding in reasonable detail at least twenty (20) Business Days prior to the Effective Date, and Purchaser shall provide Seller with a reasonable opportunity to provide any applicable certificate, form or documentation that would reduce or eliminate the requirement to deduct and withhold Tax with respect to such payment, and Purchaser shall otherwise cooperate with Seller and take such steps as Seller may reasonably request to reduce or eliminate such withholding obligation to the extent permitted by applicable Law. To the extent that amounts are deducted and withheld pursuant to this Section 7(a): (i) such deducted and withheld amounts shall be timely remitted by Purchaser to the applicable Government Entity, (ii) such deducted and withheld amounts shall be treated for all purposes of this Agreement as having been paid to the Person in respect of which such deduction and withholding was made, and such Person shall not be entitled to claim a gross-up in respect of such amounts, and (iii) full evidence of such payment to the applicable Government Entity and any further documentation that is reasonably requested by Seller and available to Purchaser shall be as promptly as practicable forwarded by Purchaser to Seller.

(b) Any Transfer Taxes that are, or become, due and payable as a result of the Agreement, shall be borne by Purchaser. Any tax returns that must be filed in connection with any Transfer Taxes ("Transfer Tax Returns") shall be prepared by Purchaser as soon as possible taking the filing deadline for the respective Transfer Tax Return into account. If Seller is obliged to file the Transfer Tax Return, Purchaser shall provide drafts of any Transfer Tax Returns to Seller a reasonable period of time (and in any event no later than ten (10) Business Days) prior to the filing deadline of the relevant Transfer Tax Return. Purchaser shall consider in good faith any comments provided by Seller on any such Transfer Tax Return by Seller.

Section 8. [Intentionally left blank]

Section 9. Governing Law, Disputes

(a) This Agreement shall be governed by and construed with the Laws of the State of Delaware, excluding its conflict of laws provisions and the UN Convention on the International Sale of Goods.

(b) Neither Party may assert any claim against the other Party under, or in connection with, this Agreement without having notified its respective ultimate parent company at least five (5) Business Days prior to the assertion of such claim.

(c) Seller and Purchaser agree that they will not assert any claims or rights under, or in connection with, this Agreement while such claims or rights are asserted or defended by their respective ultimate parent company. Further, the Parties agree that none of them will assert any claims or rights under, or in connection with, this Agreement if such claim or right has been fulfilled, settled or, as the case may be, been dismissed in proceedings carried out in accordance with any agreement between Seller Parent and Purchaser Parent.

Section 10. Severability

The provisions of this Agreement shall be deemed severable and the invalidity or unenforceability of any provision shall not affect the validity or enforceability of the other provisions hereof. If any provision of this Agreement, or the application thereof to any Person or any circumstance, is invalid or unenforceable, (a) a suitable and equitable provision shall be substituted therefor in order to carry out, so far as may be valid and enforceable, the intent and purpose of such invalid or unenforceable provision and (b) the remainder of this Agreement and the application of such provision to other Persons or circumstances shall not be affected by such invalidity or unenforceability, nor shall such invalidity or unenforceability affect the validity or enforceability of such provision, or the application thereof, in any other jurisdiction.

Section 11. Further Assurances

Each Party shall promptly execute, acknowledge and deliver any other assurances or documents or instruments of transfer reasonably requested by any other Party and necessary for the requesting Party to satisfy its obligations hereunder or to obtain the benefits of the transactions contemplated hereby.

Section 12. Bulk Sales

Seller and Purchaser agree to waive compliance with [Article 6 of the Uniform Commercial Code] to the extent that such [Article] is applicable to the transactions contemplated by this Agreement.

Section 13. Counterparts

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, and all of which shall constitute one and the same Agreement.

[Signature Page Follows]

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed and delivered as of the date first above written.

SELLER 1:

Bayer HealthCare LLC

By: 

Name: Dany Saks

Title: Attorney-in-fact under the exclusion of any personal liability based on a power of attorney, a copy of which is attached hereto

SELLER 2:

Bayer U.S. LLC

By: 

Name:

Title: Attorney-in-fact under the exclusion of any personal liability based on a power of attorney, a copy of which is attached hereto

PURCHASER:

Elanco US, Inc.

By: 

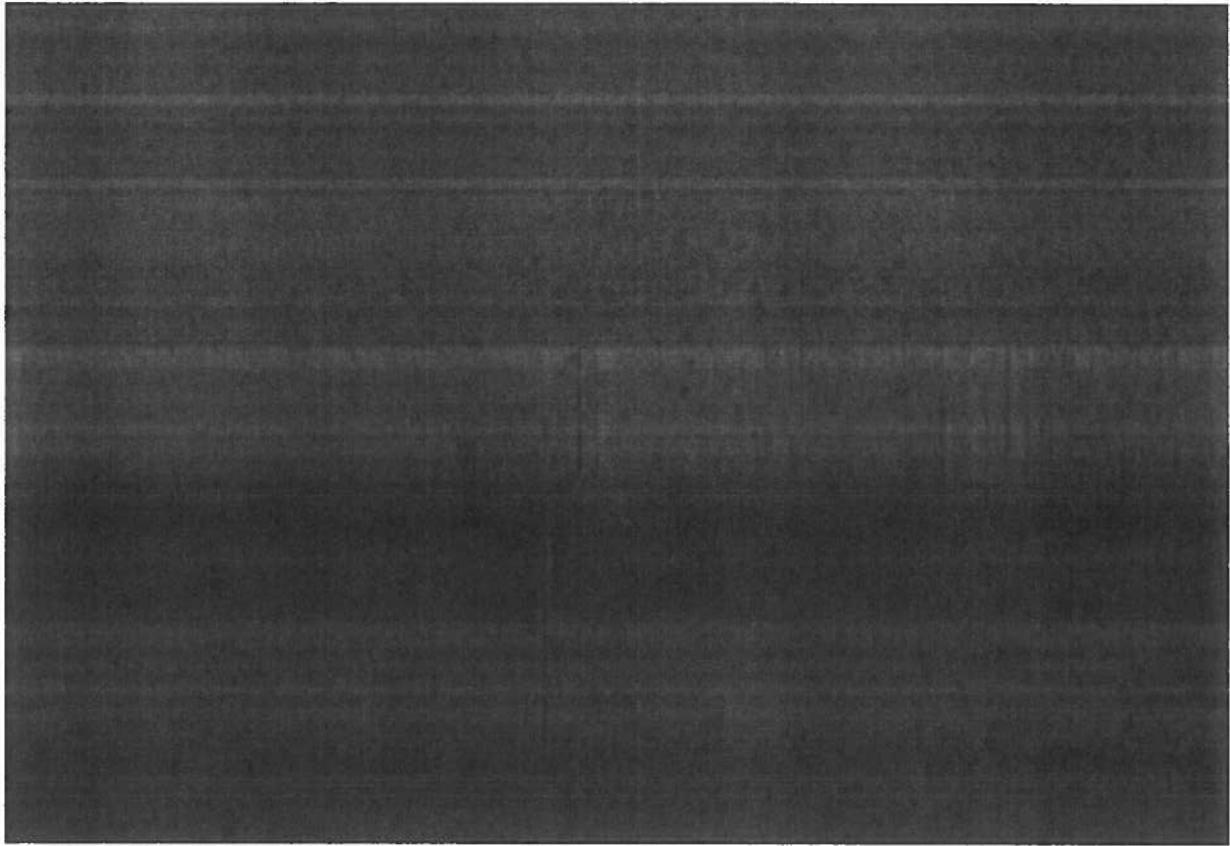
Name:

Title:

[Signature Page to LAPA – US]

**Schedule 1
to the Local Purchase Agreement**

Purchase Price



**Schedule 2a
to the Local Purchase Agreement**

Transferred Seller 1 Assets

"Transferred Seller 1 Assets" means all of the following assets of Seller 1 located in the Territory to the extent held by Seller 1 as of the date of this Agreement and not otherwise agreed between the Parties (subject to Section 2(c)):

- (A) **Transferred Advance Payment Assets:** Payments made by Seller 1 for services yet to be rendered or goods yet to be provided, to the extent Related to the Business.
- (B) **Transferred Inventory:** All finished goods, raw materials, intermediates, active ingredients, packaging materials, work-in-progress and other inventories which are Related to the Business, wherever located (including inventory in transit).
- (C) **Transferred Books and Records:** All books, ledgers, files, reports, plans, records, manuals, Data, correspondence and other materials (in any form or medium) of or maintained for the Business, but excluding (i) Product Authorization Data, any employment records of the Transferred Employees, (ii) items that are primarily related to Seller 1's other assets (not constituting Transferred Seller 1 Assets) (iii) any records which cannot be transferred under applicable Law (iv) any records which, if transferred, would expose Seller 1 and its Affiliates to material liability and (v) any records that relate to Taxes paid or payable.
- (D) **Transferred Contracts:** (i) Any Contract between Seller 1 on the one hand, and a third party on the other hand, which is Related to the Business or which grants any party a proprietary interest in any Transferred Seller 1 Asset, excluding the Transferred Leases and (ii) the portion of each of the mixed contracts listed on Schedule 4 which are Related to the Business.
- (E) **Transferred Product Authorizations:** All Product Authorizations and pending applications for Product Authorizations which are Related to the Business and any amendments or supplements thereto, in each case to the extent transferrable under applicable Law.
- (F) **Transferred Product Authorization Data:** All Product Authorization Data which has been sponsored, commissioned or generated by the Business and is in the possession of Seller 1, whether in tangible or electronic form, to the extent transferrable under applicable Law.

- (G) Transferred Employees' Records: All personnel files in the possession of, or under the control of, Seller 1 which are related to Transferred Employees which shall include, without limitation, with respect to each Transferred Employee, to the extent applicable, his or her employer, title, hire date, location, full- or part-time status, leave status (and, if on leave, the nature of the leave and the expected return date), annual salary or wage rate, most recent annual bonus received, current annual bonus opportunity, and special status, if any (including membership of works councils and disability status), disciplinary history, historical performance ratings and reviews, and historical talent assessment/leadership potential ratings, unless transfer is prohibited by applicable Law.

- (H) Transferred Fixtures and Equipment: (i) All office furniture, office furnishings and office equipment located at or relating to any Transferred Owned Real Property or any sites subject to Transferred Leases and (ii) all other furniture, furnishings, vehicles, equipment, tools and other tangible personal property in each case owned by Seller 1 and which are Related to the Business (other than inventory and IT Assets) excluding, however, any office furniture, office furnishings and office equipment located at any site being leased to Purchaser or its Affiliates pursuant to any agreement with Seller 1 or its Affiliates, in the case of each of the foregoing (i) and (ii), including any such items which are subject to any conditional sales or title retention agreement in favor of any other Person.

- (I) Transferred Intellectual Property Records: All (a) invention disclosures included in the Transferred Registered Intellectual Property or the Transferred (Non-Registered) Intellectual Property; and (b) records, files and documents with regard to the preparation, filing, prosecution, granting, maintenance and defense of any (i) Transferred Registered Intellectual Property or (ii) any material Transferred (Non-Registered) Intellectual Property, in each case, to the extent such invention disclosures, records, files and documents are in the possession of Seller 1; but excluding any notifications of invention, laboratory notebooks or research and development information (in the latter case except as such information is specifically included in such records, files and documents).

- (J) Transferred IT Assets: Any of the following IT Assets owned by Seller 1: IT Assets which are dedicated to or used exclusively in connection with the Local IT Infrastructure.

- (K) Transferred Permits: All Permits (other than Product Authorizations) held by Seller 1 which are Related to the Business, to the extent transferable under applicable Law.

- (L) Rebate Program Books and Records: All books and records relating to any discount, rebate, bonus payment or other sales incentive programs of Seller 1 which are Related to the Business.

- (M) Litigation: To the extent transferable under applicable Law, all causes of action, lawsuits, judgments, claims and demands of any nature available to or being pursued by Seller I Related to the Business, except to the extent such causes of action, lawsuits, judgments, claims and demands are related to any of Seller's other assets (not including Transferred Assets) or Excluded Liabilities.
- (N) Rights to Receive Mail: All rights to receive mail Related to the Business or exclusively related to the Transferred Seller I Assets or the Assumed Liabilities.
- (O) Certain Documents: Those invoices, shipping documents, purchase orders and other preprinted business forms which are Related to the Business.
- (P) Insurance Proceeds: All insurance proceeds paid to Seller I pursuant to a claim made prior to the Effective Date pursuant to any agreement between Seller Parent and Purchaser Parent (whether or not such proceeds are received prior to or after the Effective Date).
- (Q) Goodwill: All goodwill Related to the Business or related to any Transferred Asset to the extent transferrable and the right to represent to third parties that Purchaser is the successor to the Business.
- (R) Tax Returns: Copies of any and all Tax Returns solely related to Taxes of the Transferred Seller I Assets.

**Schedule 2b
to the Local Purchase Agreement**

Transferred Seller 2 Assets

"Transferred Seller 2 Assets" means all of the following assets of the Seller 2 located in the Territory to the extent held by the Seller 2 as of the date of this Agreement and not otherwise agreed between the Parties (subject to Section 2(c)):

- (A) Transferred Contracts: (i) Any Contract between Seller 2 on the one hand, and a third party on the other hand, which is Related to the Business or which grants any party a proprietary interest in any Transferred Seller 2 Asset, excluding the Transferred Leases and (ii) the portion of each of the mixed contracts listed on Schedule 4 which are Related to the Business.
- (B) Transferred IT Assets: Any of the following IT Assets owned by Seller 2: IT Assets which are dedicated to or used exclusively in connection with the Local IT Infrastructure.

**Schedule 3
to the Local Purchase Agreement**

Excluded Liabilities

"Excluded Liabilities" means the following Liabilities:

- (A) all accounts payable of Seller (other than accounts payable of Seller which are trade funds relating to Transferred Contracts with customers in the United States of America);
- (B) all financial indebtedness of Seller;
- (C) all Liabilities retained by Seller under medical, life insurance, long-term disability and other welfare plan expenses and benefits for each Transferred Employee with respect to claims incurred and raised by such Transferred Employee or his or her covered dependents prior to the Effective Date and not disclosed to Purchaser;
- (D) all Liabilities retained by Seller for refunds of expenses raised by Transferred Employees prior to the Effective Date, only if not payable by Purchaser and not disclosed to Purchaser;
- (E) Change of Control and Retention Payments;
- (F) all Liabilities retained by Seller for amounts accrued under bonus programs to each Transferred Employee in respect of the period prior to and including the date that is one (1) day prior to the Effective Date, determined and paid by Seller in a manner consistent with past practice with the exception that Transferred Employees who are employed by Purchaser or an Affiliate on the date of payment of such bonus amounts by Seller shall be eligible to receive their accrued bonus amounts, prorated to the Effective Date, on such payment date;
- (G) all Liabilities under Retained Defined Benefit Pension Plans; and
- (H) all Liabilities retained by Seller for any payments of employee inventor compensation in respect of the Patents under the German Employee Inventions Act (*Arbeitnehmererfindungsgesetz - ArbNErfG*) or any similar applicable Laws of any other jurisdiction that were required to be made prior to the Effective Date.

ALBA HINOJOSA

DIRECTOR OF SAFETY/QUALITY

Objective

Highly motivated Director of Safety/Quality with over 18 years of experience in the transportation industry. I aim to use my proven experience in safety, claims and risk management to effectively fill the position of Director of Safety. I am also a notary public for the state of Texas.

Skills & Abilities

Fluent in English and Spanish.

Advanced knowledge of Microsoft Office, AS400 and TMW transportation software, PeopleNet and Rand McNally electronic logging systems and reports, JDE and 3PL Central Warehouse Management Systems.

Effective management of personnel, excellent communication skills, prioritization and delegation of responsibilities, and team-oriented.

Develop and implement policies and procedures by problem identification, policy analysis, strategy development, policy enactment and implementation, and policy evaluation.

VITALS

2912 Lake Austin Place

El Paso, Texas 79936

T 915-301-3000

E aehinojosa7511@outlook.com

EXPERIENCE

REDWOOD DISTRIBUTION

EL PASO, TX

2018 TO CURRENT

As Quality Manager for a pharmaceutical distribution warehouse I ensure quality compliance in all aspects of the distribution process. My responsibilities include warehouse compliance with OSHA standards, and processes set by the pharmaceutical manufacturer. Another aspect is verification of proper product handling, including receiving, storage and distribution.

FREIGHT EXCHANGE OF NORTH AMERICA, LLC

EL PASO, TEXAS

2012 TO 2018

As Director of Safety I ensure compliance with Federal Motor Carrier Safety Regulations. My responsibilities also include accident reviews, reporting and communication with insurance agents and adjusters. In addition, I oversee terminal safety and OSHA compliance. NATMI Certified Director of Safety. Designated Employee Representative for Drug and Alcohol program.

MESILLA VALLEY TRANSPORTATION, LLC

EL PASO, TX

1999 TO 2001 AND 2005 TO 2012

As Safety Coordinator I was tasked with overseeing 16 safety employees. I ensured compliance with regulations for both drivers and equipment by supervising hours of service, roadside inspections, equipment registration and permitting, driver corrective action. Certified Breath Alcohol Technician. Certified Drug Test Collector. Designated Employee Representative for Drug and Alcohol program. Cargo claims adjuster.

HERMAN-MILES TRANSPORTATION, INC

EL PASO, TX

1994 TO 1996

As Fleet Operations Assistant I was tasked with processing driver hours-of-service logs, processing driver payroll and assisting the fleet operations director in a secretarial role.

EDUCATION

EL PASO COMMUNITY COLLEGE, EL PASO, TEXAS

BASIC STUDIES FOR BUSINESS ADMINISTRATION

UNIVERSITY OF TEXAS AT EL PASO, EL PASO, TEXAS

BUSINESS ADMINISTRATION

**Schedule 4
to the Local Purchase Agreement**

Mixed Contracts

I.	Technical Goods/Services	Master Distribution Agreement, dated June 11, 2015 / January 14, 2016 / October 1, 2016, between Bayer HealthCare LLC and Exel Inc., as amended by Eighteenth Amendment, dated April 8, 2019, between Bayer HealthCare LLC and Exel Inc. d/b/a DHL Supply Chain (USA), and Schedule #3: Statement of Work for Animal Warehousing Services, effective as of June 1, 2018, between Bayer HealthCare LLC and Exel Inc. d/b/a DHL Supply Chain USA	Bayer HealthCare LLC	me Exel, Inc	multiple
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Schedule 5
to the Local Purchase Agreement
Transferred Leases

				D
None	None	None	None	None

**Schedule 6
to the Local Purchase Agreement**

Transferred Owned Real Property

USA

12809 and 12707 Shawnee, Mission
Parkway, Johnson County, Shawnee
Mission, Kansas, 66216

C
Bayer HealthCare LLC

STATE OF MISSOURI

Office of Secretary of State

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Apostille does not certify the content of the document for which it was issued.

This Apostille is not valid for use anywhere within the United States of America, its territories or possessions.

Apostille

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America
2. This public document
has been signed by KIM D. SIMON
3. Acting in the Capacity of NOTARY PUBLIC - STATE OF MISSOURI
4. bears the seal/stamp of KIM D. SIMON - NOTARY PUBLIC - STATE OF MISSOURI

Certified

5. at Jefferson City, Missouri
6. The 5th day of MAY, 2020
7. by John R. Ashcroft, Secretary of State, State of Missouri
8. No. 2426642
9. Seal-Stamp
10. Signature:



Secretary of State

Project Explorer

Local Asset Transfers - the United States of America - PoA

POWER OF ATTORNEY

Bayer HealthCare LLC,

a Delaware limited liability company with a principal address of 100 Bayer Boulevard, Whippany, NJ 07981, ("**Bayer**") intends to sell and divest the animal health business of Bayer and its affiliated companies (including by way of an asset sale, or by selling any or all of its shares or other interest in any legal entity conducting the relevant business) to a third party or several third parties, including the following companies, (jointly the "**Purchasers**"):

- Elanco Animal Health Incorporated, an Indiana corporation ("**Elanco**"),
- one or more of Elanco's affiliated companies, and
- any person designated by Elanco

(such sale and divestment herein referred to as the "**Transaction**").

Bayer hereby appoints

Dr. Christian Bank, born in Cologne, Germany, on March 18, 1976,
Dr. Paul Wilhelm Fort, born in Exeter, New Hampshire, USA, on July 22, 1973,
Dr. Deny-Jean Silny, born in Aachen, Germany, on December 10, 1980
Lukas Delahaye, born in Herzogenrath, Germany, on November 9, 1981,
Dr. Katarina Spiegl, born in Bradenton, Florida, USA, on August 3, 1984,
Christoph Lippa, born in Aschaffenburg, Germany, on March 28, 1978,
André Zimmer, born in Hildesheim, Germany, on June 7, 1985
Svenja-Beatrice Buecherl, born in Straubing, Germany, on October 31, 1985

- each with a business address at

Bayer Aktiengesellschaft

Kaiser-Wilhelm-Allee 20, D-51368 Leverkusen --

(together the "**Attorneys**" and each an "**Attorney**")

each of them individually and separately (sole power of representation), as its authorised attorney in connection with the matters contemplated in items 1 to 4 below. Each Attorney is authorised to represent any other person (except for himself or herself) in addition to representing Bayer (partial release from the

restrictions of Section 181 of the German Civil Code). Each Attorney is further granted the right to delegate the powers vested in him/her by this power of attorney to any other person in full or in part (also under partial release from the restrictions of Section 181 of the German Civil Code to represent both Bayer and any other person except for himself or herself) and to revoke such delegated powers in full or in part.

Bayer hereby authorises each Attorney individually and separately (sole power of representation) to approve the actions of representatives acting without power of attorney.

Each Attorney is in particular authorised:

1. to execute the Transaction, also in part, in the name of Bayer;
2. to enter into all agreements and to make and receive all declarations in the name of Bayer that they deem necessary or appropriate in connection with the Transaction, in particular:
 - a. the sale and/or transfer of assets of any kind, liabilities of any kind and/or contracts of any kind to the Purchasers and negotiation, conclusion, amendment, revision, termination and/or execution of a sale and/or transfer agreement with the Purchasers and/or third parties;
 - b. the sale and/or transfer of any or all of the shares or other interest in any legal entity conducting the relevant business to the Purchasers and negotiation, conclusion, amendment, revision, termination and/or execution of a sale and/or transfer agreement with the Purchasers and/or third parties; and
 - c. the execution of legal acts of any kind with the Purchasers and/or third parties in connection with the Transaction, including but not limited to the negotiation, conclusion, amendment, revision, termination and execution of license agreements, services agreements, supply agreements and toll manufacturing agreements of any kind;
3. to take any further actions in the name of Bayer in connection with the Transaction, which the Attorney deems advisable; and
4. to act in the name of Bayer and on behalf of third parties simultaneously.

This power of attorney can be used in whole or in part. It can be used more than once. The scope of this power of attorney is to be interpreted broadly at all times as to serve the economic purpose it is granted for.

For their internal relationship, Bayer hereby undertakes to indemnify and hold harmless each Attorney and each eventually authorised other person from and against all costs, expenses, claims, obligations, any damage



1
3
and any liability of whatever kind incurred by, or asserted against, the respective Attorney or eventually authorised other person under or in connection with the agreed upon exercise of this power of attorney.

This power of attorney shall be governed by, and construed in accordance with, the substantive laws of the Federal Republic of Germany except to the extent the laws of another jurisdiction mandatorily apply. Conflict of law rules shall be excluded from this choice of law, provided that any form requirements that may be applicable to this power of attorney shall be deemed met if either the requirements of the laws applying mandatorily or of the place of use of this power of attorney are met.

In case of doubt, this power of attorney shall be interpreted extensively to realize the purpose of its granting.

This power of attorney shall expire on 31 December 2022.

On behalf of Bayer HealthCare LLC,

May 1, 2020



Name: Brian Branca

Title: Treasurer



STATE OF MISSOURI)
) ss
COUNTY OF ST. LOUIS)

On this 1st day of May, 2020, before me Kim D. Simon, a Notary Public in and for said state, personally appeared Brian Branca, as Treasurer, known to me to be the person who executed this Power of Attorney and acknowledged to me that he executed the same for the purpose therein stated.

Kim D. Simon
Notary Public

My Commission Expires:



KIM D. SIMON
My Commission Expires
May 16, 2022
St. Louis County
Commission #14427113

17

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WHOLESALE LICENSE

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

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

☒ New Wholesaler ☐ Ownership Change ☐ 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 by 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?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

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

Yes ☒ No ☐

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☒ No ☐

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

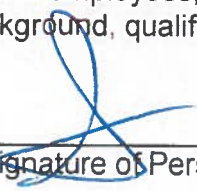
This page must be submitted for all types of ownership.

- 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-PUBLICLY 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?

Name	Address
a) Lincare Holdings Inc. - 100% owner,	19387 U.S. Highway 19 North Clearwater, Florida 33764

b) _____

Name	Address
------	---------

c) _____

Name	Address
------	---------

[illegible]

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

1

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 WHOLESALE
Nature of Pharmacy or Wholesaler
LINCANE 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 City SPARKS State/Zip NV 89431
Dates 10/08 - PRESENT
Present Position with the Pharmacy or Wholesaler SALES REP Phone: Residence (775) 359-6262
Business (775) 359-6262
Date of Birth 10/08 - PRESENT Place of Birth (City, County, State) RENO, WASHOE, NV
Age 38 Social Security Number _____ Sex MALE
Color of Eyes Brown Color of Hair Brown Complexion WHITE Weight 210 Build 5'11" Height 5'11"
Scars, tattoos or distinguishing marks and/or characteristics N/A MEDIUM

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
Page 1

MARITAL INFORMATION-Continued

A. Current Marriage 09/15/06 RENO, WASHOE, NV
Date City, County and State
Spouse's full name (Maiden) SARAH (HALL) CARNE
Date of Birth _____ Place of Birth BOISE, ID
Resident address WHIMBLETON WAY RENO NV 89511
Street City State Zip
Telephone: Resident _____ Business (775) 853-6033
Spouse's employer TWISTED FORK Occupation SERVER
Address of employer 1191 STEAMBOAT PKWY RENO NV 89521
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
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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
<u>BLAKE CARNE</u>		<u>RENO, NV</u>	<u>WHIMBLETON WAY</u>
<u>CLAYTON CARNE</u>		<u>RENO, NV</u>	<u>RENO, NV</u>
<u>ELIJAH CARNE</u>		<u>RENO, NV</u>	<u>89511</u>
<u>HADLEY CARNE</u>		<u>RENO, NV</u>	<u>SAME AS ABOVE</u>

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	ARCHITECT
Mother			
BEVERLY (WAGGONER) CARNE	1 1	SLEEPY Hollow Dr RENO, NV 89502	TEACHER
Father-in-Law			
TONY HALL		CATAGO ST LAS VEGAS, NV 89119	SAFETY ENVIRONMENTAL DIR.
Mother-in-Law			
MARY KAY LYDEN	1 1	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
Spouse			
WHITNEY (CARNE) HULL		CT SE	OFFICE MANAGER
BRIAN HULL		COVINGTON, WA 98042	SA MARKETING + STRATEGY ANALYST

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			
WIDDEN 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 OF NEVADA	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	
06/05 - 09/06	1525 CARVUE 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	
06/89 - 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	LINCANE INC. 1380 GREG ST #201 SPARKS, NV 89431	1920
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	LINCANE INC. 1380 GREG ST #201 SPARKS, NV 89431	8168
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	LINCANE 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 <u>DAVE PASCHAL</u>	Home	<u>RAINBOW RIDGE RD</u>	<u>RENO, NV</u>	<u>89523</u>		<u>35</u>
Employer <u>CHILI'S</u>	Business	<u>10340 N. McCARRAN BLVD</u>	<u>RENO, NV</u>	<u>89503</u>	<u>(775) 787-3388</u>	
Name <u>CRAIG STEVENS</u>	Home	<u>PO Box</u>	<u>CONSON CITY, NV</u>	<u>89721</u>		<u>11</u>
Employer <u>A+ HOSPICE</u>	Business	<u>227 VINE ST</u>	<u>RENO, NV</u>	<u>89503</u>	<u>(775) 324-0900</u>	
Name <u>JOSH BRATZLER</u>	Home	<u>HEATHERWOOD DR</u>	<u>RENO, NV</u>	<u>89523</u>		<u>9</u>
Employer <u>SELECT REAL ESTATE</u>	Business	<u>1170 S. ROCK BLVD</u>	<u>RENO, NV</u>	<u>89502</u>	<u>(775) 688-4800</u>	
Name <u>PETER HULL</u>	Home	<u>VALLEYWOOD DR</u>	<u>RENO, NV</u>	<u>89523</u>		<u>21</u>
Employer <u>FAUON PHYSICAL THERAPY</u>	Business	<u>2180 REED HWY</u>	<u>FAUON, NV</u>	<u>89406</u>	<u>(775) 423-5233</u>	
Name <u>MAC SMITH</u>	Home	<u>E 6000 S</u>	<u>OGDEN, UT</u>	<u>84405</u>		<u>18</u>
Employer <u>IVCF</u>	Business	<u>1348 E 6000 S</u>	<u>OGDEN, UT</u>	<u>84405</u>	<u>(801) 920-8818</u>	

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 or 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 cause 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 or 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

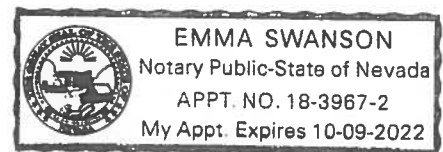
Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of

OCTOBER 2019

[Signature]
Notary Public

(seal)



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.	2938572827778234 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
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 ID:

State of Incorporation: Delaware, 11/03/1987

CORPORATE OFFICERS

CHIEF EXECUTIVE OFFICER

0% Controlling Interest

Crispin Teufel
 US Highway North
 Clearwater, FL 33764
 (727) 530-7700

CHIEF OPERATIONS OFFICER

0% Controlling Interest

Gregory G. McCarthy
 US Highway North
 Clearwater, FL 33764
 (727) 530-7700

CHIEF REIMBURSEMENT OFFICER

0% Controlling Interest

Stacy Thompson
 US Highway 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



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>

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name: INCARE INC
 Entity Type: Foreign Corporation (BO)
 Formation Date: 10/13/2003
 Termination Date: Perpetual
 Domicile Name: Delaware

Entity Number: C12626-1003
 Entity Status: Active
 NY Business ID: NY19931032000
 Annual Report Due Date: 10/31/2020

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity: C T CORPORATION SYSTEM

CRA Agent Entity Type:

NY Business ID: NY2019-107255

Jurisdiction: DELAWARE

Street Address: 701 S CARSON ST STE 200 Carson City, NV 89701, USA

Mailing Address:

Individual with Authority to Act: MATTHEW TAYLOR

Previous Website or Domain Name:

Status: Active

Registered Agent Type: Commercial Registered Agent

Office or Position:

OFFICER INFORMATION

Title	Name	Address	Last Updated	Status
President	CHRISTOPHER TEUFEL	10307 US HWY 19 N, CLEARWATER, FL, 33764, USA	06/19/2010	Active
Secretary	CHRISTOPHER TEUFEL	10307 US HWY 19 N, CLEARWATER, FL, 33764, USA	06/19/2010	Active
Treasurer	CHRISTOPHER TEUFEL	10307 US HWY 19 N, CLEARWATER, FL, 33764, USA	06/19/2010	Active
Other	TRACY VELLETT	10307 US HWY 19 N, CLEARWATER, FL, 33764, USA	06/19/2010	Active
Other	GREG O MCCARTHY	10307 US HWY 19 N, CLEARWATER, FL, 33764, USA	06/19/2010	Active

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Drug Establishments Current Registration Site

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 [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

 [LINKEDIN \(HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA\)](https://www.linkedin.com/sharearticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm&title=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&source=fda)

 [PIN IT \(HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE\)](https://www.pinterest.com/pin/create/button/?url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm&description=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE)



 [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

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Search Results for **lincare**

[CSV](#)[Excel](#)

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)

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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

312-997-9980 312-997-9980

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

SURETY

Western Surety Company


Surety Company's Representative

Donna M Planeta, Attorney-in-fact
print name

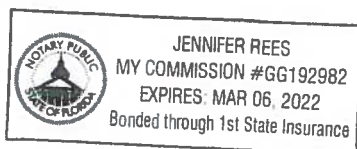
SIGNED and SEALED in the presence of:


Witness

SIGNED and SEALED in the presence of:


Witness Kristopher Pisano

Witness



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

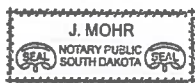
Paul T. Bruflat
Paul T. Bruflat, Vice President

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
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
L. Nelson, Assistant Secretary

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@WOLTERS

**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**

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Drug Establishments Current Registration Site

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t [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRAT ION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet/?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

in [LINKEDIN \(HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDA TA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATI ON SITE&SOURCE=FDA\)](https://www.linkedin.com/sharearticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm&title=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&source=fda)

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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

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Data Current through: Wednesday, Dec 18, 2019

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

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:** 10/31/2020**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@WOLTERS

**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 **0**
Shares:

Total Authorized Capital: **1,000**

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LINCARE INC
19387 US HIGHWAY 19 N
CLEARWATER, FL 33764

TEL: 727-530-7700
FAX: 877-524-9504

Dear representative of the Nevada Board of Pharmacy,

Austin Carne and Licensing Administrator Collin Waller will be representing Lincare Inc. at the virtual meeting of the Nevada Board of Pharmacy concerning the wholesale license for the Lincare Inc. center located in Sparks, NV.

Signed,

X  _____

Gregory McCarthy
Chief Operations Officer
Lincare Inc.

LINCARE INC
19387 US HIGHWAY 19 N
CLEARWATER, FL 33764

TEL: 727-530-7700
FAX: 877-524-9504

Collin Waller
Licensing Administrator



Dear representative of the Nevada Board of Pharmacy,

While the Lincare Inc. center located in Sparks, Nevada has never been the subject of any administrative actions, other locations owned by Lincare Inc. have been:

1. The Alabama State Board of Pharmacy found deficiencies regarding compounding, which resulted in disciplinary action against Lincare's pharmacy license in November 2011. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
2. The Missouri State Board of Pharmacy identified deficiencies during the permit application process, which resulted in issuance of Wholesale Drug Distributor to the Lincare Inc. location in Hannibal, MO, subject to probation for four years, which ended on May 31, 2013. This license has been active since its issuance.
3. Lincare, at its Indianapolis, IN infusion pharmacy location, received a routine BOP inspection, which resulted in a finding of deficiencies regarding compounding. On August 14, 2017, Lincare and the BOP agreed to a summary suspension of Lincare's permit until the BOP's September 11, 2017 meeting. On September 11, the BOP agreed to allow the summary suspension to lapse and Lincare was permitted to resume compounding. The matter was concluded with a settlement agreement and payment of a fine in March 2018. This pharmacy has been sold, and is no longer under the ownership of Lincare.
4. The Florida Department of Business and Professional Regulation alleged Lincare, at its St. Augustine location, violated certain Florida Statutes and administrative rules regarding medical oxygen. The matter was resolved with a settlement agreement in August 2018 and payment of a fine. This license has been active since its issuance.
5. Florida Department of Business and Professional Regulation alleged Lincare, at its Panama City location, violated certain Florida Statutes and administrative rules regarding distribution of medical oxygen. The matter was resolved with a settlement agreement on February 06, 2019 and payment of a fine. This license has been surrendered for business purposes unrelated to the settlement agreement.
6. On July 15, 2019, Lincare's Indianapolis, IN infusion pharmacy location entered into a Consent Order with the Illinois Department of financial and Professional Regulation, Division of Professional Regulation, resolving the entity's complaint against the pharmacy. The complaint alleged sister-state discipline stemming from the pharmacy's March 2018 settlement agreement with the Indiana Board of Pharmacy. This pharmacy has been sold, and is no longer under the ownership of Lincare.
7. Lincare, at its Ocala, FL location, received an inspection from the Florida Department of Business and Professional Regulation, which resulted in a finding of deficiencies related to medical oxygen on September 24, 2019. The matter was concluded with an agreement as to the deficiencies and the payment of a fine.
8. Lincare, at its Gainesville, FL location, received an inspection from the Florida Department of Business and Professional Regulation, which resulted in a finding of deficiencies related to medical oxygen on or around July 24, 2019. The matter was concluded by entering into a settlement agreement and the payment of a fine.

9. Lincare, at its Lake City, FL location, received an inspection from the Florida Department of Business and Professional Regulation, which resulted in a finding of deficiencies related to medical oxygen on or around August 26, 2019. The matter was concluded by entering into a settlement agreement and the payment of a fine.
10. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on November 01, 2011 which resulted in a finding of deficiencies regarding compounding. The matter was concluded with a settlement agreement and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
11. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on November 19, 2014, which resulted in a finding of deficiencies regarding compounding. The matter was concluded with a settlement agreement and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
12. Lincare was subject to a consent agreement and payment of a fine to the Maine Board of Pharmacy in March 2015 for not disclosing prior disciplinary actions in other states. All licenses are and have always been active, except for two licenses surrendered for business reasons not related to this issue.
13. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on September 12, 2017, which resulted in a finding of deficiencies regarding compounding. The matter was concluded with an agreement as to the deficiencies and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
14. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on March 11 - 12, 2019, which resulted in a finding of a deficiency regarding timely inventory after a change in the pharmacist in charge. The matter was concluded with an agreement as to the deficiency and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
15. Lincare, at its Peoria, AZ location, received a routine BOP inspection on May 30, 2019, which resulted in a finding of deficiencies regarding temperature controls. The matter was concluded with a consent agreement which placed the licenses on probation for 11 days, ending on March 06, 2020.

If you have any questions, please feel free to contact me via e-mail at CWaller1@lincare.com or by phone at 1-800-284-2006 Ext. 18226.

Thank you,

Collin Waller
Licensing Administrator
Lincare Inc.

**DOCUMENTS CONCERNING THE DISCIPLINARY ACTION IN
ALABAMA**

IN THE MATTER OF:

ALLEN LAW

License No. 15441

and

JANN GRANT

License No. 11065

and

LINCARE PHARMACY

Permit No. 111684

BEFORE THE ALABAMA STATE

BOARD OF PHARMACY

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Allen Law (hereinafter referred to as "Law"), Jann Grant (hereinafter referred to as "Grant") and LinCare Pharmacy (hereinafter "LinCare") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. The allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) § 41-22-12(f), the Board through its counsel and Law, Grant and LinCare through their counsel engaged in negotiations and as a result, the matters at issue were resolved informally by the negotiation of a Consent Order, the terms of which are as follows:

1. Law is found guilty of violating the provisions of law based upon the conduct alleged in Counts One, Two, Five, Six, Nine and Eleven of the Statement. Grant is found guilty of violating the provisions of law based upon the conduct alleged in Counts Three,

Four, Seven, Eight and Nine of the Statement. LinCare is found guilty of violating the provisions of law based upon the conduct alleged in Counts One, Two, Three, Four, Nine and Ten of the Statement.

2. Law shall pay an administrative fine in the amount of Five Thousand Dollars (\$5,000.00) in monthly installments of Five Hundred Dollars (\$500.00) commencing on December 1, 2011. This payment shall not be subject to discharge in bankruptcy nor shall Law attempt to discharge the same.

3. Grant shall pay an administrative fine in the amount of Two Thousand Five Hundred Dollars (\$2,500.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Grant attempt to discharge the same.

4. LinCare shall pay an administrative fine in the amount of Seven Thousand Five Hundred Dollars (\$7,500.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall LinCare attempt to discharge the same.

5. Law's license to practice pharmacy in the State of Alabama shall be placed on probation for a period of two (2) years from the effective date of this Order, that being the date it is signed on behalf of the Board.

6. Grant's license to practice pharmacy in the State of Alabama shall be placed on probation for a period of two (2) years from the effective date of this Order, that being the date it is signed on behalf of the Board.

7. LinCare's permit to operate LinCare Pharmacy in the State of Alabama is hereby **SUSPENDED** for a period of two (2) years from the date of this Order with immediate reversion to **PROBATION**.

8. Law, Grant and LinCare expressly waive their 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 them and any judicial review. Law, Grant and LinCare further waive 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.

9. By execution of this Consent Order, Law, Grant and LinCare hereby release 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.

10. Law, Grant and LinCare acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Law and/or Grant's license or LinCare's permit including, but not limited to revocation.

11. Law, Grant and LinCare acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. Law, Grant and LinCare acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing

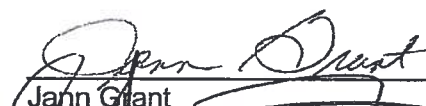
this Consent Order on the advice of their attorney.

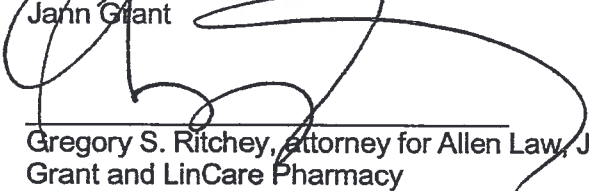
DONE this the 21st day of November, 2011.

LinCare Pharmacy

BY: _____
ITS: _____


Allen Law

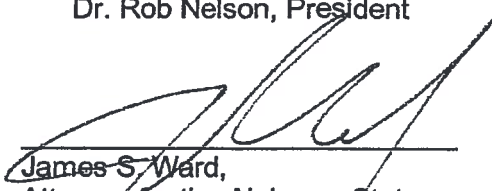

Jann Grant


Gregory S. Ritchey, attorney for Allen Law, Jann Grant and LinCare Pharmacy

DONE this the 1st day of December, 2011.

ALABAMA STATE BOARD OF PHARMACY

By: 
Dr. Rob Nelson, President


James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

this Consent Order on the advice of their attorney.

DONE this the 21st day of Nov, 2011.

LinCare Pharmacy

BY: [Signature]
ITS: Regional Manager

Allen Law

Jann Grant
[Signature]
Gregory S. Ritchey, attorney for Allen Law, Jann Grant and LinCare Pharmacy

DONE this the 13th day of December, 2011.

ALABAMA STATE BOARD OF PHARMACY

By: [Signature]
Dr. Rob Nelson President

[Signature]
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:

WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

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EXHIBIT
"A"

IN THE MATTER OF:

ALLEN LAW

License No. 15441

and

JANN GRANT

License No. 11085

and

LINCARE PHARMACY

Permit No. 111684

BEFORE THE ALABAMA STATE

BOARD OF PHARMACY

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Allen Law
104 Willow Green Drive
Harvest, Alabama 35748

Jann Grant
110 Memory Lane
Harvest, Alabama 35749

Lincare Pharmacy
4910 University Square #3
Huntsville, Alabama 35816

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(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 November 15, 2011 at 1:00 p.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

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determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate LinCare Pharmacy should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and LinCare Pharmacy have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-156 by failing to ensure the reasonable uniformity or integrity of all compounded products in that Law and LinCare failed on or about July 26, 2011 to include Magnesium Sulfate in a compound for TPN dispensed to Michael Butler although the prescription for TPN from Mr. Butler's physician, Dr. Reid Ness, specifically included this pharmaceutical ingredient; or

COUNT TWO

Violating Code of Alabama (1975), § 34-23-156 by failing to ensure the reasonable uniformity or integrity of all compounded products in that Law and LinCare failed on or about July 27, 2011 to include Magnesium Sulfate in a compound for TPN dispensed to Michael Butler although the prescription for TPN from Mr. Butler's physician, Dr. Reid Ness, specifically included this pharmaceutical ingredient; or

COUNT THREE

Violating Code of Alabama (1975), § 34-23-156 by failing to ensure the reasonable uniformity or integrity of all compounded products in that Grant and LinCare failed on or about August 2, 2011 to include Magnesium Sulfate in a compound for TPN dispensed to Michael Butler although the prescription for TPN from Mr. Butler's physician, Dr. Reid Ness, specifically included this pharmaceutical ingredient; or

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-156 by failing to ensure the reasonable uniformity or integrity of all compounded products in that Grant and LinCare failed on or about August 10, 2011 to include Magnesium Sulfate in a compound for TPN dispensed to Michael Butler although the prescription for TPN from Mr. Butler's physician, Dr. Reid Ness, specifically included this pharmaceutical ingredient; or

COUNT FIVE

As to Law, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(a) and/or (b) based upon the allegations of Count One above; or

COUNT SIX

As to Law, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(a) and/or (b) based upon the allegations of Count Two above; or

COUNT SEVEN

As to Grant, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(a) and/or (b) based upon the allegations of Count Three above; or

COUNT EIGHT

As to Grant, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(a) and/or (b) based upon the allegations of Count Four above; or

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COUNT NINE

Violating Code of Alabama (1975), § 34-23-33(8), as to Law, Grant and LinCare, based upon any or all the allegations of the preceding Counts; or

COUNT TEN

Violating Code of Alabama (1975), § 34-23-33(6), as to Law, Grant and LinCare, by failing to adequately inform Michael Butler and/or Dr. Reid Ness that the dispensed TPN as described above did not include one of the prescribed pharmaceutical ingredients; or

COUNT ELEVEN

As to Law, violating Code of Alabama (1975), § 34-23-33(12) by failing, as supervising pharmacist of LinCare Pharmacy, 4910 University Square #3, Huntsville, Alabama 35816, as that term is defined in Rule 680-X-2.12 of the Rules of the Alabama State Board of Pharmacy, to maintain accurate records of all prescription medicine received and dispensed, by failing to insure that the prescription department of the said LinCare Pharmacy was operated with good pharmaceutical practices and by failing to insure compliance with the provisions of the Alabama Pharmacy Practice Act, Code of Alabama (1975), § 34-23-1 et seq., Code of Alabama (1975), § 20-2-1 et seq., and/or the Rules of the Alabama State Board of Pharmacy in violation of Rule 680-X-2.12 of the Rules of the Alabama State Board of Pharmacy, said violation being based upon the allegations contained in any or all of the preceding Counts hereof.

Further, pursuant to the provisions of Code of Alabama (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or

distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT TWELVE

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 allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

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 1st day of October, 2011.

ALABAMA STATE BOARD OF PHARMACY

Herb Bobb
By: Herb Bobb
Executive Secretary

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Lincare

**ALABAMA STATE BOARD
OF PHARMACY**

SCHEDULING ORDER

In order to administer the matter set for hearing in a manner fair to the Respondent and the Alabama State Board of Pharmacy and consistent with the interest in completing this matter in the shortest possible time,

IT IS ORDERED that the Respondent and the Board are directed to comply with each of the following directives:

(1) DISCOVERY

All Requests for Production and other discovery requests must be submitted to be received by the Administrative Hearing Officer no later than twenty (20) days before the scheduled hearing at:

Vance L. Alexander
Administrative Hearing Officer
Alabama Board of Pharmacy
Post Office Box 38064
Birmingham, Alabama 35235-0684
FAX: 205-991-7291

With a copy to the Respondent and Board's Counsel

James S. Ward, Esquire
Ward & Wilson, LLC
2100 South Bridge Parkway
Suite 580
Birmingham, Alabama 35209
FAX: 205-871-5758

(2) REQUESTS FOR CONTINUANCE

All requests for continuances of the matter shall be submitted to be received by the Administrative Hearing Officer no later than ten (10) days before the scheduled hearing with a

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copy to the Board's counsel or Respondent as appropriate and if not, unless there are emergency circumstances, the hearing WILL NOT be continued.

(3) PLEADINGS

All other pleadings shall be submitted to be received by the Administrative Hearing Officer no later than seven (7) days before the scheduled hearing with a copy to the Board's counsel or Respondent.

(4) CONSENT ORDER/SETTLEMENT PROPOSALS

All requests for settlement or consent proposals of scheduled hearing matters shall be submitted to Board's counsel in sufficient time for the proposal to be made to the Board members at the Board meeting in the month prior to the scheduled hearing. For the attached Statement of Charges and Notice of Hearing the prior Board meeting is 10/18/2011. Unless emergency circumstances exist, proposals submitted after the above date will not be considered.

DONE and ORDERED this the 4th day of Oct, 2011.


VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

Copies to:
Respondent
Mr. James S. Ward, Esq.
Ma. Mitzi Ellenburg, Director of Operations

ORDER OF THE MISSOURI BOARD OF PHARMACY
ISSUING LINCARE, INC. A DRUG DISTRIBUTOR LICENSE
SUBJECT TO PROBATION

Comes now the Missouri Board of Pharmacy ("Board") and issues its ORDER granting a PROBATED drug distributor license, license number 2009006130, to Lincare, Inc., ("Lincare") pursuant to the provisions of Section 324.038, RSMo. As set forth in Section 324.038, RSMo, Lincare may submit a written request for a hearing to the Administrative Hearing Commission seeking review of the Board's decision to issue a probated license to Lincare. Such written request must be submitted to the Administrative Hearing Commission within thirty (30) days of issuance of this Order. The written request should be addressed to the Administrative Hearing Commission, P.O. Box 1557, Truman Building Room 640, Jefferson City, MO 65102-1557. If no written request for review is received by the Administrative Hearing Commission within the thirty (30) day period, the right to seek review of the Board's decision shall be waived.

The disciplinary period shall become effective immediately upon issuance of Lincare's permanent license as a drug distributor. Should Lincare file a written request for review of this Order, the terms and conditions of the Order shall remain in force and effect unless and/or until such time as the Administrative Hearing Commission issues an order contrary to this Order.

FINDINGS OF FACT

1. The Missouri Board of Pharmacy (hereinafter "Board") is an agency of the State of Missouri created and established pursuant to Section 338.110, RSMo, for the purpose of executing and enforcing provisions of Chapter 338, RSMo.
2. Lincare filed an application for a drug distributor license with the Board on December 5, 2008.
3. Lincare shipped compressed oxygen, oxygen concentrators and supplies into Missouri for use by patients without first obtaining a drug distributor license from the Board in violation of Chapter 338, RSMo. Lincare also shipped emergency oxygen tanks to hospitals and physicians in Missouri without first obtaining a drug distributor license from the Board in violation of Chapter 338, RSMo.

4. Lincare agreed that it shipped the items identified in paragraph 3 into Missouri without first obtaining a drug distributor license from the Board in violation of Chapter 338, RSMo.

5. Based on information received by the Board, pursuant to Section 338.055, RSMo, the Board concluded Lincare engaged in conduct which would be grounds for denying Lincare a license, or if currently licensed by the Board, disciplinary action by the Board against its drug distributor license.

6. Pursuant to the provisions of Section 324.038, RSMo, the Board hereby issues drug distributor license number 2009006130 to Lincare in lieu of denial of Lincare's request for a license to practice as a drug distributor in Missouri. License number 2009006130 is issued subject to the terms and conditions set forth herein below.

CONCLUSIONS OF LAW

7. Lincare's conduct as alleged above is cause for the Board to deny Lincare a license to be a drug distributor pursuant to Section 338.055.1 and .2, RSMo, which states in pertinent parts:

1. The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo.
2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:

* * *

- (6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;
8. Section 324.038, RSMo, provides in pertinent part:

1. Whenever a board within the division of professional registration, including the division itself when so empowered, may refuse to issue a license for reasons which also serve as a basis for filing a complaint with the administrative hearing commission seeking disciplinary action against a holder of a license, the board, as an alternative to refusing to issue a license, may, at its discretion, issue to an applicant a license subject to probation.

9. The Board hereby issues this ORDER in lieu of denial of Lincare's request for a Missouri drug distributor license pursuant to Section 324.038, RSMo.

ORDER

Based on the foregoing and in lieu of denying Lincare, Inc. a drug distributor license, the Board issues Lincare, Inc. a license subject to PROBATION for four (4) years (hereinafter "disciplinary period"). The terms of discipline shall be:

1. Respondent shall pay all required fees for licensing to the Board and shall renew its drug distributor license prior to October 31 of each licensing year.
2. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.
3. If, after disciplinary sanctions have been imposed, the Respondent fails to keep its drug distributor license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.
4. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six months (due by each January 1 and July 1), beginning with whichever date occurs first after the date of this Order, stating truthfully whether or not it has complied with all terms and conditions of this disciplinary order.
5. Respondent shall make a representative of the drug distributor available for personal interviews to be conducted by a member of the Board or the Board of Pharmacy staff. Said meetings will be at the Board's discretion and may occur periodically during the disciplinary period. Respondent will be notified and given sufficient time to arrange these meetings.

6. Respondent's failure to comply with any condition of discipline set forth herein constitutes a violation of this disciplinary Order.

7. The parties to this Order understand that the Board of Pharmacy will maintain this Order as an open record of the Board as provided in Chapters 324, 338, 610, RSMo.

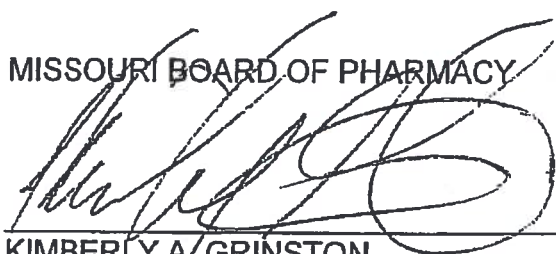
8. Upon the expiration of the disciplinary period, Lincare's license as a drug distributor shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that Lincare has violated any term or condition of this Order, the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline Lincare's license.

9. No order shall be entered by the Board pursuant to the preceding paragraph of this Order without notice and an opportunity for a hearing before the Board in accordance with provisions of Chapter 536, RSMo.

10. If the Board determines that Lincare has violated a term or condition of this Order, which violation would be actionable in a proceeding before the Administrative Hearing Commission or the Circuit Court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Order in its determination of appropriate legal actions concerning that violation.

SO ORDERED this  day of June, 2009

MISSOURI BOARD OF PHARMACY


KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinson
Executive Director
www.mo.gov/pharmacists
e-mail: MissouriBOP@gr.mo.gov

June 3, 2013

Shawn Schabel, President
Lincare, Inc.
19387 US Hwy 19 NO
Clearwater, FL 33764

Dear Mr. Schabel,

This is official notification that Lincare, Inc., permit #2009006130, has completed the terms of Probation with the Missouri Board of Pharmacy as May 31, 2013.

If you have any questions, or if we can be of assistance in the future, feel free to contact this office.
Thank you for complying.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Menken", is written over a horizontal line.

Jason Menken
Compliance Coordinator
Missouri Board of Pharmacy

**DOCUMENTS CONCERNING THE DISCIPLINARY ACTION IN
INDIANA**

1

**BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NUMBER: 2017 IBP 0058**

**IN THE MATTER OF THE LICENSE OF:
LINCARE
LICENSE NO.: 60004891A**

)
)
)

FILED

AUG 11 2017

Indiana Professional
Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF PHARMACY ("Board") pursuant to Ind. Code § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Lincare, 8765 Guion Road, Suite E, Indianapolis, IN 46268.
2. This notice is being provided to counsel for Petitioner, State of Indiana, Jessica W Krug, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number 317-234-4782.
3. The official cause number of this action is: 2017 IBP 0058.
4. This action is a hearing to determine whether the Board should summarily suspend the Respondent's pharmacy license.
5. A hearing regarding this matter will be held on **August 14, 2017 at 1:30 p.m.**, Local Time, in the Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, IN 46204.
6. The Board is empowered to hold this hearing pursuant to the authority of Ind. Code § 25-1-9 and Ind. Code § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Darren R. Covington, J.D., Board Director, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla4@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2067.
8. The hearing will address the issues contained in the Petition for Summary Suspension filed August 11, 2017, which is attached hereto and incorporated by reference as Exhibit A.
9. Any party may be advised and represented by counsel at the party's own expense.
10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under Ind. Code § 4-21.5-3-24.

ORDERED this 11th day of August, 2017.

INDIANA BOARD OF PHARMACY

By: Steve Anderson RPh 

Steve Anderson, R.Ph., President

1

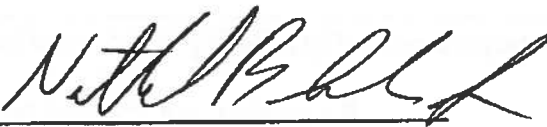
CERTIFICATE OF SERVICE

I certify that a copy of the "Hearing Notice" has been duly served upon:

Lincare
8765 Guion Road, Suite E
Indianapolis, Indiana 46268
Service by U.S. Mail

Jessica Krug
Deputy Attorney General
Office of the Indiana Attorney General
302 W. Washington Street, 5th Floor
Indianapolis, Indiana 46250
Service by Email: Jessica.krug@atg.in.gov

8/11/17
Date


Nathaniel Black Litigation Specialist

Indiana Board of Pharmacy
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2067
Fax: 317-233-4236
Email: pla4@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

1

**BEFORE THE INDIANA STATE
BOARD OF PHARMACY
CAUSE NUMBER: 2017 IBP 0058**

**IN THE MATTER OF THE LICENSE OF:)
LINCARE)
LICENSE NO: 60004891A)**

FILED

AUG 11 2017

Indiana Professional
Licensing Agency

PETITION FOR SUMMARY SUSPENSION

The State of Indiana ("Petitioner"), by counsel, Office of the Indiana Attorney General, by Deputy Attorney General Timothy M. Weber, moves the Indiana State Board of Pharmacy ("Board") to summarily suspend the pharmacy license of Lincare ("Respondent"), for ninety (90) days and in support of its petition states the following:

1. This Board has jurisdiction to suspend Respondent's license in accordance with the provisions of Ind. Code § 4-21.5-4 and Ind. Code § 25-1-9-10.
2. Respondent is a licensed closed door pharmacy in the State of Indiana having been issued license number 60004891A on February 12, 1996.
3. Respondent's address on file with the Board is 8765 Guion Road, Suite E, Indianapolis, Indiana 46268.
4. On February 4 2014, Zaneta Nunnally, an Inspector with the Indiana Professional Licensing Agency ("IPLA"), conducted an inspection of Respondent's facility. The inspection resulted in Respondent submitting a Corrective Action Plan. One of the violations identified by Nunnally was the presence of items like fans, speakers, and clocks in the compounding area.
5. On August 9, 2017, Ashley Crawford and Zaneta Nunnally, Inspectors with IPLA, conducted an unannounced inspection of Respondent. Respondent failed the inspection. Crawford and Nunnally noted a total of seven (7) violations.

Exhibit A

6. At the time of the August 9, 2017 inspection, DEA 222 forms were found that had not been properly executed. Specifically, the number of packages received, date received, and signature fields were not completed as required by law. This was the basis of three of the noted violations.

7. As of date of the August 9, 2017 inspection, certain single and multiple dose vials were not being labeled with opening and beyond-use dates.

8. As of the date of August 9, 2017 inspection, Respondent's staff was not documenting the pressure differential in Respondent's sterile compounding facility.

9. As the date of the August 9, 2017 inspection, Respondent was not conducting finger-tip testing annually for all of its pharmacy personnel who compound sterile pharmaceutical preparations.

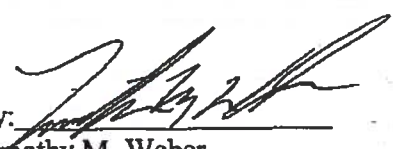
10. At the time of the August 9, 2017 inspection, there were items such as fans, speakers, and clocks in the IV room.

11. Due to the above facts, Respondent represents a clear and immediate danger to the public health and safety if allowed to operate as a closed door compounding pharmacy in Indiana.

WHEREFORE, the State of Indiana requests that this Board set a hearing on this Petition for Summary Suspension and suspend Respondent's license for a period of ninety (90) days and for all other proper relief.

Respectfully submitted,

CURTIS T. HILL, JR.
Attorney General of Indiana
Attorney Number: 13999-20

A handwritten signature in black ink, appearing to read 'Timothy M. Weber', is written over a horizontal line.

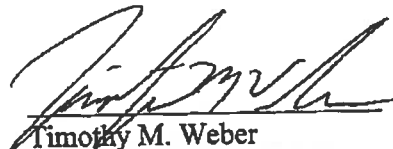
By: _____
Timothy M. Weber
Deputy Attorney General
Attorney Number: 31559-49

1

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Petition for Summary Suspension" has been served upon the party listed below, by United States mail, first class postage prepaid, on this 11th day of August, 2017.

Lincare.
8765 Guion Road, Suite E
Indianapolis, IN 46268


Timothy M. Weber
Deputy Attorney General

Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
Phone: (317) 234-4782
Fax: (317) 233-4393
Timothy.Weber@atg.in.gov



STATE OF INDIANA
OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
302 W. WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770
www.AttorneyGeneral.IN.gov

TELEPHONE: 317.232.6201
FAX: 317.232.7979

CURTIS T. HILL, JR.
INDIANA ATTORNEY GENERAL
October 11, 2017

Lincare
8765 Guion Road, Suite E
Indianapolis, IN 46268

Re: In the Matter of the License of Lincare
Before the Indiana Board of Pharmacy

TO WHOM IT MAY CONCERN:

Enclosed please find the State's "Administrative Complaint" filed this date with the Indiana Professional Licensing Agency (IPLA). IPLA will notify you when a Board of Pharmacy hearing date has been set.

A copy of the Administrative Complaint has been sent to your attorney on file. Please direct all questions and concerns to them.

Sincerely,

Timothy M. Weber
Deputy Attorney General
Medical Licensing Section
(317) 234-4782
Timothy.Weber@atg.in.gov

Enclosure
CC: James Bell

**BEFORE THE INDIANA STATE
BOARD OF PHARMACY
CAUSE NUMBER: 2017 IBP 0058**

**IN THE MATTER OF THE LICENSE OF:)
LINCARE)
LICENSE NO: 60004891A)**

FILED

OCT 11 2017

**Indiana Professional
Licensing Agency**

ADMINISTRATIVE COMPLAINT

The State of Indiana ("Petitioner"), by counsel, Deputy Attorney General Timothy M. Weber, on behalf of the Office of the Attorney General, and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5, Ind. Code § 25-23-1-7, the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3, and Ind. Code § 25-1-9, files its Administrative Complaint against the Indiana pharmacy license of Lincare ("Respondent"), and in support alleges and states the following:

FACTS

1. Respondent is a licensed closed door pharmacy in the State of Indiana having been issued license number 60004891A on February 12, 1996.
2. Respondent's address on file with the Board is 8765 Guion Road, Suite E, Indianapolis, Indiana 46268.
3. On February 4, 2014, Zaneta Nunnally, an Inspector with the Indiana Professional Licensing Agency ("IPLA"), conducted an inspection of Respondent's facility. At that time, inappropriate items such as fans, stereo speakers, and clocks were present in the compounding area. Respondent therefore submitted a Corrective Action Plan to address the violation.
4. On August 9, 2017, Ashley Crawford and Zaneta Nunnally, Inspectors with IPLA, conducted an unannounced inspection of Respondent. Respondent failed the inspection. Crawford and Nunnally noted a total of seven (7) violations.

5. At the time of the August 9, 2017 inspection, DEA 222 forms were found that had not been properly executed. Specifically, the number of packages received, date received, and signature fields were not completed as required by law. This was the basis of three of the noted violations.

6. As of date of the August 9, 2017 inspection, certain single and multiple dose vials were not being labeled with opening and beyond-use dates.

7. As of the date of August 9, 2017 inspection, Respondent's staff was not documenting the pressure differential in Respondent's sterile compounding facility.

8. As the date of the August 9, 2017 inspection, Respondent was not conducting finger-tip testing annually for all of its pharmacy personnel who compound sterile pharmaceutical preparations.

9. At the time of the August 9, 2017 inspection, there were items such as fans, speakers, and clocks in the IV room.

VIOLATIONS

10. By its conduct in failing to ensure that DEA 222 forms were properly executed related to the number of packages received, date received, and signature fields being completed, Respondent has violated 21 CFR § 13055.12, a federal statute regulating the practice of pharmacy, subjecting its license to discipline pursuant to Ind. Code § 25-1-9-4(a)(3).

11. By its conduct in failing to ensure that all single and multiple use vials were labeled with opening and beyond-use dates, Respondent used or maintained drugs or devices that are considered to be adulterated as defined by Ind. Code 16-42-3-3(3), a state statute regulating the practice of pharmacy, subjecting its license to discipline pursuant to Ind. Code § 25-1-9-4(a)(3).

12. By its conduct in failing to ensure that staff were documenting the pressure differential in its compounding facility, Respondent used or maintained drugs or devices that are considered to be adulterated as defined by Ind. Code 16-42-3-3(3), a state statute regulating the practice of pharmacy, subjecting its license to discipline pursuant to Ind. Code § 25-1-9-4(a)(3).

13. By its conduct in failing to ensure that all pharmacy personnel who compounded sterile pharmaceutical preparations underwent finger-tip testing annually, and also ultimately failing to document any such finger-tip testing, Respondent failed to train such personnel in the specialized functions of preparing and dispensing compounded, sterile pharmaceuticals, including principles of aseptic techniques and quality assurance in violation of 856 IAC 1-30-9, a state rule pertaining to the practice of pharmacy, subjecting its license to discipline pursuant to Ind. Code § 25-1-9-4(a)(3).

14. By its conduct in failing to ensure that the compounding areas were free from personal items that may harbor microbial growth, Respondent used or maintained drugs or devices that are considered to be adulterated as defined by Ind. Code 16-42-3-3, a state statute regulating the practice of pharmacy, subjecting its license to discipline pursuant to Ind. Code § 25-1-9-4(a)(3).

ACCORDINGLY, Petitioner demands an order against the Respondent that:

1. subjects Respondent to discipline in accordance with Ind. Code § 25-1-9-4(a)(3);
2. imposes an appropriate disciplinary sanction;
3. directs Respondent to immediately pay all the costs incurred in the prosecution of this case; and
4. provides any other relief the Board deems just and proper.

Respectfully submitted,

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Administrative Complaint" has been served upon the Respondent listed below, by United States mail, first class postage prepaid, on this 11th day of October, 2017.

Lincare
8765 Guion Road, Suite E
Indianapolis, IN 46268

James J. Bell
PAGANELLI LAW GROUP
10401 N. Meridian St., Suite 450
Indianapolis, IN 46290



Timothy M. Weber
Deputy Attorney General

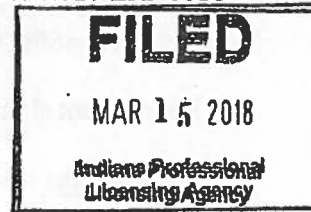
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
Phone: (317) 234-4782
Fax: (317) 233-4393
Timothy.Weber@atg.in.gov

CURTIS T. HILL, JR.
Attorney General of Indiana
Attorney Number: 13999-20

By: 
Timothy M. Weber
Deputy Attorney General
Attorney Number: 31559-49

BEFORE THE INDIANA STATE
BOARD OF PHARMACY
CAUSE NUMBER: 2017 IBP 0058

IN THE MATTER OF THE LICENSE OF:)
LINCARE)
LICENSE NO: 60004891A)



**FINAL ORDER ACCEPTING PROPOSED FINDINGS OF FACT,
CONCLUSIONS OF LAW, AND ORDER**

The State of Indiana ("Petitioner"), by counsel Timothy M. Weber, Deputy Attorney General, and Lincare ("Respondent"), by counsel James Bell, signed a Proposed Settlement Agreement ("Agreement") which purports to resolve all issues involved in the action regarding Respondent's license before the Indiana Board of Pharmacy ("Board"), and which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the February 12, 2018 meeting held in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement which is attached hereto and incorporated herein as **Exhibit A** and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 6-0-0. Incorporated into the Agreement was the consensus of both parties to Findings of Fact, Conclusions of Law, and Order.

WHEREFORE, the Board hereby accepts and approves the Agreement, settling all matters in this case consistent with the terms of the Agreement between the parties, and Respondent is hereby **ORDERED** to abide by all the terms of the Agreement as set forth below:

1. Respondent shall receive a **LETTER OF REPRIMAND**.

2. Within **NINETY (90) DAYS** of this final order, Respondent shall have a media fill test conducted for all compounding personnel by a third party approved by the Board. Approval of the third party shall be obtained in writing from the Board prior to testing. Respondent shall submit the results of the testing to the Board within ten (10) days of obtaining the results.
3. Every **NINETY (90) DAYS** for **ONE (1) YEAR** from the date of this final order, Respondent shall undergo environmental sterility testing by a third party approved by the Board. Approval of the third party shall be obtained in writing from the Board prior to testing. Respondent shall submit the results of the testing to the Board within ten (10) days of obtaining the results.
4. Respondent agrees that any non-compliance with the statutes or regulations regarding the practice of pharmacy revealed by the third party testing may result in Petitioner requesting a summary suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.
5. Within **NINETY (90) DAYS** of this final order, Respondent shall submit a list of all compounding personnel employed by Respondent to the Board. The qualifications of each staff member, including licensing information, shall be included with the list.
6. Within **NINETY (90) DAYS** of this final order, Respondent shall pay a **FINE** in the amount of **FIVE THOUSAND DOLLARS (\$5,000.00)**. The fine shall be paid by check or money order payable to the Indiana Professional Licensing Agency, and submitted to the following address:

Indiana Professional Licensing Agency
Attn: Board of Pharmacy
402 W. Washington Street
Indianapolis, IN 46204

7. Within **NINETY (90) DAYS** of this final order, Respondent shall, pursuant to Ind. Code § 4-6-14-10(b), pay a **FEE** in the amount of **FIVE DOLLARS (\$5.00)** to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General
Attn: Teresa Henson
302 West Washington Street, 5th Floor
Indianapolis, IN 46204

8. A violation of this Final Order, any non-compliance with the statutes or regulations regarding the practice of pharmacy may result in an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, and or all of which could lead to additional sanctions.

SO ORDERED, this 15th day of March 2018.

INDIANA BOARD OF PHARMACY

By: Maureen Bennett
for Winnie Landis, R. Ph.
Board President

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CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order Accepting Proposed Findings of Fact, Conclusions of Law, and Order" has been duly served upon:

Lincare
8765 Guion Road, Suite E
Indianapolis IN 46268
Service by U.S. Mail

James J. Bell
PAGANELLI LAW GROUP
10401 N. Meridian St., Suite 450
Indianapolis, IN 46290
Service by U.S. Mail

Timothy M. Weber
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
Service by Email: timothy.weber@atg.in.gov

3.16.18

Date



Nathaniel Black Jr., Litigation Specialist

Indiana Board of Pharmacy
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2067
Fax: 317-233-4236
Email: pla4@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

Lincare
8765 Guion Road, Suite E
Indianapolis IN 46268

Re: In the Matter of the License of Lincare
Before the Indiana State Board of Pharmacy

Lincare:

This letter of reprimand is issued in accordance with the Final Order Accepting the Proposed Settlement Agreement issued by the Indiana State Board of Pharmacy resolving the administrative complaint against your pharmacy license filed by the Office of the Attorney General on October 11, 2017.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possession of a license to operate a pharmacy in the State of Indiana. Further, there is an expectation that you will follow all laws related to compounding medications.

The Findings of Fact and Final Order are attached and incorporated herein as part of this reprimand.

It is your responsibility to conduct your practice of pharmacy in accordance with the standards of the profession.

Sincerely,

INDIANA STATE BOARD OF PHARMACY

By: Maurice Bennett
for Winnie Landis, R. Ph.
Board President

State of Indiana

Demographic Information

Name: Lincare

Address Information

Line 1:

Line 2: 8765 Guion Road, Suite E

City/State/Zip: Indianapolis IN 46268

County: Marion

License Information

Lic #: 60004891A Profession: Pharmacy Board Type: Pharmacy Secondary: Closed Door (III)

Status: Active Issued: 2/12/1996 Expiration: 12/31/2019

Method: Application

Discipline Information

Violation Code: 25.1.9.10 Description: Summary Suspension pending final adjudication: represents clear/immediate danger to public health & safety if continues practice

Date of Board Action: 9/1/2017 Sanction: Summary Suspension Cause No: 2017IBP0058

Violation Code: 25.1.9.4a.3 Description: Statute, Rule, or Regulation Violation

Date of Board Action: 3/15/2018 Sanction: Letter of Reprimand Cause No: 2017IBP0058

Violation Code: 25.1.9.4a.3 Description: Statute, Rule, or Regulation Violation

Date of Board Action: 3/15/2018 Sanction: Reporting Cause No: 2017IBP0058

Violation Code: 25.1.9.4a.3 Description: Statute, Rule, or Regulation Violation

Date of Board Action: 3/15/2018 Sanction: Reporting Cause No: 2017IBP0058

Violation Code: 25.1.9.4a.3 Description: Statute, Rule, or Regulation Violation

Date of Board Action: 3/15/2018 Sanction: Reporting Cause No: 2017IBP0058

Violation Code: 25.1.9.4a.3 Description: Statute, Rule, or Regulation Violation

Date of Board Action: 3/15/2018 Sanction: Fine Cause No: 2017IBP0058

Related Licenses

Lic #: 60004891B Name: Lincare

License Type: CSR-Pharmacy License Status: Active Relationship: Same Licensee

Lic #: 26022624A Name: Howard, Marinda Rae

License Type: Pharmacist License Status: Active Relationship: Managing Pharmacist

Specialty Information

No Specialty Information

Inspection Information

Inspection Type:	Pharmacy Inspection Report	Inspection Date:	8/29/2011	Inspection Grade:	Pass
Inspection Type:	Pharmacy Inspection Report	Inspection Date:	2/6/2014	Inspection Grade:	Corrective Action Plan
Inspection Type:	Pharmacy Inspection Report	Inspection Date:	8/9/2017	Inspection Grade:	Fail
Inspection Type:	Pharmacy Inspection Report	Inspection Date:	9/8/2017	Inspection Grade:	Pass

Documents

No Public Documents Available

**DOCUMENTS PERTAINING TO THE DISCIPLINARY ACTIONS BY THE
FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

Lincare Inc
 19387 U.S. HWY. 19 NORTH
 CLEARWATER, FLORIDA 33764
 TEL: +727.431.8263
 FAX: +877.524.9504

Natascha Amster
 Lead Licensing Administrator



Monday, February 18, 2019

FL Agency for Health Care Administration
 2727 MAHAN DRIVE
 MAIL STOP 34
 TALLAHASSEE FL 32308-5407

RE: FL Home Health Agency Home Medical Equipment and Services License #1231, File #628 for Lincare Inc
 Notice to Surrender Licensure: 700 W 23rd St., Ste. G, Panama City, FL 32405

Dear Processor:

Lincare wishes to voluntarily surrender our FL Home Health Agency Home Medical Equipment and Services License #1231, File #628, effective immediately as we have been forced to close this facility. We wish to further explain the nature of this forced closure as our Landlord inappropriately evicted Lincare by changing the locks on the building. All patient and employee records and all medical equipment and supplies have been removed from the premises. There has been no interruption in services as we notified our patients of this closure and transferred the patient base and all inventories into other licensed Lincare facilities. Previously, we communicated with Jackie Sikes (our assigned licensing administrator at the time) regarding this facility having been damaged in the hurricane last fall; and up to now had tried to find a better solution. It was our hope to reach a lease agreement with our current space or find another acceptable space to move into. Unfortunately, neither option has worked for us and we are suspending our operations at this facility.

Closing Center:

700 W 23rd St. G

Panama City, FL 32405

FL Home Health Agency Home Medical Equipment and Services License #1231, File #628

We apologize that the proper advanced notice for this closure was not given due to the inappropriate actions of our Landlord. Lincare is committed to compliance with all rules governing our operations, and assumes this fulfills the agency's requirements for the discontinuation of licensure in its entirety and unless otherwise notified; no further action is required on the part of the Company. If you have any questions or need any further information, please feel free to contact me.

Thank you,

Natascha Amster,
 Lead Licensing Administrator - Compliance
 +727.431.8263 PH
 +877.524.9504 FAX
 namster@lincare.com

Enclosed: License(s)

FILED	
Department of Business and Professional Regulation	
Senior Deputy Agency Clerk	
CLERK	Brandon Nichols
Date	11/19/2019
File #	2019-09707

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

**Petitioner,
v.
LINCARE, INC.,**

Case No.: 2019-039920

Respondent.

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Lincare, Inc. and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violation(s) of Section 499.91(12), Florida Statutes (2016-2018), distributing medical oxygen to patients without a prescription.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 15th day of November, 2019 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATION

By:

Walter Copeland
Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn Price
Kathryn Price
DDG Chief Attorney
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Lincare, Inc., at CT Corporation System, 1200 S Pine Island Road, Plantation, FL 33324 this 19th day of November, 2019.

By:

Brandon M. Nichols
Brandon M. Nichols
Agency Clerk's Office

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

Case No.: 2019-039920

v.

LINCARE, INC.,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-039920 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Lincare, Inc. (hereinafter, "Respondent") is permitted as a medical oxygen retail establishment by the Department, having been issued permit number 32:811.
2. Respondent's address of record is 1011 SW 33rd Avenue, Suite 100, Ocala, Florida 34474.
3. Respondent was issued a Notice of Violation on September 24, 2019, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019-039920, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of three thousand and five hundred dollars (\$3,500.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Tammy Shaw, Senior Legal Assistant. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case number 2019-039920 have been corrected.

9. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

10. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

11. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-039920. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

12. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

13. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

14. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

15. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

16. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

17. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts

this agreement and adopts it in a final order.

18. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

LINCARE, INC.,

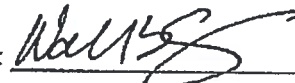
FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATION
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,

By: 

Name: Maule Patterson

Title: Division Manager

Date: 10/30/17

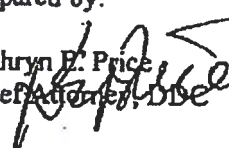
By: 

Name: WALTER COPELAND

Title: DIVISION DIRECTOR

Date: 11.15.2019

Prepared by:

Kathryn B. Price
Chief Attorney, DDC


**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

FILED	
Department of Business and Professional Regulation Deputy Agency Clerk	
CLERK	Brandon Nichols
Date	2/7/2019
File #	2019-01004

Petitioner,

v.

Case No.: 2018-035670

LINCARE INC.,

Respondent.

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Lincare Inc. and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violations of Section 499.91(12), Florida Statutes (2016-2018), by distributing medical oxygen to patients without a prescription; and Section 499.91(7), Florida Statutes (2017-2018), by failing to maintain or provide required records.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

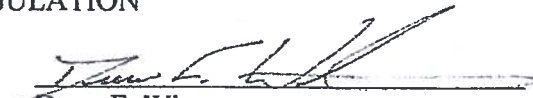
[SIGNATURE PAGE FOLLOWS]

DONE and ORDERED this 6th day of February, 2019 in Tallahassee, Florida.

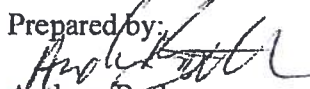
HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATION

By:


Drew F. Winters
Division Director
Drugs, Devices, and Cosmetics

Prepared by:


Andrew Butler
Assistant General Counsel
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Sheila Kalteux, Esquire, at Lincare Inc., 19387 US Highway 19 North, Clearwater, Florida 33764-3102 this 7th day of February, 2019.

By:


Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,

RECEIVED

FEB 05 2019

DDC - LEGAL

Petitioner,

Case No: 2018-035670

v.

LINCARE INC.,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2018-035670 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Lincare Inc. (hereinafter, "Respondent") is permitted as a medical oxygen retail establishment by the Department, having been issued permit number 32:665.
2. Respondent's address of record is 700 West 23rd Street, Suite G, Panama City, Florida 32405.
3. Respondent was issued a Notice of Violation on November 28, 2018, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies that it committed the violations alleged in the Notice of Violation issued in case number 2018-035670, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of five thousand dollars (\$5,000). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Tammy Shaw, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be

taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2018-035670. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on

behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

LINCARE INC.,

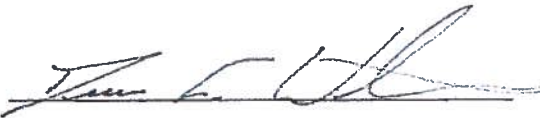
FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATION
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,

By: 

Name: Brandon McCloy

Title: Area Manager

Date: 1/29/19

By: 

Name: DREW F. WINTERS

Title: Division Director

Date: 2-6-2019

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

Case No.: 2018-016464

v.

LINCARE INC.,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2018-016464 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Lincare Inc. (hereafter, "Respondent") located at 71 South Dixie Highway, Unit #4, St. Augustine, Florida 32084 is permitted as a medical oxygen retail establishment by the Department, having been issued permit number 32:2834.

2. Respondent's address of record is 71 South Dixie Highway, Unit #4, St. Augustine, Florida 32084.

3. Respondent was issued a Notice of Violation on June 1, 2018, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies that it committed the violations alleged in the Notice of Violation issued in case number 2018-016464, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of Nine Thousand Dollars (\$9,000). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida, 32399-1047, Attention: Tammy Shaw, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to Petitioner's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be

taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2018-016464. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which the agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

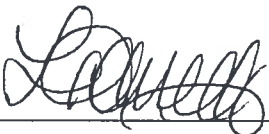
16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on

behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

LINCARE INC.,

**FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATION
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

By: 

By: _____

Name: Lori DeMello

Name: _____

Title: Region Vice President

Title: _____

Date: 7/27/18

Date: _____



0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

Board of Pharmacy

804/367-4456

804-527-4472 (fax)

October 30, 2017

Lincare Infusion Services
Victoria L. Price, Pharmacist-in-Charge
*Mailed to the legal address of record
with the Board of Pharmacy*

RE: Case # 182907

Dear Ms. Price:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on October 27, 2017. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure



0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

Board of Pharmacy

804/367-4456
804-527-4472 (fax)

June 7, 2019

Lincare Infusion Services
Robert Moskowitz, Pharmacist-in-Charge
816 Greenbrier Circle, Suite E
Chesapeake, VA 23320

RE: Case # 194449

Dear Mr. Moskowitz:

Enclosed is another amended Notice for your signature. Please mail the signed original back to the Board of Pharmacy. Once it has been entered (signed by the director) you will receive a certified true copy back.

Should you have any questions, please contact me at (804) 367-4645 or via email at rose.dematteo@dhp.virginia.gov.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure:

Virginia Board of Pharmacy

9960 Mayland Drive, Suite 300

Henrico, VA 23233

804-367-4456

804-527-4472 (Fax)

pharmbd@dhp.virginia.gov

March 13, 2019

Lincare Infusion Services
Permit Number: 0201002838

Amended Notice

After an inspection conducted on March 11 and 12, 2019 at Lincare Infusion Services, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. (\$500) Deficiency 14: No incoming change of Pharmacist-in-Charge inventory; inventory taken over 5 days late; §54.1-3434.

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of \$500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201002838

Consent Order

The Virginia Board of Pharmacy ("Board") and Lincare Infusion Services ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on March 11 and 12, 2019.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of \$500 to the Board within 30 days of the date of the Notice.
2. Pharmacy shall submit documentation of immediate action taken to correct all violations.
3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201002838

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

	<u>6-14-19</u>
Signature of PIC or Owner	Date
<u>Robert M Moskowitz</u>	<u>PIC</u>
Printed Name of Person Signing	Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

Entered

UPS CampussShip: View/Print Label

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2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. GETTING YOUR SHIPMENT TO UPS
Customers with a Daily Pickup
Your driver will pickup your shipment(s) as usual.

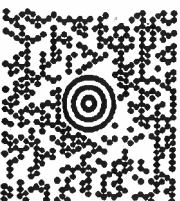
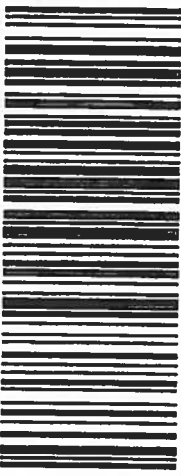
Customers without a Daily Pickup
Take your package to any location of The UPS Store®, UPS Access Point™ location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampussShip and select UPS Locations.
Schedule a same day or future day Pickup to have a UPS driver pickup all your CampussShip packages.
Hand the package to any UPS driver in your area.

UPS Access Point™
THE UPS STORE
732 EDEN WAY N
CHESAPEAKE, VA 23320

UPS Access Point™
THE UPS STORE
1385 FORDHAM DR
VIRGINIA BEACH, VA 23464

UPS Access Point™
THE UPS STORE
109-G GAINESBOROUGH SQ
CHESAPEAKE, VA 23320

FOLD HERE

CHESAPEAKE VA 757-424-4822 LINCARE 816 GREENBRIER CIRCLE CHESAPEAKE VA 233200000		0.0 LBS 1 OF 1
SHIP TO: ROSE DEMATTEO 8043674456 VA BOARD OF PHARMACY SUITE 300 9960 MAYLAND DR HENRICO VA 23233-1485		
		VA 232 9-40 
UPS NEXT DAY AIR SAVER 1P TRACKING #: 1Z X64 383 13 9410 0871		
		
BILLING: P/P		
Reference #: 1: 00033360		
CS 21,1,23. WMTW50 12.0A 04/2019		
		

UPS CampusShip: View/Print Label

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3. **GETTING YOUR SHIPMENT TO UPS**
Customers with a Daily Pickup
 Your driver will pickup your shipment(s) as usual.

Customers without a Daily Pickup

Take your package to any location of The UPS Store®, UPS Access Point™ location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

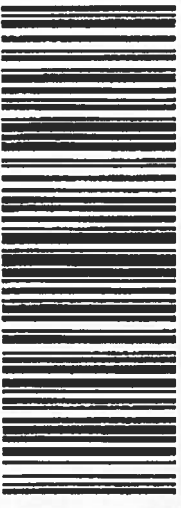
Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages. Hand the package to any UPS driver in your area.

UPS Access Point™
 THE UPS STORE
 2803 GULF TO BAY BLVD
 CLEARWATER, FL 33759

UPS Access Point™
 THE UPS STORE
 3555 E BAY DR
 LARGO, FL 33771

UPS Access Point™
 THE UPS STORE
 811 S FORT HARRISON AVE
 CLEARWATER, FL 33756

FOLD HERE

LINCARE iCARE LINCARE 19387 U.S. 19 NORTH CLEARWATER FL 33764 SHIP TO: VIRGINIA BOARD OF PHARMACY SUITE 300 9960 MAYLAND DRIVE HENRICO VA 23233-1485	0.0 LBS LTR 1 OF 1 VA 232 9-40 	UPS NEXT DAY AIR 1 TRACKING #: 1Z 3YW 884 01 3847 5514		BILLING: P/P  CS 21 0.21. WNTNVS8 09 04 07/2019
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LINCARE		Vendor Name: TREASURER OF VIRGINIA	Check No: 17513306	Check Date: 03/27/2019
REFERENCE NO		Vendor Number: 239391-000	Check Amount: >>>>>> **\$500.00	
DATE	03/14/19	AMOUNT	DISCOUNT	NET AMOUNT
		500.00		500.00
	C/R-031419	500.00		500.00

⑈ 17513306 ⑈ ⑆051112788⑆ 329 997 7100 ⑈

LINCARE		BANK OF AMERICA, N.A.		ATLANTA, DEKALB COUNTY, GA	
A Linde company		64-1278		611	
TO THE ORDER OF:		TREASURER OF VIRGINIA		9960 MAYLAND DR STE 300	
HENRICO VA 23233		DATE		03/27/2019	
CHECK NO		17513306		DATE	
DATE		03/27/2019		DATE	
PAY EXACTLY		Five hundred dollars and no cents		NOT VALID OVER 60 DAYS	
**\$500.00		AUTHORIZED SIGNATURES		CASH PROMPTLY	

March 19, 2019

Virginia Board of Pharmacy
9960 Maryland Drive
Suite 300
Henrico, VA 23233

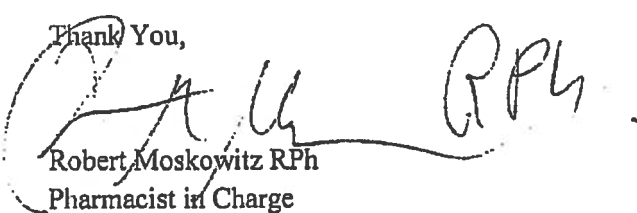
Re: Permit No.0201002838

Dear Sir or Madame:

The following immediate action has been taken to correct all deficiencies:

Deficiency 14: No incoming change of Pharmacist-in-Charge inventory; inventory taken over 5 days late; 54.1-3434. Robert Moskowitz has been counseled on the process associated with a Change of Pharmacist-In-Charge. Robert Moskowitz has reviewed the Board of Pharmacy regulations 54.1-3434 & 18VAC100-20-240 as well as Pharmacy Guidance Documents 110-27 VA Board of Pharmacy PIC Responsibilities and Document 110-9 VA Board of Pharmacy Inspection Deficiently Monetary Penalty Guide. See exhibit A

Thank You,



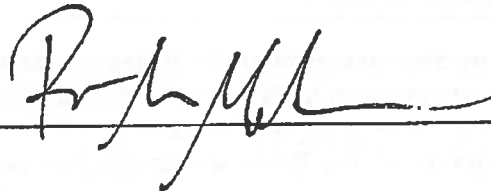
Robert Moskowitz RPh
Pharmacist in Charge

Enc 1: Exhibit A: Acknowledgement Statement

Exhibit A



I Robert Moskowitz, on this date of March 14 2019 have read and reviewed the Laws Governing Pharmacy for the state of Virginia, including Chapters 1, 24, 25, 29, 33, and 34 of Title 54.1, and Chapter 5 of Title 32.1 of the Code of Virginia. I acknowledge and understand my responsibilities as it relates to these regulations.

Pharmacist in Charge Signature: 

Date: 3-14-19

Virginia Board of Pharmacy

9960 Mayland Drive, Suite 300

Henrico, VA 23233

804-367-4456

804-527-4472 (Fax)

pharmbd@dhp.virginia.gov

March 13, 2019

Lincare Infusion Services
Permit Number: 0201002838

Amended Notice

After an inspection conducted on March 11 and 12, 2019 at Lincare Infusion Services, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. (\$500) Deficiency 14: No incoming change of Pharmacist-in-Charge inventory; inventory taken over 5 days late; §54.1-3434.

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of \$500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201002838

Consent Order

The Virginia Board of Pharmacy ("Board") and Lincare Infusion Services ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on March 11 and 12, 2019.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of \$500 to the Board within 30 days of the date of the Notice.
2. Pharmacy shall submit documentation of immediate action taken to correct all violations.
3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER

Permit Number: 0201002838

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.



Signature of PIC or Owner

3-19-19
Date

Robert Moskowitz
Printed Name of Person Signing

PIC
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

Entered

1

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
Office: 804-367-4456
Fax: 804-527-4472
Email: pharmbd@dhp.virginia.gov

INSPECTION SUMMARY

Facility Name: Lincare Infusion Services
Permit Number: 0201002838
Address: 816 Greenbrier Circle, Suite E, Chesapeake, VA 23320
Inspection Date: March 11 and 12, 2019
Inspector: Maria Damico
Board of Pharmacy Guidance Document 110-9: Rev Date: 6/21/2018
Compounding: Sterile
Sterile Compounding Risk Level: Low & Medium
Inspection Result: Deficiencies Identified - Inspection Prehearing Notice & Consent Order

DEFICIENCIES

No. LAW/REGULATION

1 §54.1-3434

DEFICIENCY

Deficiency 14: Incoming change of Pharmacist-in-Charge inventory not conducted within the proper time frame. Robert Moskowitz, license number 0202209717, had a Pharmacist-In-Charge effective date of September 25, 2017. Two inventories were conducted; September 19, 2017, six days before and October 3, 2017, eight days after the effective change. See attached documents.

DEFICIENCIES

No. LAW/REGULATION

1 §54.1-3410.2

DEFICIENCY

Deficiency 132: Personnel preparing compounded sterile preparations do not comply with cleansing requirements. Pharmacy technician Marla Scott was observed by this inspector as not using a nail cleaner during the hand washing process prior to cleaning the hood and performing sterile compounding. Nail cleaners were available and located on the sink shelf in the ante room. See attached photo.

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
Office: 804-367-4456
Fax: 804-527-4472
Email: pharmbd@dhp.virginia.gov

INSPECTION SUMMARY

2 18 VAC 110-20-240

Deficiency 113: Inventories taken on time, but not in compliance. Robert Moskowitz, license number 0202209717, had a change of Pharmacist-In-Charge effective date of November 17, 2017. A change in Pharmacist-In-Charge inventory was conducted, however it was missing the date. Mr. Moskowitz stated he conducted the inventory on that date, but he forgot to date it. The drugs and quantities were consistent with that of the perpetual inventory records for that date. See attached documents.

COMMENTS

No. LAW/REGULATION

COMMENT



Virginia Board of Pharmacy
Pharmacy Routine Inspection Form
9960 Mayland Drive, Suite 300
Henrico, VA 23233

www.dhp.virginia.gov/pharmacy

Email: pharmbd@dhp.virginia.gov

Main: 804.367.4456

Fax: 804.527.4472

Pharmacy/Permit (e-Profile ID):	0201002838			Inspection Information
Local Business Name:	Uncare Infusion Services			Day: 3/11/2019
Doing Business As (DBA):				Start Time: 9:00
Address:	816 Greenbrier Circle, Suite E			End Time: 17:00
City:	Chesapeake			24-hour format (hh:mm)
State:	Virginia			Day: 3/12/2019
Zip Code:	23320			Start Time: 9:00
Telephone number:	757-424-4822			End Time: 13:15
Toll free number:				24-hour format (hh:mm)
Inspection Number:				Maria Damico
Inspection Date:	757-424-5871			Robert Moskowitz
Inspection Time:				0202209717
Inspection Location:				Robert Moskowitz
Inspection Email:				rmoskowitz@lincare.com
Inspection Notes:	No			
If the response to both questions is YES, notify the Prescription Monitoring Program at pmp@dhp.virginia.gov				
Pharmacy Hours of Operation:		Open	Closed	
Monday	8:30	17:30	Closed	
Tuesday	8:30	17:30	Closed	
Wednesday	8:30	17:30	Closed	
Thursday	8:30	17:30	Closed	
Friday	8:30	17:30	Closed	
Saturday			Closed	

§ 54.1-2519 "Covered substance" means all controlled substances included in Schedules II, III, and IV; controlled substances included in Schedule V for which a prescription is required; naloxone; and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter. "Covered substance" also includes cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia. Review §54.1-2522 for covered substances that are exempt from the reporting requirements set forth in §54.1-2521.

Number of PECs		Check if pharmacy has no PECs			
Nonsterile Compounding powder hoods/number:		0		Nonsterile HD Compounding BSC/CACI hoods number:	0
Sterile Compounding Number Laminar hoods/arears:		2		Sterile HD Compounding Number of BSC hoods:	0
Sterile Compounding Number BSC hoods:		0		Sterile HD Compounding Number of CACI hoods:	0
Sterile Compounding Number CACI/CACI hoods:		0		Sterile HD Compounding Number of CACI hoods:	0
States to which the pharmacy mails/delivers compounded sterile drug products:					
State	State	State	State	State	State
PA	MD	DE	MD	RI	
MA	VA	NC	NC	SC	
AR	IN	ND	ND	SD	
IA	KS	NE	NE	TX	
CO	OK	MO	MO	UT	
CO	LA	NE	NE	VA	
CT	MA	NM	NM	VT	
DE	MD	NY	NY	WA	
DE	ME	OR	OR	WI	
FL	MI	OR	OR	WV	
GA	MN	PA	PA	WY	
HI	MO			Other:	
IL	MS				

**Virginia Board of Pharmacy
Pharmacy Routine Inspection Form**

USP <800> HAZARDOUS DRUGS - HANDLING IN HEALTHCARE SETTINGS

***** This section is for educational purposes only. The Board will not enforce compliance prior the effective date of USP <800> *****

The effective date of USP Chapter <800> is December 1, 2019. For more information on USP Chapter <800>, refer to USP-NF frequently asked questions published by USP at <http://www.usp.org/frequently-asked-questions/hazardous-drugs-handling-healthcare-settings> and Board of Pharmacy Guidance Document 110-36 available at https://www.dhp.virginia.gov/Pharmacy/pharmacy_guidelines.htm

Deficiency Number	Notes	Result	Notes
	Pharmacy has identified if it stocks any hazardous drugs (HDs) on the NIOSH list.	Compliant	
	Assessment of risk has been performed.	Not Compliant	
	Pharmacy has identified a 'designated person' who is responsible for continuing to evaluate the fundamental practices and precautions for handling HDs.	Compliant	Betsy O'Brien, Regional Health Care Manager.
	If the pharmacy performs non-sterile HD compounding, the engineering controls comply with USP Chapter <800>.	Not Applicable	
	1. Containment Primary Engineering Control (C-PEC) a. Externally vented (preferred) or redundant HEPA filtered in series Examples: CVE, Class I or II BSC, CACI	Not Applicable	
	2. Containment Secondary Engineering Control (C-SEC) a. Externally vented b. 12 air changes per hour (ACPH) c. Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas d. Fixed walls	Not Applicable	
	If the pharmacy performs sterile HD compounding, the engineering controls comply with USP Chapter <800>.	Not Applicable	
	1. Containment Primary Engineering Control (C-PEC) a. Externally vented. • Examples: Class II BSC or CACI	Not Applicable	
	2. Containment Secondary Engineering Control (C-SEC) a. Externally vented b. 30 Air Changes Per Hour (ACPH) c. Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas.	Not Applicable	
	3. Maximum BUD as described in USP <797>	Not Applicable	
	1. Containment Primary Engineering Control (C-PEC) a. Externally vented. • Examples: Class II BSC or CACI	Not Applicable	

Deficiency Number		Result	Notes
	2. Containment Secondary Engineering Control (C-SEC) a. Externally vented b. 12 Air Changes Per Hour (ACPH) c. Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas.	Not Applicable	
	3. Maximum BUD as described in USP<797> for CSPs prepared in a segregated compounding area.	Not Applicable	

Virginia Board of Pharmacy			
Pharmacy Routine Inspection Form			
General Pharmacy Inspection			
Deficiency Number	General Pharmacy & Staffing	Result	Notes
4	Pharmacist, Pharmacy Technician, or Pharmacy Intern license or registration current active. [18VAC110-20-40] 18VAC110-20-80 [18VAC110-20-105]	Compliant	
1	The pharmacist-in-charge (PIC) is in full and actual charge and fully engaged in the practice of pharmacy at this location. [54.1-3434]	Compliant	
1	PIC or the pharmacist on duty shall control all aspects of the practice of pharmacy. [18VAC110-20-110]	Compliant	
5	Acts restricted to a pharmacist are performed only by a pharmacist or a directly monitored pharmacy intern. [54.1-3320]	Compliant	
102	Pharmacy exceeds scope of special or limited-use pharmacy permit. [18VAC110-20-120]	Not Applicable	
2, 14	An application for a permit designating the new PIC filed within 14 days of original date of termination or resignation of previous PIC, or as permitted by Executive Director of Board. Deficiency 2 -- PIC in place, inventory taken, application not filed with board within required timeframe. Deficiency 14 -- No incoming PIC inventory, inventory taken or over 5 days late, inventory substantially incomplete. [54.1-3434] [18VAC110-20-110] [18VAC110-20-240]	Not Compliant	Robert Moskowitz: 9/25/17 not conducted within proper time frame.
6	Consistent with patient safety, a pharmacist shall exercise sole authority in determining the maximum number of pharmacy technicians that he shall supervise; however, no pharmacist shall supervise more than four pharmacy technicians at one time. [54.1-3320]	Compliant	
3	No person shall perform the duties of a pharmacy technician without first being registered as a pharmacy technician with the Board. [54.1-3321]	Compliant	
12a	Drug Receipt & Storage Dispersion of Schedule II drugs. Schedule II drugs shall either be dispersed with other schedules of drugs or shall be maintained within a securely locked cabinet, drawer, or safe. The cabinet, drawer, or safe may remain unlocked during hours that the prescription department is open and a pharmacist is on duty. [18VAC110-20-200]	Result	Notes
	Except for an emergency purchase from another pharmacy, a pharmacist may only purchase Schedule II through VI drugs from a wholesale distributor or warehouse licensed or registered by the board. [18VAC110-20-395]	Compliant	Locked cabinet. Only scheduled drug stocked is fentanyl injection.
35	Any drug which has exceeded the expiration date, or is otherwise adulterated or misbranded, shall not be dispensed or sold; it shall be separated from the stock used for dispensing. [18VAC110-20-200] [54.1-3457]	Compliant	Cardinal, McKesson, Baxter.
109	A pharmacy may return a dispensed drug to stock for redispensing that has never left the pharmacy premises or the control of the pharmacy delivery agent pursuant to § 54.1-3411.1 A 3 of the Code of Virginia under the following conditions: [18VAC110-20-355]	Compliant	

Deficiency Number					
	1. An expiration date shall be placed on the label prior to returning the drug to stock. In the absence of stability data to the contrary, the date on the label may not exceed the expiration date on the manufacturer's container or one year from the date the drug was originally dispensed and placed in the prescription vial, whichever date is earlier.				
	2. The restocked drug shall be used to fill the next prescription received for that product. In the event that the drug is not dispensed prior to the new assigned expiration date, it shall be removed from working stock as expired, and disposed of in accordance with 18VAC110-20-210.				
	3. If there is no lot number on the label of a drug returned to stock or on the prescription records that can be cross-referenced from the prescription label, the drug shall be removed from stock upon any recall of that drug product and returned to the manufacturer or otherwise disposed of in accordance with 18VAC110-20-210.				
111	Prescriptions awaiting delivery. Prescriptions prepared for delivery to the patient may be placed in a secured area outside of the prescription department, not accessible to the public, where access to the prescriptions is restricted to individuals designated by the pharmacist. With the permission of the pharmacist, the prepared prescriptions may be transferred to the patient at a time when the pharmacist is not on duty. [18VAC110-20-200]	Not Applicable			Prescriptions awaiting delivery are stored in the prescription department.
	1. If a prescription is delivered at a time when the pharmacist is not on duty, written procedures shall be established and followed by the pharmacy which detail security of the dispensed prescriptions and a method of compliance with counseling requirements of § 54.1-3319 of the Code of Virginia.				
	2. Additionally, a log shall be made and maintained of all prescriptions delivered to a patient when a pharmacist is not present to include the patient's name, prescription number(s), date of delivery, and the signature of the person receiving the prescription.				
110	3. Such log shall be maintained for a period of one year.				
	Controlled paraphernalia and Schedule VI medical devices shall not be placed in an area completely removed from the prescription department whereby patrons will have free access to such items or where the pharmacist cannot exercise reasonable supervision and control. [18VAC110-20-200]	Not Applicable			
	Enclosure's Access	Result			Notes
12	All drugs are stored in the prescription department approved by the Board. [18VAC110-20-190]	Compliant			
7	Drugs shall not be stocked in a remodeled location or moved to a new location until approval is granted by the inspector or board staff. [18VAC110-20-140]	Compliant			
	The enclosure shall be constructed in such a manner that it protects the prescription drugs from unauthorized entry and from pilferage at all times whether or not a pharmacist is on duty. [18VAC110-20-190]	Compliant			
9	The enclosure shall be locked and alarmed at all times when a pharmacist is not on duty. [18VAC110-20-190]	Compliant			
	The enclosure shall be capable of being locked in a secure manner at any time the pharmacist on duty is not present in the prescription department. [18VAC110-20-190]	Compliant			
10	The keys or other means of entry into a locked prescription department and the alarm access code shall be restricted to pharmacists practicing at the pharmacy and authorized by the PIC. [18VAC110-20-180] [18VAC110-20-190]	Compliant			

Deficiency Number			
108	For emergency access, may place a key or other means of unlocking the prescription department and the alarm access code in a sealed envelope or other container with pharmacist's signature across the seal in a safe or vault or other secured place. [18VAC110-20-190]	Compliant	
	Physical Standards, Sanitary Conditions, Equipment & Resources	Result	Notes
104	A sink with hot and cold running water shall be within the prescription department. [18VAC110-20-150]	Compliant	
106	The entire area of any place bearing the name of a pharmacy shall be maintained in a clean and sanitary manner and in good repair and order. Adequate trash disposal facilities and receptacles shall be available. [18VAC110-20-160]	Compliant	
105	Adequate refrigeration facilities equipped with a monitoring thermometer for the storage of drugs requiring cold storage temperature shall be maintained within the prescription department, if the pharmacy stocks such drugs. Refrigerator (2° and 8°C) [36° and 46°F]; Freezer (-20° and -10°C) (-4° and 14°F). [18VAC110-20-150]	Compliant	
107	A current dispensing information reference source consistent with the scope of pharmacy practice at the location of the permitted pharmacy. [18VAC110-20-170]	Compliant	Micromedex
	Security	Result	Notes
	[18VAC110-20-180] This section shall not apply to pharmacies which are open and staffed by pharmacists 24 hours a day. If approved prior to November 1, 1993, the pharmacy may be exempt from the requirements of this section. [18VAC110-20-180] This section provides that no structural changes are made in the prescription department (training changes are made in the security system that the prescription department is not closed while the rest of the business remains open and that breaking and entry of a store does not occur).		
	A device for the detection of breaking shall be installed in each prescription department of each pharmacy. The installation and the device shall be based on accepted alarm industry standards, and shall be subject to the following conditions: [18VAC110-20-180]	Compliant	
	1. Device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device		
	2. Monitored in accordance with accepted industry standards, maintained in operating order, have an auxiliary source of power		
	3. Capable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational		
	4. Fully protect the prescription department and shall be capable of detecting breaking by any means when activated		
	The alarm system shall be activated whenever the prescription department is closed for business or a pharmacist is not on duty. [18VAC110-20-180] [18VAC110-20-190]	Compliant	
10	Access to the alarm system for the prescription department area of the pharmacy shall be restricted to the pharmacists working at the pharmacy. [18VAC110-20-180] [18VAC110-20-190]	Compliant	

Deficiency Number	Counseling & Prospective Review	Result	Notes
121	A pharmacist shall conduct a prospective drug review before each new prescription is dispensed or delivered to a patient or a person acting on behalf of the patient. Such review shall include: [§54.1-3319] 1. Screening for potential drug therapy problems due to therapeutic duplication 2. Drug-disease contraindications 3. Drug-drug interactions, including serious interactions with nonprescription or over-the-counter drugs 4. Incorrect drug dosage or duration of drug treatment 5. Drug-allergy interactions 6. Clinical use or abuse A pharmacist shall offer to counsel any person who presents a new prescription for filling. The offer to counsel may be made in any manner the pharmacist deems appropriate in his professional judgment. [§54.1-3319]	Compliant	
120	Compliance Packaging Drugs may be dispensed in compliance packaging for self-administration when requested by the patient or for use in hospitals or long-term care facilities provided: [18VAC110-20-340] 1. Packaging meets all current U.S.P.-N.F. standards for packaging, labeling and recordkeeping 2. Compliance packaging that is comprised of a series of individual containers or pockets labeled with the specific date and time when the contents of that container are to be taken, and which may contain more than one different drug, shall comply with USP-NF standards for customized patient medication packages to include: a. If the packaging allows for the separation of the individual containers, the labels for each individual container shall be labeled with the identity of each of the drug products contained within; and b. The main packaging label shall contain all the required elements for any outpatient prescription label and shall contain a physical description identifying each solid dosage form contained within the individual containers.	Compliant	
125	Special Packaging Each drug dispensed to a person in a household shall be dispensed in special packaging except when otherwise directed in a prescription by a practitioner, when otherwise requested by the purchaser, or when such drug is exempted. [18VAC110-20-350] If nonspecial packaging is requested, a notation shall be made on the dispensing record or other retrievable record. [18VAC110-20-350]	Not Applicable	
126	Biennial Inventory Biennial inventory taken at least every two years of all stocks on hand of Schedules I through V drugs. The biennial inventory shall be taken on any date which is within two years of the previous biennial inventory. [§54.1-3404] Record date of last biennial inventory in notes. No biennial inventory or inventory taken over 30 days late or substantially incomplete. Inventory available but taken late within 30 days of date due	Compliant	1/3/17 open.
112		Not Applicable	

Deficiency Number		Compliant	Notes
113	Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. [18VAC110-20-240] Biennial inventory shall include the following information: 1. Drugs listed in Schedules I and II shall be maintained separately from all other records [18VAC110-20-240] 2. Indicate whether the inventory was taken prior to the opening of business or after close of business. [54.1-3404] 3. A 24-hour pharmacy with no opening or closing of business shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken. [18VAC110-20-240] 4. Signed and dated by the person taking the inventory [18VAC110-20-240] Maintained completely and accurately for two years from the date of the transaction recorded. [54.1-3404]	Compliant	
	Change of Pharmacist-in-Charge PIC CHANGE: The succeeding pharmacist-in-charge shall cause an inventory to be made of all Schedule I, II, III, IV and V drugs on hand. Inventory shall be completed as of the date he becomes pharmacist-in-charge and prior to opening for business on that date. [54.1-3434] Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. [18VAC110-20-240] Inventory shall include the following information: 1. Drugs listed in Schedules I and II shall be maintained separately from all other records [18VAC110-20-240] 2. Maintained completely and accurately for two years from the date of the transaction recorded. [18VAC110-20-240] 3. A 24-hour pharmacy with no opening or closing of business shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken. [18VAC110-20-240] All records required by this section shall be filed chronologically and maintained for a period of not less than two years from the date of transaction. [18VAC110-20-240]	Not Compliant	Robert Moskowitz: 9/25/17 not conducted within proper time frame.
14		Compliant	Robert Moskowitz: 11/17/17 no date on inventory.
113		Not Compliant	
14	Perpetual Inventory Perpetual inventory of all Schedule II drugs received and dispensed, with reconciliation at least monthly [18VAC110-20-240] All records required by this section shall be filed chronologically and maintained for a period of not less than two years from the date of transaction. [18VAC110-20-240]	Compliant	
15		Result	Notes Two entries not reconciled in October 2017.
	Drug Loss or Theft Whenever any registrant or licensee discovers a theft or any other unusual loss of any Schedule II, III, IV or V controlled substance, he shall immediately report such theft or loss to the Board. [54.1-3404] Within 30 days after the discovery of a loss of any Schedule II, III, IV or V drugs, the registrant or licensee shall furnish the Board with a listing of the kind, quantity and strength of such drugs lost. [54.1-3404] All records required pursuant to this section shall be maintained completely and accurately for two years from the date of the transaction recorded. [54.1-3404]	Not Applicable	
16		Not Applicable	
16		Not Applicable	
148	Prescriptions	Not Applicable	
		Result	Notes

Deficiency Number			
17	A hard copy prescription shall be placed on file for every initial prescription dispensed and be maintained for two years from the date of last refill. NOTE: See 18VAC110-20-250 Electronic Image [18VAC110-20-240]	Compliant	Prescriptions are maintained in the patient chart and are retrievable electronically.
17	All prescriptions shall be filed chronologically by date of initial dispensing or by date of initial entry into the automated data processing system in compliance with 18VAC110-20-250 if such a system is employed by the pharmacy. [18VAC110-20-240]	Compliant	
17	Prescriptions for Schedule II drugs shall be maintained in a separate prescription file. [18VAC110-20-240]	Unable to Inspect	No compounding with a controlled substance in over a year.
17	Prescriptions for Schedule III through V drugs shall be maintained either in a separate prescription file for drugs listed in Schedules III, IV, and V only or in such form that they are readily retrievable from the other prescriptions of the pharmacy. [18VAC110-20-240] NOTE: A chart order may serve as the hard-copy prescription for those patients in a hospital or long-term care facility, a patient receiving home infusion services, or a hospice patient pursuant to §54.1-3408.01 A of the Code of Virginia [18VAC110-20-240]	Unable to Inspect	
17	A chart order written for a patient in a hospital or long-term care facility, a patient receiving home infusion services, or a hospice patient pursuant to §54.1-3408.01 A of the Code of Virginia shall be exempt from having to contain all required information of a written prescription provided: a. This information is contained in other readily retrievable records of the pharmacy; and b. The pharmacy maintains a current policy and procedure manual that sets out where this information is maintained and how to retrieve it and the minimum requirements for chart orders consistent with state and federal law and accepted standard of care. Requirements for filing of chart orders. a. Chart orders shall be filed chronologically by date of initial dispensing with the following exception: if dispensing data can be produced showing a complete audit trail for any requested drug for a specified time period and each chart order is readily retrievable upon request, chart orders may be filed using another method. Such alternate method shall be clearly documented in a current policy and procedure manual. b. If a single chart order contains both an order for a Schedule II drug and one or more orders for a drug in another schedule, where the Schedule II drug is not floor stocked, but is dispensed from the pharmacy pursuant to this order for the specific patient, the original order must be filed with records of dispensing of Schedule II drugs and a copy of the order placed in the file for other schedules.	Not Applicable	
		Not Applicable	

Deficiency Number				
	Invoices or other records showing receipts of Schedule VI drugs shall be maintained, but may be stored in an electronic database or record as an electronic image that provides an exact, clearly legible, image of the document or in secured storage either on or off site. All records in off-site storage or database shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.	Compliant		
	All records shall be filed chronologically and maintained for a period of not less than two years from the date of transaction.	Compliant		
	Records - Partial Dispensing	Result		Notes
119	The pharmacist dispensing any prescription shall record the date of dispensing and his initials on the prescription in (i) an automated data processing system used for the storage and retrieval of dispensing information for prescriptions or (ii) on another record that is accurate from which dispensing information is retrievable and in which the original prescription and any information maintained in such data processing system concerning such prescription can be found. [854.1-3412]	Not Applicable		
119	The partial filling of a prescription for a drug listed in Schedule II is permissible if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription, and he makes a notation of the quantity supplied on the face of the written prescription. The remaining portion of the prescription may be dispensed within 72 hours of the first partial dispensing; however, if the remaining portion is not or cannot be dispensed within the 72-hour period, the pharmacist shall so notify the prescribing practitioner. No further quantity may be supplied beyond 72 hours without a new prescription. [18VAC110-20-310]	Not Applicable		
119	Prescriptions for Schedule II drugs written for patients in long-term care facilities may be dispensed in partial quantities, to include individual dosage units. For each partial dispensing, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained and readily retrievable) the date of the partial dispensing, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of Schedule II drugs in all partial dispensing shall not exceed the total quantity prescribed. Schedule II prescriptions shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of the drug. [18VAC110-20-310]	Not Applicable		
119	Information pertaining to current Schedule II prescriptions for patients in a long-term care facility may be maintained in a computerized system if this system has the capability to permit: [18VAC110-20-310]	Not Applicable		
	1. Output (display or printout) of the original prescription number, date of issue, identification of prescribing practitioner, identification of patient, identification of the long-term care facility, identification of drug authorized (to include dosage form, strength, and quantity), listing of partial dispensing under each prescription, and the information required in subsection B of this section.			
	2. Immediate (real time) updating of the prescription record each time a partial dispensing of the prescription is conducted.			
119	A prescription for a Schedule II drug may be filled in partial quantities to include individual dosage units for a patient with a medical diagnosis documenting a terminal illness under the following conditions: [18VAC110-20-310]	Not Applicable		

Deficiency Number			
	1. The practitioner shall classify the patient as terminally ill, and the pharmacist shall verify and record such notation on the prescription. 2. On each partial filling, the pharmacist shall record the date, quantity dispensed, remaining quantity authorized to be dispensed, and the identity of the dispensing pharmacist. 3. Prior to the subsequent partial filling, the pharmacist shall determine that it is necessary. The total quantity of Schedule II drugs dispensed in all partial fillings shall not exceed the total quantity prescribed. 4. Schedule II prescriptions for terminally ill patients may be partially filled for a period not to exceed 60 days from the issue date unless terminated sooner. 5. Information pertaining to partial filling may be maintained in a computerized system under the conditions set forth in 18VAC110-20-320 subsection C.		
	A prescription for a Schedule II drug may be filled in partial quantities if the partial fill is requested by the patient or by the practitioner who wrote the prescription provided: 1. The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed; 2. The prescription is written and filled in accordance with state and federal law; and 3. The remaining portions are filled not later than 30 days after the date on which the prescription is written.	Not Applicable	
119	A prescription for a drug listed in Schedule III, IV, or V shall not be dispensed or refilled more than six months after the date on which such prescription was issued, and no such prescription authorized to be filled may be refilled more than five times. [18VAC110-20-320] 1. Each refilling of a prescription shall be entered on the back of the prescription or on another record in accordance with §54.1-3414 of the code of Virginia, and 18VAC110-20-255, initialed, and dated by the pharmacist as of the date of dispensing. If the pharmacist merely initials and dates the prescription, it shall be presumed that the entire quantity ordered was dispensed. 2. The partial dispensing of a prescription for a drug listed in Schedule III, IV, or V is permissible, provided that: a. Each partial dispensing is recorded in the same manner as a refilling; b. The total quantity of drug dispensed in all partial dispensing does not exceed the total quantity prescribed; and c. No dispensing occurs after six months after the date on which the prescription order was issued.	Not Applicable	
	Any other record used to record the date of dispensing or the identity of the pharmacist dispensing shall be maintained for a period of two years on premises. [18VAC11-20-255]	Not Applicable	
119	A pharmacy using such an alternative record shall maintain a current policy and procedure manual documenting [18VAC110-20-255]	Not Applicable	
119	1. Procedures for using the record 2. How the record is integrated into the total dispensing record system	Not Applicable	

Deficiency Number	How the data included in the record shall be interpreted	Result	Notes
124	Prescription Labeling Whenever a pharmacist dispenses any drug listed within Schedule I through VI on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing [§54.1-3410] 1. Prescription serial number or name of the drug 2. Date of initial filling <i>Do not cite if label includes date of dispensing rather than date of initial filling.</i> 3. His name and address, or the name and address of the pharmacy 4. Name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal 5. Name of the prescriber by whom the prescription was written, except for those drugs dispensed to a patient in a hospital pursuant to a clear order 6. Directions as may be stated on the prescription 7. Drug name and strength, when strength is applicable 8. Number of dosage units or, if liquid, the number of milliliters dispensed For any drug product possessing a single active ingredient, the generic name of the drug shall be included on the label. [18VAC110-20-330] NOTE: Does not apply to drugs dispensed to patients in a hospital or long-term care facility where all drugs are administered by persons licensed to administer drugs. If a generic drug is dispensed when a prescription is written for a brand name drug, the label shall contain the generic name followed by the words "generic for" followed by the brand name of the drug prescribed, and the label shall also contain the generic's brand name or the manufacturer or distributor of the drug dispensed. [18VAC110-20-330] NOTE: Does not apply to drugs dispensed to patients in a hospital or long-term care facility where all drugs are administered by persons licensed to administer drugs.	Compliant	
124	Prescription Order A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription. NOTE: See 18VAC110-20-285 for faxing of prescription orders for Schedule II drugs. [§54.1-3410] A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription. [§54.1-3410] The agent of the prescriber on his behalf may orally transmit a prescription. The written record of the prescription specifies the full name of the agent of the prescriber. [§54.1-3410] A written prescription shall be written with ink or individually typed or printed and shall contain: [§54.1-3408.01] 1. Name, address, and telephone number of the prescriber. 2. First and last name of the patient for whom the drug is prescribed.	Compliant	
116		Not Applicable	
116		Not Applicable	
116		Compliant	
116		Not Applicable	
116			

Deficiency Number			Result	Notes
116	3. Address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription. NOTE: If not otherwise prohibited by law, the dispenser may record the address of the patient in an electronic prescription dispensing record for that patient in lieu of recording it on the prescription. 4. Dated and signed by the prescriber on, the day when issued 5. A prescription for a controlled substance other than one controlled in Schedule VI shall also contain the federal controlled substances registration number assigned to the prescriber			
	Electronic Transmitted Prescription			
	Effective July 1, 2020 - Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions. Any prescription for a controlled substance that contains an oplate shall be issued as an electronic prescription. §54.1-3408.02			
116	Unless otherwise prohibited by law, an electronic prescription may be transmitted from the prescriber or an authorized agent as defined in § 54.1-3408.01 C of the Code of Virginia directly to the dispensing pharmacy. Electronic prescriptions of Schedule II-V controlled substances shall comply with any security or other requirements of federal law. All electronic prescriptions shall also comply with all security requirements of state law related to privacy of protected health information. [18VAC110-20-285] A pharmacy receiving an electronic prescription shall maintain such prescription record in accordance with 18VAC110-20-250 A.	Not Applicable		
	Faxed Prescription			
	Unless otherwise prohibited by federal law, prescription orders for Schedule III through VI drugs may be transmitted to pharmacies by facsimile device (FAX) upon the following conditions: [18VAC110-20-280]	Compliant		
116	1. The prescription shall be faxed only to the pharmacy of the patient's choice 2. A valid faxed prescription shall contain all required information for a prescription. A written prescription shall include the prescriber's signature. 3. An authorized agent may transmit an oral prescription by facsimile and shall record on the faxed prescription the agent's full name and wording that clearly indicates that the prescription being transmitted is an oral prescription A faxed prescription shall be valid only if faxed from the prescriber's practice location, except in the following situations: [18VAC110-20-280] 1. Forwarding a faxed chart order from a long-term care facility or from a hospice, including a home hospice 2. Faxing an oral prescription by authorized agent under the conditions set forth in subdivision 3 of this subsection; or 3. Forwarding a written prescription by an authorized agent from a long-term care facility, provided a. The provider pharmacy maintains written procedures for such transactions b. The original prescription is obtained by the provider pharmacy within seven days of dispensing	Compliant		

Deficiency Number		
5.	The prescription shall have written on its face "Authorization for Emergency Dispensing" and the date of the oral order	

Deficiency Number			Result	Notes
118	6. The dispensing pharmacist shall attach this prescription to the oral emergency prescription which had earlier been reduced to writing. 7. The pharmacist shall notify the nearest office of the Drug Enforcement Administration and the board if the prescribing practitioner fails to deliver a written prescription to him.			
127	Repackaging Control records of reconstitution of injectable, bulk compounding or the repackaging or prepackaging of drugs maintained for a period of one year or until the expiration, whichever is greater. [18VAC110-20-355]		Not Applicable	
127	Control record includes the following information: [18VAC110-20-355] 1. Date repackaged 2. Name of the drug(s) used & strength of drug, if any 3. Quantity prepared 4. Assigned lot or control number 5. Manufacturer's or distributor's name and lot or control number 6. Expiration date		Not Applicable	
20	7. Initials of the pharmacist verifying the process [18VAC110-20-355]		Not Applicable	
127	The following information shall appear on any subsequently repackaged or reconstituted units: [18VAC110-20-355] 1. Drug name & strength of drug, if any 2. Assigned lot or control number or the manufacturer's or distributor's name and lot or control number 3. Appropriate expiration determined by the pharmacist in accordance with USP guidelines		Not Applicable	
127	Pharmacies using automated counting devices or dispensers in which drugs are removed from manufacturer's original packaging and placed in bulk bins shall comply with the following requirements: A bin filling record shall be maintained, manually or in a computerized record for a period of one year from the date of filling from which information can be readily retrieved, for each bin including: [18VAC110-20-355] 1. Drug name and strength, if any 2. Name of the manufacturer or distributor 3. Manufacturer's control or lot number(s) and expiration date for all lots placed into the bin at the time of filling 4. Any assigned lot number 5. An expiration date determined according to USP guidelines for repackaging 6. Date of filling 7. Pharmacist's initials verifying the accuracy of the process [18VAC110-20-355]		Not Applicable	
20	If more than one lot is added to a bin at the same time, the lot which expires first shall be used to determine the expiration date if shorter than a calculated date based on USP guidelines. [18VAC110-20-355]		Not Applicable	

Deficiency Number					
	Each bin shall be labeled in such a manner as to cross-reference the information on the filling record with the correct expiration date.	Not Applicable			
	If only one lot is added to a bin at one time, but a subsequent lot may be added before the first has cleared, the automated device shall be constructed to reasonably dispense the first lot before the second lot is dispensed and the expiration date on the bin's label shall reflect the expiration date assigned to the earlier lot.	Not Applicable			
	In the event of a drug recall involving one of multiple lots placed in a bin of an automated counting device in the last three months or if a recalled drug is known to remain in the bin, all drugs shall be removed from the bin and not used for patient care. The removal of drugs from the bin is not required if:	Not Applicable			
	a. The technology of the automated counting device can ensure drugs in a particular lot have been cleared; or				
	b. The bin has been "run dry," with a record made of the "run dry" date, since the addition of the recalled lot number in which all drugs were completely removed prior to filling with a subsequent lot number.				
	An automated counting device shall be cleaned and maintained in accordance with recommended manufacturer guidelines and specifications.	Not Applicable			
	Continuous Quality Improvement	Result			Notes
	§ 59-34-003 Continuous quality improvement program. Each pharmacy shall implement a program for continuous quality improvement according to regulations of the Board. Such program shall provide for a systematic process of analysis of dispensing errors and drug shortages in order to formulate an appropriate response and to develop or improve pharmacy systems and workflow processes designed to prevent or reduce future errors. Any pharmacy that actively reports to a patient safety organization shall, as its primary mission, continuously quality improvement under the Patient Safety and Quality Improvement Act of 2005 (PL 109-41) shall be deemed in compliance with this section.				
142	Pharmacy Actively Reports to Patient Safety Organization [18VAC10-20-418]	Not Applicable			
	A record indicating the date a report was submitted to a patient safety organization shall be maintained for 12 months from the date of reporting. <i>Record name of PSO in notes.</i>				
	Pharmacy is not actively reporting to patient safety organizations consistent with § 59-34-003 and 18VAC10-20-418.				
142	Pharmacy does not actively report to a patient safety organization [18VAC10-20-418]	Compliant			
	A separate record shall be maintained and available for inspection to ensure compliance with this section for 12 months from the date of the analysis of dispensing errors and shall include the following information:				
	(1) Dates the analysis was initiated and completed;				
	(2) Names of the participants in the analysis;				
	(3) General description of remedial action taken to prevent or reduce future errors; and				
	(4) A zero report with date shall be recorded on the record if no dispensing errors have occurred within the past 30 days. <i>Do not cite a deficiency if only the record of zero report is missing.</i>				

Virginia Board of Pharmacy
Pharmacy Routine Inspection Form

NABP Number		Deficiency Number	General Operations Information	Result	Notes
The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.					
			The pharmacy engages in the compounding of sterile drug products and has a clean room that is compliant with USP-NF standards. [§54.1-3410.2] [18VAC130-20-321] The pharmacy is performing sterile compounding outside of a clean room. There is a compliant clean room present that is not utilized for preparation of compounded sterile drug products. [§54.1-3410.2]	Compliant	
			In accordance with the conditions set forth in §54.1-3410.2 subsections A and B, pharmacists shall not distribute compounded drug products for subsequent distribution or sale to other persons or to commercial entities, including distribution to pharmacies or other entities under common ownership or control with the facility in which such compounding takes place; however, a pharmacist may distribute to a veterinarian in accordance with federal law. [§54.1-3410.2]	Compliant	
			Compounded products for companion animals, as defined in regulations promulgated by the Board of Veterinary Medicine, and distributed by a pharmacy to a veterinarian for further distribution or sale to his own patients shall be limited to drugs necessary to treat an emergent condition when timely access to a compounding pharmacy is not available as determined by the prescribing veterinarian. [§54.1-3410.2]	Not Applicable	
			A pharmacist may provide a reasonable amount of compounded products to practitioners of medicine, osteopathy, podiatry, or dentistry to administer to their patients, either personally or under their direct and immediate supervision, if there is a critical need to treat an emergency condition, or as allowed by federal law or regulations. A pharmacist may also provide compounded products to practitioners of veterinary medicine for office-based administration to their patients. [§54.1-3410.2]	Not Applicable	
			Pharmacists may use bulk drug substances in compounding when such bulk drug substances: [§54.1-3410.2] 1. Comply with the standards of an applicable United States Pharmacopoeia or National Formulary monograph, if such monograph exists, and the United States Pharmacopoeia chapter on pharmacy compounding; or are drug substances that are components of drugs approved by the FDA for use in the United States; or are otherwise approved by the FDA; or are manufactured by an establishment that is registered by the FDA	Not Applicable	
			2. Are distributed by a licensed wholesale distributor or registered nonresident wholesale distributor, or are distributed by a supplier otherwise approved by the Board and the FDA to distribute bulk drug substances if the pharmacist can establish purity and safety by reasonable means, such as lot analysis, manufacturer reputation, or reliability of the source.	Not Applicable	
			Pharmacists shall not engage in the following: [§54.1-3410.3] 1. The compounding for human use of a drug product that has been withdrawn or removed from the market by the FDA because such drug product or a component of such drug product has been found to be unsafe. However, this prohibition shall be limited to the scope of the FDA withdrawal	Compliant	

NABP Number	Deficiency Number		Notes	Result
	281	2. The regular compounding or the compounding of inordinate amounts of any drug products that are essentially copies of commercially available drug products. However, this prohibition shall not include (i) the compounding of any commercially available product when there is a change in the product ordered by the prescriber for an individual patient, (ii) the compounding of a commercially manufactured drug only during times when the product is not available from the manufacturer or supplier, (iii) the compounding of a commercially manufactured drug whose manufacturer has notified the FDA that the drug is unavailable due to a current drug shortage, (iv) the compounding of a commercially manufactured drug when the prescriber has indicated in the oral or written prescription for an individual patient that there is an emergent need for a drug that is not readily available within the time medically necessary, or (v) the mixing of two or more commercially available products regardless of whether the end product is a commercially available product Pharmacists who provide compounded products for office-based administration for treatment of an emergency condition or as allowed by federal law or regulations shall label all compounded products distributed to practitioners other than veterinarians for administration to their patients with: [§54.1-3410.2]	Compliant	
	282a	1. the statement "For Administering In Prescriber/Practice Location Only" 2. the name and strength of the compounded medication or list of the active ingredients and strengths 3. the facility's control number 4. an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding 5. the name and address of the pharmacy 6. the quantity	Not Applicable	
	282b	Pharmacists shall label all compounded products for companion animals, as defined in regulations promulgated by the Board of Veterinary Medicine, and distributed to a veterinarian for either further distribution or sale to his own patient or administration to his own patient with: [§4.1-3410.2] 1. the statement "For Administering In Prescriber/Practice Location Only" 2. the name and strength of the compounded medication or list of the active ingredients and strengths 3. the facility's control number 4. an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding 5. the name and address of the pharmacy 6. the quantity	Not Applicable	
	282c	Pharmacists shall personally perform or personally supervise the compounding process, which shall include a final check for accuracy and conformity to the formula of the product being prepared, correct ingredients and calculations, accurate and precise measurements, appropriate conditions and procedures, and appearance of the final product. [§4.1-3410.2] Pharmacists shall maintain records of all compounded drug products as part of the prescription, formula record, formula book, or other log or record. Records may be maintained electronically, manually, in a combination of both, or by any other readily retrievable method. [§4.1-3410.2] In addition to other requirements for prescription records, records for products compounded pursuant to a prescription order for a single patient where only manufacturers' finished products are used as components shall include the: [§54.1-3410.2]	Compliant	Maintains records in patient charts and are available electronically.
	283	1. name and quantity of all components 2. the date of compounding and dispensing 3. the prescription number or other identifier of the prescription order 4. total quantity of finished product 5. signature or initials of the pharmacist or pharmacy technician performing the compounding	Compliant	

NABP Number	Deficiency Number		Result	Notes
		6. signature or initials of the pharmacist responsible for supervising the pharmacy technician and verifying the accuracy and integrity of compounded products. In addition to the requirements of §54.1-3410.2 subdivision 1, records for products compounded in bulk or batch in advance of dispensing or when bulk drug substances are used shall include: §54.1-3410.2	Compliant	
		1. the generic name and the name of the manufacturer of each component or the brand name of each component	Not Applicable	
		2. the manufacturer's lot number and expiration date for each component or when the original manufacturer's lot number and expiration date are unknown	Not Applicable	
		3. the source of acquisition of the component	Not Applicable	
		4. the assigned lot number if subdivided	Not Applicable	
		5. the unit or package size and the number of units or packages prepared	Not Applicable	
		6. the beyond-use date. The criteria for establishing the beyond-use date shall be available for inspection by the Board.	Not Applicable	
		A complete compounding formula listing all procedures, necessary equipment, necessary environmental considerations, and other factors in detail shall be maintained where such instructions are necessary to replicate a compounded product or where the compounding is difficult or complex and must be done by a certain process in order to ensure the integrity of the finished product. [§54.1-3410.2]	Compliant	
		Pharmacists shall label all compounded drug products that are dispensed pursuant to a prescription in accordance with this chapter and the Board's regulations, and shall include on the labeling an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding. [§54.1-3410.2]	Compliant	
		A pharmacist may also engage in compounding of drug products in anticipation of receipt of prescriptions based on a routine, regularly observed prescribing pattern. Pharmacists shall label all products compounded prior to dispensing with: §54.1-3410.2	Not Applicable	
		1. the name and strength of the compounded medication or a list of the active ingredients and strengths	Not Applicable	
		2. the pharmacy's assigned control number that corresponds with the compounding record	Not Applicable	
		3. an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding	Not Applicable	
		4. the quantity.	Not Applicable	
National Association of Boards of Pharmacy® Universal Inspection Form				
The National Association of Boards of Pharmacy (NABP) developed this inspection form for sole use by NABP and its member boards of pharmacy for inspection of facilities licensed by a member board. Disclosure of the form to or use of the form by a third party, other than a facility being inspected by NABP or a member board, is strictly prohibited without NABP's prior written permission or unless required by state law.				
		Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. (NA if no sample)	Not Applicable	
		Indicate the areas/rooms of the pharmacy entered to perform the inspection. If the inspector did not fully enter and enter buffer room(s), indicate reason.	Anteroom and buffer.	
1.00		Does the pharmacy dispense sterile compounded preparations pursuant to a prescription?	Compliant	
1.01		Are patient profiles complete and DUR performed for each prescription? View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.	Compliant	
1.02		Are sterile compounded prescriptions picked up at the pharmacy?	Not Applicable	
1.03		Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	Compliant	
1.04		Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Not Applicable	

NAAP Number	Deficiency Number		Result	Notes
2.00		Does the pharmacy distribute sterile compounded preparations? <i>Not pursuant to a prescription, not labeled by the pharmacy with a patient name.</i>	Not Applicable	
2.01		Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	Not Applicable	
2.02		Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	Not Applicable	
2.03		Is the pharmacy registered with the FDA as an Outsourcing facility?	Not Applicable	
2.04		Does the pharmacy have a sales force that distributes samples containing active ingredients? <i>List samples provided.</i>	Not Applicable	
3.00		Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	Not Applicable	
3.01		If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	Not Applicable	
4.00		Which of the following sterile compounds are prepared?		
4.01		Allergen extracts	Compliant	
4.02		Parenteral solutions	Compliant	
4.03		Parenteral suspensions	Compliant	
4.04		Preservative-free parenterals	Compliant	
4.05		Ophthalmic preparations	Compliant	
4.06		Oral or nasal inhalation preparations (not topical sprays)	Compliant	
4.07		Baths and soaks for live organs and tissues	Compliant	
4.08		Irrigations for wounds and body cavities	Compliant	
4.09		Any other sterile preparations (implants, pellets, etc.). <i>Provide list.</i>	Compliant	
5.00		Does the pharmacy compound investigational drugs? <i>Provide list.</i>	Compliant	
6.00		Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? <i>Indicate name and volume/percent compounded currently.</i>	Not Applicable	
6.01		If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	Not Applicable	
6.02		If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. <i>Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.</i>	Not Applicable	
7.00		Does the pharmacy perform low-risk compounding? <i>Indicate percentage of low-risk sterile compounding.</i>	Compliant	75%
7.01	33	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	Compliant	
7.02	33	If low risk, are the compounds located in segregated area are BUD 12 hours or less?	Compliant	
7.03	33	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.	Not Applicable	
7.04	33	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? <i>List the types of testing performed (potency, sterility, stability, etc.).</i>	Not Applicable	
8.00		Does the pharmacy perform medium-risk compounding? <i>Indicate percentage of medium-risk sterile compounding.</i>	Compliant	25%
8.01	33	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	Compliant	
8.02	33	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.	Not Applicable	

NABP Number	Deficiency Number		Result	Notes
8.03		If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? List the types of testing performed (potency, sterility, stability, etc.).	Not Applicable	
9.00		Does the pharmacy perform high-risk compounding? Indicate percentage of high-risk sterile compounding.	Not Applicable	
9.01		Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	Not Applicable	
9.02		If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.	Not Applicable	
9.03		If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? List the types of testing performed (potency, sterility, stability, etc.).	Not Applicable	
10.00		Does the pharmacy provide sterile compounded preparation to be administered via an implantable infusion pump?	Not Applicable	
11.00		Does the pharmacy perform compounding for immediate use? Indicate percentage of immediate use sterile compounding.	Not Applicable	
12.00		Does the pharmacy perform compounding with hazardous drugs? Indicate percentage of hazardous sterile compounding.	Not Applicable	
12.01		MSDS list of hazardous drugs including chemotherapy, hormones, etc.	Not Applicable	
12.02		Does pharmacy have a plan to comply with USP Chapter <800> by the implementation date? Describe plan.	Not Applicable	
12.03		Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	Not Applicable	
13.00		Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	Not Applicable	
14.00		Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? Verify that personnel can access them and are familiar with the format.	Not Applicable	
15.00		Does the pharmacy perform compounding using blood products (for other biological materials)? Such as wound care, autologous eye drops, etc. Describe.	Not Applicable	
16.00		Does the pharmacy compound using any Federally controlled substances I-V? Indicate controlled substances used and percentage of controlled substance sterile compounding.	Not Applicable	Fentanyl Injection is stocked. <1%
16.01		APIs: Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Not Applicable	
16.02		Does the pharmacy purchase APIs directly from the manufacturer/repackager? If not, indicate the source of APIs.	Not Applicable	
16.03		Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? If so, list how this verified.	Not Applicable	
16.04		Does the pharmacy use active ingredients that are not from an FDA facility? If so, indicate sources.	Not Applicable	
17.00		Does the computer track on-hand quantities of APIs used for compounding?	Not Applicable	
17.01		Does the pharmacy use scales/balances for sterile compounding?	Not Applicable	
17.02		If so, what type of scale/balance is used? List manufacturer and model number.	Not Applicable	
18.00		If the scale/balance is electronic, does the pharmacy use the automatic calibration? Describe process and indicate frequency.	Not Applicable	
18.01		Does the pharmacy have a lyophilizer?	Not Applicable	
		Where is the lyophilizer located? Indicate location and ISO class of room.	Not Applicable	

NABP Number	Deficiency Number		Result	Notes
18.02		Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.	Not Applicable	
18.03		Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?	Not Applicable	
19.00		Does the pharmacy perform any testing in-house (not sent to an outside lab)? If so, what tests are performed in house?	Compliant	Media fill and glove fingertip.
20.00		Does the pharmacy send samples to an outside lab to perform testing? If so, provide the name of the lab performing testing for the pharmacy and what testing is performed	Compliant	Mbiolabs. Air and surface sampling.
21.00		Quality Assurance/Quality Improvement: Does the pharmacy continuous quality improvement program include sterile compounding measures? <i>Note: If the facility indicates "yes", please ask each question below to verify.</i>	Compliant	
21.01		Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Compliant	
21.02		Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	Compliant	
21.03		Does the pharmacy continuous quality improvement program include viable environmental testing?	Compliant	
21.04		Does the pharmacy continuous quality improvement program include personnel testing and verification?	Compliant	
21.05		Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc.?	Compliant	
21.06		Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	Compliant	
21.07		Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	Compliant	
21.08		Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	Compliant	
21.09		Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Compliant	
21.10		Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	Compliant	
21.11		Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	Compliant	
21.12		Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? Review QA trends.	Compliant	
22.00		Component Selection and Use Total Non-Compliant (includes Unknowns) Active Pharmaceutical Ingredients (APIs), bulk drug substances: All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued) Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products. NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding. USP- or NF-grade substances used, if available.	Not Applicable	
22.01			Not Applicable	
22.02			Not Applicable	

NAP Number	Deficiency Number		Result	Notes
22.03		If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Not Applicable	
22.04		APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. <i>Photograph and describe if found. Request copies of the invoices for products with questionable labels</i>	Not Applicable	
22.05		If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.	Not Applicable	
22.06		All substances and components have a complete label including a batch control or lot number, and an expiration date.	Not Applicable	
22.07		For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. <i>Note: purity and quality testing may be performed to extend.</i>	Not Applicable	
22.08		All APIs are labeled with the date they were received.	Not Applicable	
22.09		If the pharmacy repackages APIs into smaller containers for use of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	Not Applicable	
22.10		Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Not Applicable	
23.00		There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Not Applicable	
24.00		When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Not Applicable	
25.00		For animal compounding, does the compounding meet the same standards as compounding for human patients?	Compliant	One canine patient in past 18 months.
25.01		The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	
25.02		It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	Not Applicable	
25.03		The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	Not Applicable	
25.04		The facility has a list of drugs and components not allowed when compounding for food-producing animals.	Not Applicable	
25.05		The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	Not Applicable	
26.00		If the pharmacy compounds stock solutions or components that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.	Not Applicable	
26.01		The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD. OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.	Not Applicable	
26.02		Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.	Not Applicable	
		Environment		
		Total Non-Compliant (Includes Unknowns)	Result:	Notes
27.00		If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	Not Applicable	Sterile compounding only.

NABP Number	Deficiency Number		Result	Notes
28.00		If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.	Not Applicable	
28.01		Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	Not Applicable	
29.00		Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	Compliant	
30.00		The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	Compliant	
30.01		Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	Compliant	
30.02		Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	Compliant	
31.00		All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
32.00		Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. If panels are used, they are locked together and sealed.	Compliant	
33.00		The ceiling surface shall be impervious and hydrophobic. If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.	Compliant	Replaced walls/ceiling tiles in last 18 months.
34.00		The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Compliant	
35.00		The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
36.00		The exposed surfaces of:	Compliant	
36.01		PEC are free of dirt, rust, chips and particulate matter.	Compliant	
36.02		Light fixtures are smooth, mounted flush, and sealed.	Compliant	
37.00		A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
38.00		There is no sink or drain in the clean/buffer room.	Compliant	
39.00		Hand drying is with lint-free disposable towels, or an electric or HEPA filtered hand dryer.	Compliant	
39.01		If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. (N/A if only using towels)	Not Applicable	
40.00		All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	Compliant	
41.00		Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	Ceiling.
42.00		If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc.), they are located by an air return so air flows over and out of the room taking particles with it, and this airflow has been confirmed by smoke testing while in use.	Compliant	
43.00		Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	
44.00		If compounding occurs using nonsterile ingredients, product, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	Not Applicable	
44.01		Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	Not Applicable	

NABP Number	Deficiency Number	Notes	Result	Notes
45.00		Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
45.01		Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	
45.02		Clean/buffer room is at least 0.02" wc positive pressure to anteroom.	Compliant	
45.03		Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	Not Applicable	
45.04		Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device.	Compliant	
45.05		View logs	Compliant	
46.00		Written plan in place to detect and react to pressure differentials outside of limits.	Compliant	
46.01		If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	Not Applicable	
46.02		The air flow is at least 40 feet per minute across the entire opening.	Not Applicable	
46.03		Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. View logs.	Not Applicable	
46.04		Written plan in place to detect and react to air flow measurements outside of limits	Not Applicable	
47.00		This area is used only for low- and medium-risk compounding (HD and high-risk not allowed). Temperature: The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	Not Applicable	
47.01		Temperature in the compounding area is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); temperature can be more restrictive if warranted by specific drug product storage requirements. Temperature records are maintained.	Compliant	
47.02		If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	Occasional readings greater than 68° F. PIC Moskowitz is aware and plans to replace the old AC unit is in place for the near future.
47.03		Temperature monitoring is also performed in drug storage areas (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.04		Temperature monitoring in the drug storage area is performed at least once daily and documented. Temperature records are maintained.	Compliant	
47.05		Temperature in the refrigerator or cooler is maintained to provide controlled cold temperature of 2° to 8° C (36° to 46° F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.06		Temperature monitoring in the refrigerator is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. Temperature records are maintained.	Compliant	
47.07		Temperature in the freezer is maintained to provide controlled frozen temperature of -25° to -10° C (-13° to 14° F) or as specified by FDA approved labeling for drug product storage.	Compliant	No frozen drugs.
47.08		Temperature monitoring in the freezer is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Temperature records are maintained.	Compliant	
47.09		Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	Compliant	
48.00		Humidity: If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (Generally recommended range is 35-60% for performing sterile compounding.)	Compliant	
48.01		If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	

NABP Number	Deficiency Number		Result	Notes
48.02		If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
48.03		If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	Compliant	
49.00		Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	Compliant	
50.00		When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces.	Not Applicable	
51.00		The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. <i>By interlocking, training of personnel, or signage.</i>	Compliant	Sign on buffer room door.
52.00		The inside and outside doors of a pass-through are prevented from both being open at the same time. <i>By interlocking, training of personnel, or signage.</i>	Not Applicable	
53.00	22/23	If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room: BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	Not Applicable	
53.01		Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. <i>If yes, list percentage.</i>	Not Applicable	
53.02		All garbing requirements are adhered to.	Not Applicable	
53.03		Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	Not Applicable	
53.04		Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	Not Applicable	
53.05		The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	Not Applicable	
54.00	22/23	If the PEC is a CACI that is NOT located in an ISO Class 7 clean/buffer room: CACI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	Not Applicable	
54.01		The pharmacy has documentation from the manufacturer that the CACI or CACI will meet this standard when located in worse than ISO Class 7 environments.	Not Applicable	
54.02		The CACI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	Not Applicable	
54.03	22/23	The sink is separated from the immediate area of the CACI or CACI (not adjacent).	Not Applicable	
54.04		For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	Not Applicable	
Cleaning and Disinfection				
55.00	23/23	Are all personnel performing cleaning appropriately garbed?	Not Compliant	
56.00		Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? <i>All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).</i>	Compliant	
57.00		If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	Compliant	
58.00		Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Compliant	
59.00		For cleaning and sanitizing agents that are not "ready-to-use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and the preparation documented?	Not Applicable	
60.00		Are cleaning and sanitizing agents appropriately labeled including expiration dates? <i>Verify no expired agents present.</i>	Compliant	
		Total Non-Compliant (Includes Unknowns)		
		Notes		

NABP Number	Deficiency Number		Result	Notes
61.00		Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	
62.00		Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
62.01		If heavily soiled, cleaning includes the appropriate agent. <i>List agent(s) used.</i>	Compliant	Peridox, CIDehol 70, Oxivir Tb Wipes
63.00		Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
64.00		Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	
65.00		Does daily cleaning include the floors starting from the clear/buffer room and working outwards? Floor cleaning is not to occur during compounding.	Compliant	
66.00		If fatigue mats are used, are they cleaned daily and let dry on both sides?	Compliant	
67.00		Is a tacky mat used and if so, is there a procedure in place regarding replacement?	Compliant	A tacky mat is located outside the anteroom door.
68.00		Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? <i>(This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.)</i>	Compliant	
69.00		Check inside bins and shelving for dust if you are garbed. Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	
70.00		Total Non-Compliant (Includes Unknowns) There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. <i>Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed</i>	Compliant	Four training files viewed.
70.01		All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	Compliant	
70.02		All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	Compliant	
71.00		All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. <i>Teratogenicity, carcinogenicity, reproductive issues.</i>	Not Applicable	

NABP Number	Deficiency Number		Result	Notes
72.00		There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	Not Applicable	
73.00		There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. <i>Documentation needs to include training on operation, and troubleshooting</i>	Compliant	
74.00		If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. <i>View documentation.</i>	Not Applicable	
75.00		There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. <i>Indicate frequency, if testing more than annually</i>	Compliant	
76.00		There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. <i>Indicate frequency, if testing more than annually.</i>	Not Applicable	
77.00	255/26	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? <i>Personnel must pass the tests upon initial validation before being allowed to compound. Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.</i>	Compliant	
78.00	255/26	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. <i>Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.</i>	Compliant	
79.00	255/26	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. <i>The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.</i> <i>The media-fill testing procedures include:</i>	Compliant	
80.00		Media selection (including obtaining CDAs or growth promotion certificates from suppliers)	Compliant	
80.01		Fill Volume	Compliant	
80.02		Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)	Compliant	
80.03		Inspection of filled units	Compliant	
80.04		Documentation	Compliant	
80.05		Interpretation of results	Compliant	
80.06		Action levels set with the corrective actions required	Compliant	
80.07		High-Risk Sterile Compounding: There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. <i>Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.</i>	Not Applicable	

NABP Number	Deficiency Number		Result	Notes
82.00		High-Risk Sterile Compounding: There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.	Not Applicable	
83.00		Failed testing: Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	Not Applicable	
83.01		Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	Not Applicable	
83.02		There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Compliant	Utilizes an electronic recall record.
		Garbing	Result	Notes
84.00		Total Non-Compliant (includes Unknowns)		
85.00		Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an acute respiratory infection.	Compliant	
86.00		Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. Include observations in the comments.	Compliant	
87.00		Personnel are required to remove all hand and wrist jewelry and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
88.00		Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	
89.00		Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	
90.00		Garbing includes head and facial hair covers and masks. Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.	Compliant	
91.00		Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. Scrub brushes are NOT recommended as they cause skin irritation and damage.	Not Compliant	
92.00		The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	
93.00		All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.). Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.	Compliant	
94.00		Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	
95.00		Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.	Compliant	
96.00		Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	Compliant	
		Environmental Monitoring	Result	Notes

NABP Number	Deficiency Number	Notes	Result	Notes
97.00	11-2311-23	Total Non-Compliant (Includes Unknowns) The most recent PEC and room certification report is available.		
97.01	11-2311-23	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. <i>If non-compliant, record the date of the last certification.</i>	Compliant	
97.02	11-2311-23	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CACs, and barrier isolators) have been certified within the last 6 months. <i>If non-compliant, record the date of the last certification.</i>	Compliant	
97.03	11-2311-23	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. <i>If non-compliant, record the date of the previous certification.</i>	Compliant	
97.04	11-2311-23	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	
97.05		If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	Not Applicable	
97.06		The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	
98.00	11-2311-23	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
98.01		The equipment used had not exceeded its calibration date at the time of certification.	Compliant	
99.00		The HEPA filtered air changes per hour (ACH) were measured for the compounding rooms.	Compliant	
99.01		ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. <i>Recirculated air from the PEC may account for up to 15 ACPH in nonhazardous classified rooms only.</i>	Compliant	
99.02		ISO class 7 anteroom is certified as having a minimum of 30 ACPH. Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.	Compliant	ISO 8 Anteroom.
99.03		ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. Typically all of the air will be from outside.	Not Applicable	
99.04		If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	Not Applicable	
100.00	11-2311-23	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	Compliant	
100.01	11-2311-23	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	
100.02		Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs operation to confirm air flow.	Compliant	
100.03		Air pattern analysis conducted around particle generating equipment while the equipment was in operation to confirm air flow.	Compliant	
101.00		Differential air pressure between rooms was measured.	Compliant	
101.01		The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	Compliant	
101.02		The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	Not Applicable	

NAB Number	Deficiency Number		Result	Notes
102.00		Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	Not Applicable	
102.01		Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. <i>Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.</i>	Not Applicable	
103.00		Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
103.01		ISO Class 5 areas and PECs are certified as having less than 3520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
103.02		ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	
103.03		ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Compliant	
104.00		HEPA filter tests were performed.	Compliant	
104.01		All room HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
104.02		All PEC HEPA filters were leak tested and if leaks found, they were fixed	Compliant	Leak found in anteroom Hepa filter and was replaced February 2019.
105.00		PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	Not Applicable	
106.00		Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. Document frequency.	Compliant	Viable Air - every 6 months. Surface sampling - every 6 months.
106.01		Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSAPt) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. <i>Required to use media that supports both bacterial and fungal growth for high risk compounding.</i>	Compliant	
106.02		Viable air sampling by active impaction using a volumetric air sampling device. <i>NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.</i>	Compliant	
106.03		Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? <i>Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.</i>	Compliant	
106.04		Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Compliant	
106.05		Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification Air Sample Surface Sample ISO Class 5 >1 CFU/m ³ >3 CFU/plate ISO Class 7 >10 CFU/m ³ >5 CFU/plate ISO Class 8 >100 CFU/m ³ >100 CFU/plate <i>CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.</i>	Compliant	
106.06		CFUs detected by any means (viable air or surface sampling, flowed fingertip testing, failed sterility tests, etc.) are identified to the genus level. <i>All CFUs detected must be identified even if the number of CFUs does not exceed an action level.</i>	Compliant	
106.07		If the number of CFUs detected in the rooms exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	Fungus detected in anteroom October 2017. Corrective action performed.
106.08		If the number of CFUs detected in the PECs exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Not Applicable	

NABP Number	Deficiency Number		Result	Notes
106.09		If any highly pathogenic microbes (e.g., mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation (e.g., recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
107.00		Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. <i>Indicate the outside vendor used to verify procedures and frequency of verifications.</i>	Not Applicable	
		Equipment:	Result	Notes
108.00		Total Non-Compliant (Includes Unknowns) Appropriate equipment and utensils are available, clean, and in good working order. <i>Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.</i>	Compliant	
109.00		All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	Compliant	
110.00		All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	Compliant	
111.00		Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	Compliant	
111.01		There is documentation of the ACD tubing being changed or discarded every 24 hours	Compliant	
111.02		The ACD is used when performing media fill testing.	Compliant	Uses the QuickTest System for the ACD during media fill tests.
		Compounding Procedures:	Result	Notes
		Total Non-Compliant (Includes Unknowns)		
112.00		Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
113.00		Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	
114.00		Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
115.00		Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	
116.00		Compounding employees are using appropriate aseptic technique. <i>May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA). Compounding MUST be observed, if compounding is not being performed at the time of survey mark item as "Non-Compliant".</i>	Compliant	
116.01		If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. <i>If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "Denial of Authorization" form. List individual who signs the Denial of Authorization</i>	Not Compliant	Pharmacy technician Maria Scott was observed by this inspector to block first air on several occasions during the compounding process.
117.00		Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
118.00		All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 30 seconds before they are used to prepare CSPs.	Compliant	
119.00		Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. <i>If exposed to less than ISO Class 5 air, used within 1 hour and discarded.</i>	Compliant	

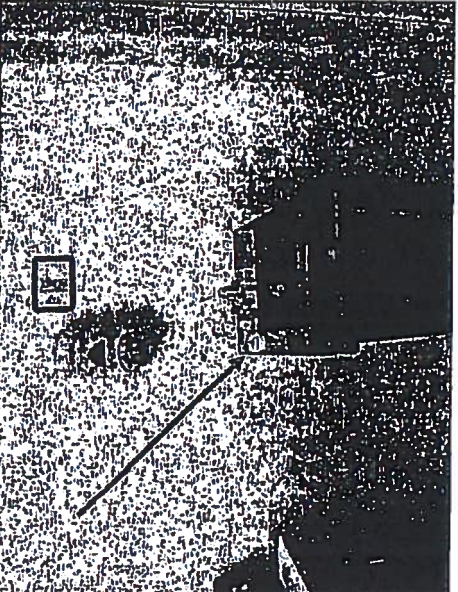
NABP Number	Deficiency Number		Notes	Result
120.00		The remaining contents of opened single-dose ampoules (or vials where container closure system has been removed) are discarded immediately. <i>May not be stored for any time period.</i>	Compliant	
121.00		Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD (if less) after the initial entry or puncture and any remaining contents discarded.	Compliant	
122.00		The compounding record is complete. <i>View several completed compounding records and answer each of the following questions. List records reviewed.</i>	Compliant	Reviewed approximately 250 compound records from November 2018 to present.
122.01		Official or assigned name, strength and dosage of the preparation	Compliant	
122.02		Names, lot numbers and expiration dates of all components	Compliant	
122.03		Total quantity or number of units compounded	Compliant	
122.04		Person compounding the preparation	Compliant	
122.05		Person performing the quality control procedures	Compliant	
122.06		Person who approved the preparation	Compliant	
122.07		Date of compounding	Compliant	
122.08		Assigned internal identification number or prescription number	Compliant	
122.09		Assigned BUD and reference if extended beyond USP guidelines	Compliant	
122.10		Duplicate label	Compliant	
122.11		Sterilization method (if applicable)	Compliant	
122.12		Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	Compliant	
123.00		Procedure for in-process checks is followed. <i>These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.</i>	Compliant	
124.00		Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
125.00		Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	Compliant	
126.00		Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? <i>If so, list the products including lot and expiration date and contain photos (if possible). REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.</i>	Compliant	
127.00		Preparations without additional stability testing or supported by data are assigned BUDs within USP <797> guidelines. Low Risk: 48 hours room temp, 14 days refrigerated, 45 days frozen Medium Risk: 30 hours room temp, 9 days refrigerated, 45 days frozen High Risk: 24 hours room temp, 3 days refrigerated, 45 days frozen	Compliant	
128.00		If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? <i>View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.</i>	Compliant	
129.00		If extended BUDs are assigned, has the facility performed known stability testing? <i>View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.</i>	Compliant	
130.00		Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	Compliant	

NABP Number	Deficiency Number		Result	Notes
131.00		Filter sterilization in an ISO 5 environment and documentation includes:	Not Applicable	
131.01		If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	Not Applicable	
131.02		The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	Not Applicable	
131.03		Is the appropriate capacity filter being used for the volume being filtered.	Not Applicable	
131.04		Filtering is completed rapidly without filter replacement.	Not Applicable	
131.05		Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration.	Not Applicable	
		View documentation on compounding records of items sterilized by filtration to confirm.	Not Applicable	
132.00		Steam sterilization documentation includes:	Not Applicable	
132.01		The autoclave has been verified for the exposure time and mass of the items to be sterilized	Not Applicable	
132.02		Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	Not Applicable	
132.03		Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	Not Applicable	
132.04		That the CSP will not be adversely affected by the steam and heat	Not Applicable	
132.05		The description of steam sterilization includes conditions and duration for specific CSPs	Not Applicable	
132.06		That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of <i>Bacillus stearothermophilus</i> and other confirmation methods such as temperature-sensing devices.	Not Applicable	
133.00		Dry heat sterilization documentation includes:	Not Applicable	
133.01		Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	Not Applicable	
133.02		Sufficient space is left between materials to allow for air circulation	Not Applicable	
133.03		The description of dry heat sterilization includes conditions and duration for specific CSPs	Not Applicable	
133.04		That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of <i>Bacillus subtilis</i> and other confirmation methods such as temperature-sensing devices.	Not Applicable	
133.05		Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	Not Applicable	
134.00		Depyrogenation by dry heat documentation includes:	Not Applicable	
134.01		Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes	Not Applicable	
134.02		The description of the cycle and duration for specific load items	Not Applicable	
134.03		The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	Not Applicable	
134.04		Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	Not Applicable	
135.00		Other methods of sterilization are used with documented procedures and validation performed.	Not Applicable	
		Indicate method.	Not Applicable	
		Finished Preparation Release Checks and Tests	Result	Notes
136.00		Total Non-Compliant (Includes Unknowns)		
137.00		Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	
138.00		Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
139.00		Is compounding accuracy documented by verification of steps?	Compliant	
		Is verification of ingredient identity and quantity verified? Is there a reconciliation of components?	Compliant	

NABP Number	Deficiency Number		Result	Notes
140.00		Are labels verified as being correct and is a copy of the label included in the record? Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.	Compliant	
141.00		Sterility testing (USP <71>). If testing is performed to a higher standard than the minimums below, describe.	Not Applicable	
141.01		Sterility testing includes both bacterial and fungal testing.	Not Applicable	
141.02		Sterility testing is performed for all CSPs that have extended BUDs.	Not Applicable	
141.03		Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers	Not Applicable	
141.04		Sterility testing is performed for CSPs exposed longer than 11 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized	Not Applicable	
141.05		The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers 3. If the product is packaged in unit doses, use the nearest test size above	Not Applicable	
141.06		For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. View testing records and note any products with failed results and actions taken.	Not Applicable	
141.07		If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. View testing records and note any products with failed results and actions taken.	Not Applicable	
142.00		Endotoxin testing (USP <85>). If testing is performed to a higher standard than the minimums below, describe.	Not Applicable	
142.01		Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)	Not Applicable	
142.02		High-risk CSPs prepared in multiple dose vials for administration to multiple patients	Not Applicable	
142.03		High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized	Not Applicable	
142.04		For products failing testing, product is quarantined, and an investigation is performed and action taken. View testing records and note any products with failed results and actions taken.	Not Applicable	
		Patient Counseling and Communication	Result	Notes
143.00		Total Non-Compliant (Includes Unknowns) Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	Compliant	
144.00		Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	Compliant	
145.00		Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
146.00		Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	Compliant	
		The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.		

The Virginia Board of Pharmacy Pharmacy Inspection

Pharmacy Name	Lincare Infusion Services	Pharmacy license number	0201002838	Date	3/11 and 3/12/2019
---------------	---------------------------	-------------------------	------------	------	--------------------



Nail cleaners available in a container on the sink



COMMONWEALTH OF VIRGINIA

Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/pharmacy

(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov (email)

DHP

APPLICATION FOR A PHARMACY PERMIT

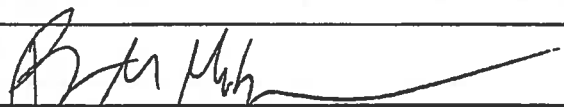
Check Appropriate Box(es):

- | | | | |
|--|----------|---|----------|
| ☐ New ³ | \$270.00 | ☒ Change of Pharmacist-In-Charge ² | \$50.00 |
| ☐ Change of Ownership ² | \$50.00 | ☐ Change of Location ³ | \$150.00 |
| ☐ Change of Pharmacy Name ² | No Fee | ☐ Remodeling of Prescription Dept. ³ | \$150.00 |
| ☐ Reinstatement ¹ , possibly 3 | | | |

¹ If reinstatement, due to: ☐ Lapse of Permit or ☐ Suspension or Revocation of a Permit

Application fees are not refundable. Applications are valid for one year from the date of receipt.
The required fees must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials

Name of Pharmacy Lincare Inc.		Area Code and Telephone Number 757-424-4822	
Street Address 816 Greenbrier Circle Suite E		Area Code and Fax Number 757-424-5871	
City Chesapeake		State VA	Zip Code 23320
If a current pharmacy permit is held, indicate the permit number 0201-002838		Area Code and Telephone Number (currently working number) 757-424-4822	
(Print) Name of the Pharmacist-In-Charge (PIC) (If change of PIC, list incoming) Robert Moskowitz		License Number of the PIC 0202-209717	
		Effective Date of Change (if change of PIC, date assuming role as PIC) ² 9.25-17	
Signature of the Pharmacist-In-Charge (PIC) (If change of PIC, incoming signature)- By affixing my signature I acknowledge that I have read and understood guidance document 110-27 and associated information regarding the inspection process.		Date 9-25-17	Email Address of Pharmacist-In-Charge rmoskowi@lincare.com
Expected Hours of Operation 8:30am- 5:00pm Monday-Friday		Expected Opening, Moving, or Completion Date	Requested Inspection Date ³

³ A 14-day notice is required for scheduling an opening or change of location inspection. Drugs may not be stocked prior to inspection and approval. An Inspector will call prior to the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the responsible party should call the Enforcement Division at 804-367-4691 to verify the inspection date with the inspector.

FOR OFFICE USE ONLY:

Date processed: 9-29-17	Check No: 16982928	Receipt No: 3883915	Application No:
Assigned Inspection Date ³ :	Date Inspected:	Reviewed By:	Date Reviewed:
Permit Number 0201-	USP or cGMP:	Date Scanned to Enforcement:	Date Scanned to MLO:

Infusion Services
ON HAND INVENTORY
as of 10/03/2017

Inventory Item	NDC # / Status	Lot # / Location	Min Qty	On Hand Qty	Acquisition Cost*	Value
Inventory Category: PMA						
Fentanyl 50mcg/ml 50ml	00409-9094-61	67-109-DK	0	6.00	3.87	
Totals:				6.00	3.87	23.22
Hydromorphone 10mg/ml 50m	17478-0540-50	121366A	0	10.00	64.80	
Totals:				10.00	64.80	648.00
Total for PMA					\$	671.22
TOTAL VALUE OF INVENTORY ITEMS					\$	671.22

* The Acquisition Cost shown in Total lines is the Average Acquisition Cost

opening Inventory as PICC
[Signature]
Close of Day 10-3-17

Infusion Services
ON HAND INVENTORY
as of 09/19/2017

Page 1 of 1

Inventory Item	NDC # / Status	Lot # / Location	Min Qty	On Hand Qty	Acquisition Cost*	Value
Inventory Category: PMA						
Fentanyl 50mcg/ml 50ml	00409-9094-61	67-109-DK	0	6.00	3.87	
		Totals:		6.00	3.87	23.22
Fentanyl Citrate 1g Powder	38779-1756-06	95435/C	0	0.22	400.00	
		106054/C		1.00	400.00	
		107968/C		1.00	400.00	
		Totals:		2.22	400.00	888.00
Hydromorphone 10mg/ml 50ml	17478-0540-50	121366A	0	10.00	64.80	
		Totals:		10.00	64.80	648.00
Hydromorphone HCl 1g Powder	38779-0731-06	109450A	1	1.75	72.00	
		Totals:		1.75	72.00	126.00
Morphine Sulfate Powder 5g	38779-0673-03	87595/E	0	0.36	25.00	
		Totals:		0.36	25.00	9.00
Total for PMA					\$	1,694.22
TOTAL VALUE OF INVENTORY ITEMS					\$	1,694.22

Infusion at office

* The Acquisition Cost shown in Total lines is the Average Acquisition Cost

Rm JH

Date Printed: 09/19/2017

Guid. doc. sent/updated + printed 11/28/17

NOV 28 2017

DHP



COMMONWEALTH OF VIRGINIA

Board of Pharmacy

9960 Mayland Drive, Suite 300

Henrico, Virginia 23233

www.dhp.virginia.gov/pharmacy

(804) 367-4456 (Tel)

(804) 527-4472 (Fax)

pharmbd@dhp.virginia.gov (email)

APPLICATION FOR A PHARMACY PERMIT

Check Appropriate Box(es):

- | | | | |
|---|----------|---|----------|
| ☐ New ³ | \$270.00 | ☒ Change of Pharmacist-In-Charge ² | \$50.00 |
| ☐ Change of Ownership ² | \$50.00 | ☐ Change of Location ³ | \$150.00 |
| ☐ Change of Pharmacy Name ² | No Fee | ☐ Remodeling of Prescription Dept. ³ | \$150.00 |
| ☐ Reinstatement ^{1, possibly 3} | | | |

¹ If reinstatement, due to: ☐ Lapse of Permit or ☐ Suspension or Revocation of a Permit

Application fees are not refundable. Applications are valid for one year from the date of receipt.
The required fees must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials

Name of Pharmacy Lincare Inc.		Area Code and Telephone Number (757) 424-4822	
Street Address 816 GREENBRIER CIR STE E		Area Code and Fax Number (757) 424-5871	
City CHESAPEAKE	State VA	Zip Code 23320	
If a current pharmacy permit is held, indicate the permit number 0201- 002838		Area Code and Telephone Number (currently working number) (757) 424-4822	
(Print) Name of the Pharmacist-In-Charge (PIC) (if change of PIC, list incoming) Robert Moskowitz		License Number of the PIC 0202- 209717	
Signature of the Pharmacist-In-Charge (PIC) (if change of PIC, incoming signature) By <i>Robert Moskowitz</i> By affixing my signature I acknowledge that I have read and understood guidance document 110-27 and associated information regarding the inspection process.		Effective Date of Change (if change of PIC, date assuming role as PIC) ² 11/17/2017	
Expected Hours of Operation 830am - 5pm Monday - Friday		Date 11/21/17	Email Address of Pharmacist-In-Charge r/s
		Expected Opening, Moving, or Completion Date	Requested Inspection Date ³
³ A 14-day notice is required for scheduling an opening or change of location inspection. Drugs may not be stocked prior to inspection and approval. An inspector will call prior to the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the responsible party should call the Enforcement Division at 804-367-4691 to verify the inspection date with the inspector.			
FOR OFFICE USE ONLY:			
Date processed: 11/23/17	Check No: 17027660	Receipt No: 3928488	Application No:
Assigned Inspection Date ³ :	Date Inspected:	Reviewed By:	Date Reviewed:
Permit Number 0201-	USP or cGMP:	Date Scanned to Enforcement:	Date Scanned to MLO:

moskowitz@lincare.com

Lincare Inc. Chesapeake Va.

Biennial CDS Inventory

[illegible]

Date:	Inventory:	Opening or Closing?	Signature:
1'	Change of PICC	Opening 83-4	

**Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico Virginia 23233**

**Actions to be Taken When Provided an Inspection Deficiency
Notice and Consent Order Resulting from a Routine Inspection**

1. Do not record information on or make changes to the Inspection Deficiency Notice and Consent Order. This is a formal document issued on behalf of the Board.
2. The following actions may be taken.
 - a. If the owner or PIC agrees with the deficiencies:
 - i. The owner or PIC must sign and date the document, print name, and record position/title; and,
 - ii. Within 30 days, submit the following as **one mailing**:
 1. all pages of the **ORIGINAL** signed Inspection Deficiency Notice and Consent Order;
 2. check or money order made payable to the "Treasurer of Virginia"; and,
 3. written documentation that the deficiencies have been corrected.
 - b. If the owner or PIC does not agree with the deficiencies:
 - i. Within 14 days, submit documentation contesting the inspector's findings; OR,
 - ii. Request, in writing, an informal conference to further discuss the matter before a committee of the Board.
3. Failure to respond to the Inspection Deficiency Notice and Consent Order within 30 days will automatically result in the scheduling of an informal conference. The owner or PIC may be subject to disciplinary sanctions by the Board in addition to those listed in the Inspection Deficiency Notice and Consent Order.
4. Complete the CONFIDENTIAL document by providing the pharmacy's Federal Employee Identification Number (FEIN). Submit this document with your Inspection Deficiency Notice and Consent Order.
5. Contact Ellen Shinaberry at (804) 367-4456 should you have any questions regarding the Inspection Deficiency Notice and Consent Order. Please do not contact the inspector.

Virginia Board of Pharmacy

9960 Mayland Drive, Suite 300

Henrico, VA 23233

804-367-4456

804-527-4472 (Fax)

pharmbd@dhp.virginia.gov

CONFIDENTIAL

**Complete and return with the
Inspection Deficiency Notice and Consent Order**

Pharmacy Name: Lincare Infusion Services

Permit Number: 0201002838

FEIN: 59-2852900

Virginia Board of Pharmacy

9960 Mayland Drive, Suite 300

Henrico, VA 23233

804-367-4456

804-527-4472 (Fax)

pharmbd@dhp.virginia.gov

March 12, 2019

Lincare Infusion Services
Permit Number: 0201002838

Notice

After an inspection conducted on March 11 and 12, 2019 at Lincare Infusion Services, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. (\$500) Deficiency 14: No incoming change of Pharmacist-in-Charge inventory; inventory taken or over 5 days late.

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of \$500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201002838

Consent Order

The Virginia Board of Pharmacy ("Board") and Lincare Infusion Services ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on March 11 and 12, 2019.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of \$500 to the Board within 30 days of the date of the Notice.
2. Pharmacy shall submit documentation of immediate action taken to correct all violations.
3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER

Permit Number: 0201002838

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Signature of PIC or Owner

Date

Printed Name of Person Signing

Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

Entered



Arizona State Board of Pharmacy

03-24-2020

To: Elizabeth Dodge, Deputy Director
cc: Sharon Richardson, Compliance Officer

From: Steve Haiber, Compliance Officer

Subject: Re-inspection for compliance with the consent agreement between the board and Lincare, Inc.

Permits: W002434, C001130, C000536

Background: The permit holder entered into a consent agreement with the board on 2/24/2020 to address compliance with several violations remaining from inspections conducted on 5/13/2019 and 6/26/2019 at the Lincare facility located at 8615 W. Kelton Lane, Suite 308 in Peoria. An inspection was conducted on 3/24/2020 to confirm compliance with the violation(s) cited in the attached signed consent agreement.

W002434 - R4-23-605(K)(1) – permit holder does not perform temperature or humidity recording or log of the area where product or device is stored.

Quality controls. 1. A full-service drug wholesale permittee shall: Maintain manual or automatic temperature and humidity recording devices or logs to document conditions in areas where any narcotic or other controlled substance, prescription-only drug or device, nonprescription drug, precursor chemical, or regulated chemical is stored; and

3/24/2020 – Compliance Officer verified installation of sensors within the warehouse area to automatically monitor and report warehouse temperature and humidity. Readings are taken every hour and captured electronically. Documentation of temperature and humidity readings maintained for inspection.

**** PERMIT HOLDER IS COMPLIANT WITH R4-23-605(K)(1) AT THIS TIME ****

C001130 - R4-23-693(H) – temperature control not maintained within the facility warehouse area

Facility. A resident or nonresident DME and CMG supplier permittee shall ensure the facility is clean, uncluttered, sanitary, temperature controlled, and secure from unauthorized access. A permittee shall maintain separate and identified storage areas in the facility and in the delivery vehicles for clean, dirty, contaminated, or damaged durable medical equipment or compressed medical gases

3/24/2020 – Compliance Officer verified installation of HVAC system to maintain control of temperature within the warehouse area. Thermostat to control system installed on wall surface within warehouse area. Observed temperatures at time of inspection were compliant.

**** PERMIT HOLDER IS COMPLIANT WITH R4-23-693(H) AT THIS TIME ****

C000536 - R4-23-692 (G) – temperature control not maintained within the facility warehouse area

3/24/2020 – Compliance Officer verified installation of HVAC system to maintain control of temperature within the warehouse area. Thermostat to control system installed on wall surface within warehouse area. Observed temperatures at time of inspection were compliant.

Facility. A resident or nonresident CMG distributor permittee shall ensure the facility is clean, uncluttered, sanitary, temperature controlled, and secure from unauthorized access.

**** PERMIT HOLDER IS COMPLIANT WITH R4-23-692(G) AT THIS TIME ****

1 MARK BRNOVICH
Attorney General
2 (Firm State Bar No. 14000)

3 JEANNE M. GALVIN
Assistant Attorney General
4 State Bar No. 015072
SETH T. HARGRAVES
5 Assistant Attorney General
State Bar No. 020176
6 2005 N. Central Ave., SGD/LES
Phoenix, Arizona 85004-1592
7 Tel: (602) 542-7983
Tel: (602) 542-7672
8 Fax: (602) 364-3202

9 Attorneys for the Arizona State Board of Pharmacy

10 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

11 In the Matter of

13 **Lincare, Inc.**

14 Holder of Permit No. C000536
As a CMG/DME Distributor

15 Holder of Permit No. C001130
16 As a CMG/DME Supplier

17 Holder of Permit No. W002434
As a Full-service Wholesaler
18 In the State of Arizona

19 Respondent

Case Nos. 19-0220
19-0221
19-0222

**CONSENT AGREEMENT AND
ORDER FOR PROBATION**

21 In the interest of a prompt and judicious settlement of this case, consistent with the
22 public interest, statutory requirements and the responsibilities of the Arizona State Board
23 of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Lincare, Inc. ("Respondent")
24 and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law
25 and Order ("Consent Agreement") as a final disposition of this matter.
26

RECITALS

1
2 1. Respondent has read and understands this Consent Agreement and has had
3 the opportunity to discuss this Consent Agreement with an attorney, or has waived the
4 opportunity to discuss this Consent Agreement with an attorney.

5 2. Respondent understands that it has a right to a public administrative hearing
6 concerning this matter at which hearing he could present evidence and cross examine
7 witnesses. By entering into this Consent Agreement, Respondent knowingly and
8 voluntarily relinquishes all right to such an administrative hearing, as well as rights of
9 rehearing, review, reconsideration, appeal, judicial review or any other administrative
10 and/or judicial action, concerning the matters set forth herein.

11 3. Respondent affirmatively agrees that this Consent Agreement shall be
12 irrevocable.

13 4. Respondent understands that this Consent Agreement or any part of the
14 agreement may be considered in any future disciplinary action by the Board against him.

15 5. Respondent understands this Consent Agreement deals with Board
16 complaint numbers 19-0220, 19-0221 and 19-0222 involving allegations of
17 unprofessional conduct against Respondent. The investigation into these allegations
18 against Respondent shall be concluded upon the Board's adoption of this Consent
19 Agreement.

20 6. Respondent understands that this Consent Agreement does not constitute a
21 dismissal or resolution of any other matters currently pending before the Board, if any,
22 and does not constitute any waiver, express or implied, of the Board's statutory authority
23 or jurisdiction regarding any other pending or future investigation, action or proceeding.

24 7. Respondent also understands that acceptance of this Consent Agreement
25 does not preclude any other agency, subdivision, or officer of this State from instituting
26

1 any other civil or criminal proceedings with respect to the conduct that is the subject of
2 this Consent Agreement.

3 8. Respondent acknowledges and agrees that, upon signing this Consent
4 Agreement and returning this document to the Board's Executive Director, it may not
5 revoke its acceptance of the Consent Agreement or make any modifications to the
6 document regardless of whether the Consent Agreement has been signed by the
7 Executive Director. Any modification to this original document is ineffective and void
8 unless mutually agreed by the parties in writing.

9 9. This Consent Agreement is subject to the approval of the Board and is
10 effective only when accepted by the Board and signed by the Executive Director. In the
11 event that the Board does not approve this Consent Agreement, it is withdrawn and shall
12 be of no evidentiary value and shall not be relied upon nor introduced in any action by
13 any party, except that the parties agree that should the Board reject this Consent
14 Agreement and this case proceeds to hearing, Respondent shall assert no claim that the
15 Board was prejudiced by its review and discussion of this document or any records
16 relating thereto.

17 10. If a court of competent jurisdiction rules that any part of this Consent
18 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement
19 shall remain in full force and effect.

20 11. Respondent understands that this Consent Agreement is a public record that
21 will be publicly disseminated as a formal action of the Board and may be reported as
22 required by law to the National Practitioner Data Bank and the Healthcare Integrity and
23 Protection Data Bank.
24
25
26

12. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

13. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(19), -1927.02(A)(1).

14. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

On Behalf of
Lincare, Inc.
Respondent

Dated: 2.13.20

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. At all times relevant hereto, Respondent was the holder of permit number C000536 which allows it to operate as a compressed medical gas and durable medical equipment (CMG/DME) distributor; permit number C001130 which allows it to operate as a CMG/DME supplier; and permit number W002434 which allows it to operate as a Full-service Wholesaler, in the State of Arizona.

3. Pursuant to Arizona Administrative Code (A.A.C.) R4-23-692(G), a resident or nonresident CMG distributor permittee shall ensure the facility is clean, uncluttered, sanitary, temperature controlled, and secure from unauthorized access.

1 4. Pursuant to A.A.C. R4-23-693(H), a resident or nonresident DME and
2 CMG supplier permittee shall ensure the facility is clean, uncluttered, sanitary,
3 temperature controlled, and secure from unauthorized access.

4 5. Pursuant to A.A.C. R4-23-605(K)(1)(d), a full-service drug wholesale
5 permittee shall maintain manual or automatic temperature and humidity recording
6 devices or logs to document conditions in areas where any narcotic or other controlled
7 substance, prescription-only drug or device, nonprescription drug, precursor chemical, or
8 regulated chemical is stored.

9 6. During a routine compliance inspection of Respondent's premises on W.
10 Kelton Lane, Peoria, conducted on or about May 30, 2019, Board Compliance Officers
11 noted that temperature control was not being maintained within the facility warehouse
12 area, as required by A.A.C. R4-23-692(G), A.A.C. R4-23-693(H), and A.A.C. R4-23-
13 605(K)(1).

14 7. During a re-inspection of Respondent's premises on W. Kelton Lane,
15 Peoria, conducted on or about June 26, 2019, Board Compliance Officers noted that
16 temperature control was still not being maintained within the facility warehouse area, as
17 required by A.A.C. R4-23-692(G), A.A.C. R4-23-693(H), and A.A.C. R4-23-605(K)(1).

18
19 **CONCLUSIONS OF LAW**

20 1. The Board possesses jurisdiction over the subject matter and over
21 Respondent pursuant to A.R.S. § 32-1901 *et seq.*

22 2. The Board may discipline a permittee that has engaged in unprofessional
23 conduct. A.R.S. § 32-1927.02(A) (1).

24 3. The conduct and circumstances described above constitutes unprofessional
25 conduct pursuant to A.R.S. §32-1901.01 (A)(5) (Violating a federal or state law or
26

1 administrative rule relating to the manufacture, sale or distribution of drugs, devices,
2 poisons, hazardous substances or precursor chemicals), specifically A.A.C. R4-23-
3 692(G), A.A.C. R4-23-693(H), and A.A.C. R4-23-605(K)(1).

4
5 **ORDER**

6 Based upon the above Findings of Fact and Conclusions of Law, and pursuant to
7 the authority granted to the Board under A.R.S. § 32-1927.02, **IT IS HEREBY**
8 **ORDERED** that:

9 1. Upon the effective date of this Consent Agreement and Order,
10 Respondent's Permits are hereby placed on **PROBATION until March 6, 2020.**

11 2. During the period of probation, Respondent shall bring its premises on W.
12 Kelton Lane, Peoria, Arizona into compliance with the requirements of A.A.C. R4-23-
13 692(G), A.A.C. R4-23-693(H), and A.A.C. R4-23-605(K)(1).

14 3. Upon bringing the premises into compliance, Respondent shall notify the
15 Board and be **subject to re-inspection by Board Compliance Officers.** The Respondent
16 shall be assessed the cost of the inspection. Within **thirty (30) days of being presented**
17 **with an invoice, Respondent shall pay the invoice.**

18 4. In the event that Respondent is unable to bring its premises into compliance
19 within the period of probation, Respondent may petition the Board for an extension of the
20 probation. In making the petition, Respondent shall explain why it was unable to timely
21 comply, and document any and all efforts taken in its attempt to timely comply.
22 Extension of the period of probation is solely at the discretion of the Board.

23 5. Respondent may petition the Board to be released from the terms of this
24 Consent Agreement and Order prior to March 6, 2020, provided that Respondent
25
26

1 provides documentation of satisfactory compliance with the requirements of this Order,
2 as confirmed by Board re-inspection.

3 6. The probationary term imposed by this Order shall not termination unless
4 and until Respondent provides documentation of satisfactory compliance with the
5 requirements of this Order, as confirmed by Board re-inspection, and submits a written
6 request to the Board seeking termination of probation. Respondent shall personally
7 appear before the Board at the meeting at which the request will be considered by the
8 Board.

9 7. Respondent shall obey all federal and state laws and rules governing the
10 practice of pharmacy.

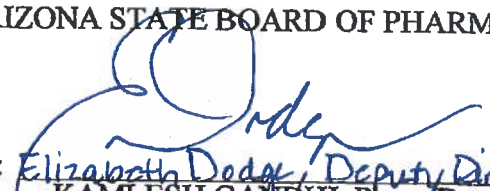
11 8. The Board reserves the right to take further action against Respondent,
12 based on additional information that evidences a violation of the Arizona Pharmacy Act.

13 9. Respondent shall pay all costs associated with complying with this Consent
14 Agreement.

15 10. If Respondent violates this Order in any way or fails to fulfill the
16 requirements of this Order, the Board, after giving the Respondent notice and the
17 opportunity to be heard, may revoke, suspend or take other disciplinary actions against
18 Respondent's permits. The issue at such a hearing will be limited solely to whether this
19 Order has been violated.

20
21 DATED this 24th day of February, 2020.

22 ARIZONA STATE BOARD OF PHARMACY

23
24 By: 
25 KAMLESH GANDHI, PharmD
26 Executive Director

1 ORIGINAL OF THE FORGOING FILED
2 this 24th day of February, 2020, with:

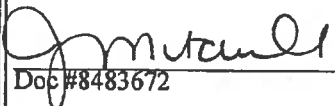
3 Arizona State Board of Pharmacy
4 1616 W. Adams Street
5 Phoenix, Arizona 85007

6 EXECUTED COPY OF THE FOREGOING MAILED
7 this 24th day of February, 2020, to:

8 Lincare, Inc.
9 8615 W. Kelton Lane, Ste 308
10 Peoria, AZ 85382

11 EXECUTED COPY OF THE FOREGOING MAILED
12 this 24th day of February, 2020, to:

13 Jeanne M. Galvin
14 Seth T. Hargraves
15 Assistant Attorneys General
16 2005 N. Central Ave. SGD/LES
17 Phoenix, Arizona 85004
18 Attorneys for the Board

19 
20 Doc #8483672
21
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23
24
25
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Arizona State Board of Pharmacy
1616 W. Adams, Suite 120, Phoenix, AZ 85007
www.azpharmacy.gov Voice (602) 771-2727 Fax (602) 771-2749
NOTICE OF INSPECTION RIGHTS - PREMISES SUBJECT TO INSPECTION

DATE: 3/24/20

COMPLIANCE OFFICER
(INSPECTOR):

STEVE HARRIS

CDD 536

CDD 1130

WDD 2434

ACCOMPANIED BY:

Consent Order - T/H
CI Cases: 19-0220, 19-0221, 19-0222

LINCANE, INC.
8615 W. KELTON LANE Suite 308
PEORIA, AZ 85382

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) § 32-1904(A).
2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18, A.R.S. Title 36, Chapter 27 and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.
3. Fees for the inspection are: Not Applicable ☒ Authorized by _____ as follows: _____
4. An authorized representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
6. Each person interviewed during the inspection shall be informed that statements made by the person may be included in the report.
7. Each person whose conversation is tape recorded during the inspection will be informed that the conversation is being recorded.
8. If you have any questions regarding this inspection, you may contact: S. Harris 627.217.3332
9. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision are found in A.R. S. § 12-901 et seq..
10. If you have any questions regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: Cheryl Frush, Deputy Director at (602) 771-2735 or the Office of Ombudsman-Citizens Aide at 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292 (email: ombuds@azoca.gov).

Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating that they are Board employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board representatives may nevertheless proceed with the inspection.

Signature of Authorized Representative

[Signature]

Title of Authorized Representative

Date: _____

18

1

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATATION 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: ALAN Middle: Michael Last: Kruger

Mailing Address: NW Madison Ct

City: Port St Lucie State: FLA Zip Code: 34986

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Brooklyn, N.Y.

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: _____

FLORIDA Date of Issuance: 6/24/2004

College of Pharmacy Information

Graduation Date: JUNE 8, 1990
(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Long Island University / Arnold + Marie Schwartz College of Pharmacy

Location of School: 75 Dekalb Ave, Brooklyn, N.Y. 11201

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

Check # 1046

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?
AL	18140	Yes ☒ No ☐	FL	PS38820	Yes ☒ No ☐
AR	PD13123	Yes ☒ No ☐	NJ	28R102099200	Yes ☒ No ☐

**Attach separate sheet if needed *see attached sheet.*

Have you ever served in the military, either active, reserve or retired?

Yes ☐ No ☒

Branch: MA
 Military Occupation/Specialty: MA
 Dates of Service: MA

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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? Yes ☐ No ☒

2. Been charged, arrested or convicted of a felony or misdemeanor in any state? *FL misdemeanor* ☒ ☐
 3. Been the subject of a board citation or an administrative action or board citation whether non pharmacy completed or pending in any state? *KS, LA, AL* ☒ ☐

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 explanation & documentation:

Board Administrative Action: <i>SUMMARY ORDER of DENIAL</i>	State <i>KS</i>	Date: <i>1 / 23 / 2019</i>	Case #: <i>18-099</i> <i>I called KS to close application in March 2018</i> <i>They never documented it. - AL.</i>
Criminal Action:	State	Date:	Case #:
		<i>/ /</i>	
			County <i>I DID NOTHING WRONG!</i>
			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 ☐

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?
AL	18140	Yes ☒ No ☐	FL	PS38800	Yes ☒ No ☐
AR	PD13123	Yes ☒ No ☐	NS	28R102094100	Yes ☒ No ☐

**Attach separate sheet if needed

See Attached sheet

Have you ever served in the military, either active, reserve or retired?

Yes ☐ No ☒

Branch:

N/A

Military Occupation/Specialty:

N/A

Dates of Service:

N/A

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

					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 <u>misdemeanor</u> in <u>any</u> state? <u>FLA 2015</u>					☒	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?					☒	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?					☐	☒
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation: <u>I applied for a Kansas Lic. thru reciprocity. My employer said no longer needed. I notified KS but they never documented call. I never received their e-mail. So they charged me</u>						
Board Administrative Action:	State	Date:	Case #:			
<u>See attached</u>	<u>LA</u>	<u>5/27/2020</u>	<u>20-0058</u>			
Criminal Action:	State	Date:	Case #:	County	Court	
<u>FL</u>	<u>11/19/2015</u>	<u>562015MMUC2876A</u>	<u>St Lucie</u>	<u>County Court of 19th Judicial Circuit + for St. Lucie County, FL</u>		
FEDERALLY MANDATED REQUIREMENTS (NOT Pharmacy Related)						
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 ☒						
<u>4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐</u>						

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?
		Yes ☐ No ☐			Yes ☐ No ☐
		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 <u>any</u> state?	☐	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?	☐	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☐	☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action: <i>Consent Order</i>	State <i>LA</i>	Date: <i>5/27/2020</i>	Case #: <i>20-0058</i> <i>I never reported KAS KANSAS ISSUE because I did nothing wrong. I didn't want a KANSAS license.</i>		
Criminal Action:	State	Date: <i>/ /</i>	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 ☐

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?
		Yes ☐ No ☐			Yes ☐ No ☐
		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 <u>any</u> state?	☐	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?	☐	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☐	☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action: <i>Consent Order</i>	State <i>AL</i>	Date: <i>8/11/2020</i>	Case #: <i>19-L-0051</i>
<i>I never listed KANSAS issue because I DID NOTHING WRONG!</i>			
Criminal Action:	State	Date:	Case #:
		<i>/ /</i>	
			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 ☐

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?
		Yes ☐ No ☐			Yes ☐ No ☐
		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 <u>any</u> state?	☐	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?	☐	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☐	☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
IMPROPER INHIBITION OF Weapon	FL	11 12 2015	562015MM002876A	ST LUCIE	MY 15 yr old son was confronted by 2 THUGS with weapons. We called ME + I displayed my licensed .38 cal. hand gun. They RAN AWAY.
	FL	11 12 2015	562015MM002876A		

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 ☐

* There was

No

Assault *

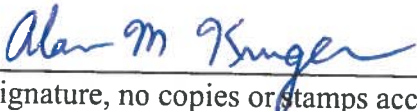
FLA Board of Pharmacy
looked into case on 2/26/16.
They found nothing wrong.
-AK

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.

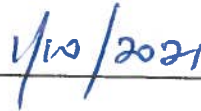
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

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



Date

ALAN M. KRUGER'S Pharmacist State Licenses.
ALL ACTIVE.

#	STATE	LICENSE	ACTIVE	DATE ISSUED
1	AL	18140	YES	11/20/2014
2	AR	PD13123	YES	6/9/2015
3	AZ	S021150	YES	3/10/2015
4	FL	PS38800	YES	6/24/2004
5	ID	P7213	YES	1/21/2015
6	KY	018091	YES	8/25/2015
7	LA	021361	YES	11/5/2015
8	MD	23256	YES	6/2/2015
9	MI	5302045194	YES	11/23/2016
10	MS	T-13760	YES	2/10/2015
11	NE	15435	YES	7/22/2016
12	NJ	28RI02099100	YES	8/7/1990
13	OK	16927	YES	6/17/2016
14	OR	RPH0015484	YES	8/19/2016
15	TN	38803	YES	11/24/2014
16	TX	60141	YES	2/3/2017
17	VA	0202213838	YES	4/6/2015
18	WV	RP0009189	YES	5/29/2015
19	NV			



SANGER LAW OFFICE

March 26, 2020

Kansas Board of Pharmacy
800 SW Jackson Street, Suite 1414
Topeka KS 66612

RE: Alan Kruger, Case No. 18-099

Dear Board of Pharmacy:

I would like to respectfully request that Mr. Alan Kruger's Board of Pharmacy legal case is reviewed, under the Board's general discretion and under the basic premise of fundamental fairness. Below are the primary facts of his case:

1. Mr. Kruger lives in and actively practices as a pharmacist in the state of Florida.
2. In early 2018, Mr. Kruger's employer requested that he become licensed in the state of Kansas.
3. In March 2018, the Kansas Board of Pharmacy received Mr. Kruger's application for licensure.
4. In a letter dated March 30, 2018, the Kansas Board of Pharmacy asked that Mr. Kruger complete additional requirements for licensure. In April 2018, Mr. Kruger provided the Board with part of the additional documents requested, with an intent to comply with their full request in a timely manner.
5. In May 2018, Mr. Kruger's employer indicated to him that they no longer needed a pharmacist with a Kansas license. At that time, Mr. Kruger believed that he could simply discontinue the application process and let his application expire.

- 1
6. In July 2018, the Kansas Board of Pharmacy emailed Mr. Kruger to follow-up on their previous request. Mr. Kruger did not receive the July 2018 email from the Kansas Board of Pharmacy.
 7. On January 23, 2019, the Kansas Board of Pharmacy filed a Summary Order of Denial, denying Mr. Kruger's application. Mr. Kruger, mistakenly, was unaware that the Summary Order was a form of disciplinary action.
 8. In a letter dated January 24, 2019, Mr. Kruger wrote to the Board and expressed, in part, that, "Two months into the application process, my Employer decided that they did not need a Pharmacist having a Kansas license. I just thought, my mistake, that no longer proceeding in the application process was sufficient. I apologize."
 9. The Board received the above-referenced letter but did not deem the letter to be a request for a hearing. Therefore, on February 11, 2019, the Summary Order became effective as a final disciplinary order.

Mr. Kruger does not take the Board's obligation to protect the public's health, safety and welfare lightly, and he fully supports all disciplinary action taken in order to fulfill this duty. But, in this particular case, the Board's disciplinary action does not seem to flow from their mission to protect.

Mr. Kruger believed that if he did not comply with the Board's additional requests, his licensing application would simply expire or be withdrawn. This was due to information on the Board's own website. In the "Frequently Asked Questions" section regarding applications or renewals with criminal history, the Board states, "Does my application ever expire? Yes. Applications cannot remain pending indefinitely. If deficiencies are not timely corrected or if your application is denied or withdrawn, you must reapply. Please make sure that the Board has

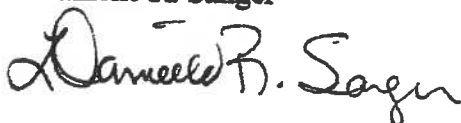
1

your current contact information to ensure you are receiving all official correspondence." This answer made Mr. Kruger believe that if he did not comply with the Board's requests for additional items, thereby not correcting the application's deficiency, his application would expire.

Additionally, in Mr. Kruger's situation—not wishing to proceed with the application process—responding to the Summary Order with a request for hearing did not make much sense. He didn't want or need a Kansas license, and he did not want to waste the Board's time by requesting a hearing to fight for a license that he didn't want or need. He simply wanted his application to expire. But, even with that said, under the basic premise of fair play, the Board should have liberally construed Mr. Kruger's letter as a request for hearing pursuant to *State v. Kelly*, 291 Kan. 563, 565 (2010) (Pleadings filed by pro se litigants are liberally construed to give effect to the pleading's content.) Certainly, Mr. Kruger would not have responded at all if he fully agreed with the Summary Order. Instead, he not only responded, he sent the letter the same day he received the Summary Order, and he required that the Board sign for it when it was received.

Mr. Kruger takes the privilege of being a pharmacist very seriously. His career is more than a job, it is his passion. However, he now has a permanent black mark on his record, and this is, understandably, upsetting for him. Mr. Kruger has been a pharmacist for 30 years, and there are few accomplishments in his life that he is as proud of as his pharmacy license. Please strongly consider our request to have Mr. Kruger's case reviewed. If there is any additional information that would be helpful, we are happy to provide it. Thank you again for your time and consideration.

Sincerely,
Danielle R. Sanger



Filed By

JAN 23 2019

KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)

Alan Kruger)

Case No. 18-099

SUMMARY ORDER OF DENIAL

NOW on this 23 day of January, 2019, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Alan Kruger, ("Applicant"), for his application for licensure as a Kansas pharmacist.

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 of Denial in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order.

FINDINGS OF FACT

For purposes of this order, the Board's Executive Secretary makes the following findings of fact:

1. On or about March 20, 2018, the Board received Applicant's application for licensure as a pharmacist in the State of Kansas ("Applicant's Application").
2. Applicant answered "Yes" to the following question on his application: Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not a sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?

In the Matter of Alan Kruger 18-099

SUMMARY ORDER OF DENIAL

Page 1 of 5

3. Applicant attached court documents with his application for an August 1, 2015 arrest for assault with a deadly weapon that was disposed of as two counts of improper exhibition of a weapon.
4. On March 30, 2018, the Board mailed Applicant a letter requesting he submit a completed Personal History Form S-150, Background Check Form S-100, and fingerprint card.
5. On April 25, 2018, the Board received the requested Personal History Form S-150; however, the Board did not receive the requested Background Check Form S-100 or confirmation that the fingerprint card had been completed.
6. On July 19, 2018, the Board emailed Applicant requesting an update on the status of his Background Check Form S-100.
7. To date, the Board has not received a response from Applicant regarding the status of his Background Check Form S-100.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1627(a)(8), the Board may deny an application of any pharmacist upon a finding that the pharmacist has violated any provision of the pharmacy act of the state of Kansas or any rule and regulation adopted by the Board pursuant to the provisions of such pharmacy act.
2. Pursuant to K.S.A. 65-1696(a), as part of an original application for any license, the state board of pharmacy may require a person to be fingerprinted and submit to a state and national criminal history check.

3. Pursuant to K.S.A. 65-1627(a)(15), the Board may deny an application of any pharmacist upon a finding that the pharmacist has failed to furnish the Board, its investigators or its representatives any information legally requested by the Board.

4. Applicant's failure to comply with the Board's fingerprint requirement is a violation of K.S.A. 65-1696(a) and is a basis to deny Applicant's Application pursuant to K.S.A. 65-1627(a)(8).

5. Applicant's failure to provide the requested Background Check Form S-100 is a basis to deny Applicant's Application pursuant to K.S.A. 65-1627(a)(15).

ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's Application for issuance of pharmacist license is hereby **DENIED**.

NOTICES

Applicant is hereby notified as follows:

6. Applicant 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.

7. If a hearing is not requested as described above, the Order denying Applicant's Registration as a pharmacy technician shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

8. 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.

9. 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, JD, MBA
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/23/19
Date

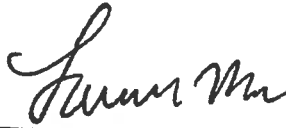
Alex Blasi
Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

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CERTIFICATE OF SERVICE

I hereby certify that I did, on the 23 day of January, 2019 deposit in the United States Mail, postage prepaid, a copy of the foregoing Summary Order of Denial, properly addressed to the following:

Alan Kruger
1 NW Madison Ct
Port Saint Lucie, FL 34986



Kansas Board of Pharmacy Staff

1

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF:

ALAN MICHAEL KRUGER

PHARMACIST LICENSE NO. 21361

CONSENT ORDER

Case No. 20-0058

CONSENT AGREEMENT

WHEREAS, ALAN MICHAEL KRUGER (hereinafter referred to as "Respondent"), holder of PHARMACIST LICENSE NO. 21361, was disciplined by Board Order issued by the Kansas Board of Pharmacy on February 11, 2019.

Respondent failed to report this action as part of his renewal for 2020 as required.

WHEREAS, information received and/or gathered by the Board produced evidence indicating that Respondent violated the following laws and regulations:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(2): Has attempted to or obtained a license by misrepresentation.

LA. R.S. 37:1241(A)(6) Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another government agency, law enforcement agency, or court that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(22): Has failed to furnish to the board or representatives any information legally requested by the board.

To facilitate the submission of this Consent Agreement, Respondent does not offer any defense to the allegations of violations cited above and further agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. PHARMACIST LICENSE NO. 21361 belonging to ALAN MICHAEL KRUGER is hereby issued a LETTER OF REPRIMAND.
2. ALAN MICHAEL KRUGER is ordered to pay a fine of \$1,000.00 and reimburse the Board \$250.00 for administrative costs for a total of \$1,250.00 due by *certified check or money order* at the signing of this agreement.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon his signing said Order.

I, ALAN MICHAEL KRUGER, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of my case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

Respondent agrees that Respondent's execution of this Consent Agreement grants the Board the authority to collect any monies owed pursuant to this Consent Agreement and not paid to the Board notwithstanding the Board's acceptance of this Consent Agreement.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank - Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

[Remainder of page intentionally left blank; signature page to follow.]

SIGNED, AGREED TO AND ENTERED ON 12 DAY OF March, 2020.

Alan Michael Kruger
ALAN MICHAEL KRUGER
PHARMACIST LICENSE NO. 21361

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

Carlos M. Finalet, III
CARLOS M. FINALET, III
3388 Brentwood Drive
Baton Rouge, LA 70808
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 27, 2020, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
Carl W. Aron
President & Hearing Officer for the Board

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000161552277

Process Date: 06/05/2020

Page: 1 of 3

KRUGER, ALAN MICHAEL

For authorized use by:

KRUGER, ALAN MICHAEL

KRUGER, ALAN MICHAEL**LOUISIANA BOARD OF PHARMACY****STATE LICENSURE ACTION****Initial Action****Date of Action: 05/27/2020****Basis for Initial Action**

- REPRIMAND OR CENSURE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

- LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY
- FRAUD, DECEIT OR MATERIAL OMISSION IN OBTAINING LICENSE OR CREDENTIALS

A. REPORTING ENTITY

Entity Name: LOUISIANA BOARD OF PHARMACY

Address: 3388 BRENTWOOD DR

City, State, Zip: BATON ROUGE, LA 70809-1700

Country:

Name or Office: MALCOLM J BROUSSARD

Title or Department: EXECUTIVE DIRECTOR

Telephone: (225) 925-6496

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: KRUGER, ALAN MICHAEL

Other Name(s) Used:

Gender: MALE

Date of Birth: ()

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address: NW MADISON CT

City, State, ZIP: PORT ST LUCIE, FL 34986

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-****

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation:

LONG ISLAND UNIV ARNOLD AND MARIE SCHWARTZ COLL OF PHAR
AND HLTH SCI (1990)

Occupation/Field of Licensure:

PHARMACIST

State License Number, State of Licensure:

PST.021361, LA

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000161552277

Process Date: 06/05/2020

Page: 2 of 3

KRUGER, ALAN MICHAEL

For authorized use by:

KRUGER, ALAN MICHAEL

Nature of Relationship(s):

**C. INFORMATION
REPORTED**

Type of Adverse Action: STATE LICENSURE

Basis for Action: LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY
ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING
AUTHORITY (39)
FRAUD, DECEIT OR MATERIAL OMISSION IN OBTAINING LICENSE
OR CREDENTIALS (E4)Name of Agency or Program
That Took the Adverse Action

Specified in This Report: LOUISIANA BOARD OF PHARMACY

Adverse Action

Classification Code(s): REPRIMAND OR CENSURE (1140)

PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

Date Action Was Taken: 05/27/2020

Date Action Became Effective: 05/27/2020

Length of Action: PERMANENT

Total Amount of Monetary Penalty,
Assessment and/or Restitution: \$ 1,000.00Is Subject Automatically Reinstated After
Adverse Action Period Is Completed?:Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:For his failure to disclose the February 2019 denial of
his application for a Kansas pharmacist license on his
December 2019 application for the renewal of his
Louisiana pharmacist license despite specific
questioning for such information, the Board issued a
Letter of Reprimand, and further, assessed a fine of
\$1,000 plus administrative costs.☐ Subject identified in Section B has appealed the reported adverse action.**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

*See attached statement by Alan Kruger***E. REPORT STATUS**

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the
U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with
reporting requirements. No decision has been reached.☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S.
Department of Health and Human Services and a decision was reached. The subject has requested that
the Secretary reconsider the original decision.☐ At the request of the subject identified in Section B, this report was reviewed by
the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision
is shown below:**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000161552277

Process Date: 06/05/2020

Page: 3 of 3

KRUGER, ALAN MICHAEL

For authorized use by:

KRUGER, ALAN MICHAEL

Date of Original Submission: 06/05/2020

Date of Most Recent Change: 06/05/2020

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

D. Subject
Statement
on lg-2

I, Alan Kruger, strongly disagree with this "Reprimand or Censure" by the Louisiana Board of Pharmacy. They only acted on a "Reprimand or Cens." because it was from another State, Kansas. It was handled very wrong in my opinion. Essentially My Employer in Florida requested I obtain a Pharmacist License from Kansas by reciprocity. 3 months later my employer said to stop the application process. I called Kansas. From having many State Licenses I know the application process expires in 1 year. I walked away from the Kansas application. How can I be reprimanded? Plus Kansas never responded to my ~~letter~~ Kansas attorney's calls or letters. Now other States will reprimand me.

x Alan Kruger RPh

License No. 18140

CASE NO: 19-L-0051

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Alan Michael Kruger (hereinafter referred to as "Kruger") 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."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Kruger, through his counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that Kruger violated the applicable provisions of law based upon the conduct set out in Counts One through Four of the Statement. Count Five of the Statement shall be dismissed with prejudice.
2. Kruger shall pay an administrative fine in the amount of Four Thousand Dollars (\$4,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Kruger attempt to discharge the same.
3. Kruger expressly waives his rights pursuant to the Alabama Pharmacy

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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 §34-23-82(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 him and any judicial review. Kruger 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.

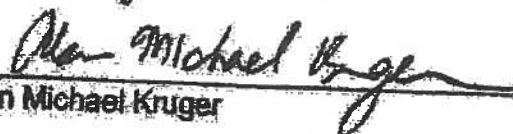
4. By execution of this Consent Order, Kruger hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Kruger acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules of the Alabama State Board of Pharmacy or the pharmacy law or Rules of the Board of Pharmacy of another state or any other applicable laws, upon proof and hearing thereof, may result in further disciplinary sanctions against his license, including, but not limited to revocation.

6. Kruger acknowledges and agrees that he has read this Consent Order and that he fully understands the terms, conditions and contents of the same. Kruger acknowledges and agrees that he voluntarily and of his own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the

advice of his attorney.

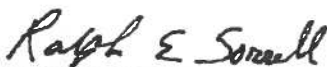
DONE this the 21st day of July, 2020.

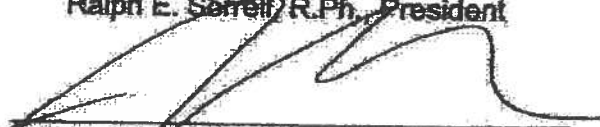

Alan Michael Kruger


Joseph C. Kreps, Attorney for Alan Michael Kruger

DONE this the 11 day of August, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: 
Ralph E. Sorrell, R.Ph., President


James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:

ALAN MICHAEL KRUGER

License No. 18140

BEFORE THE ALABAMA STATE

BOARD OF PHARMACY

CASE NO: 19-L-0051

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Alan Michael Kruger
NW Madison Court
Port St. Lucie, Florida 34986

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(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 August 18 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 your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your 2017-2018 pharmacist renewal application dated September 2, 2016 attached hereto as Exhibit "A" your arrest on or about August 1, 2015 for Assault With a Deadly Weapon and as a result obtained the referenced renewal.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on the renewal application described in Count One above your

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conviction of two (2) counts of Improper Exhibits of Weapon on or about November 16, 2015 in a case styled State of Florida v. Kruger in the County Court in and for St. Lucie County, Florida, Case No. 562015 MM 002876A77777 and as a result obtained the referenced renewal.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Counts.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon the Summary Order of Denial entered by the Kansas Board of Pharmacy on January 23, 2019 attached hereto as Exhibit "B" relating to your application for licensure as a pharmacist.

Further, pursuant to the provisions of Code of Alabama (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FIVE

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

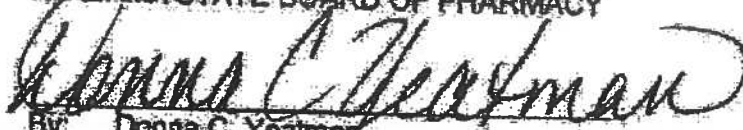
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allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

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 14th day of April, 2020.

ALABAMA STATE BOARD OF PHARMACY


By: Donna C. Yeatman
Executive Secretary



Pharmacist License Renewal

Since your last renewal

1. Have you been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? ☐ Yes ☒ No
2. Have you been convicted of violating any laws regulating controlled substances or prescription legend drugs? ☐ Yes ☒ No
3. Have you been licensed, permitted or registered in any other state(s) as a pharmacist, pharmacy technician or any other position requiring a license, permit or registration from a pharmacy board or requiring a permit involving dispensing controlled substances? If yes, list out the States separated by comma in the space below ☐ Yes ☒ No
4. Has any license, permit or registration issued to you been sanctioned? (This includes, but is not limited to, pharmacy.) ☐ Yes ☒ No
5. Are there currently any pending investigations or charges regarding any license, permit or registration issued to you? ☐ Yes ☒ No
6. Have you been denied or refused any license, permit, or reciprocity? (All-Inclusive) ☐ Yes ☒ No
7. Have you undergone treatment for alcohol or substance abuse? ☐ Yes ☒ No
8. Will you have completed your CE requirements for the present registration period by December 31, 2016? (15 hours per year or 30 hours per 2 years. A minimum of 3 hours per year must be live. No requirements during first year of licensing.) ☒ Yes ☐ No

I hereby affirm that I have met all of the requirements for license renewal set forth by the Alabama State Board of Pharmacy. I understand that, within the upcoming licensure period, if the Board selects my license number for CE audit, I may be required to submit proof that I have met all applicable license renewal requirements. I understand that the Board may require such proof at any time and that it is my responsibility to maintain documentation supporting my affirmation of eligibility for license renewal. I understand that I must comply with the provisions of the Alabama Pharmacy Practice Act, Rules of the Board and all other applicable statutes and rules. That all information provided herein is true and correct and I recognize that providing false information may result in disciplinary action.

Name : KRUGER ALAN MICHAEL

AM

2/27/2019

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:: ALBOP Online Applications ::

Order ID #
20160902000000242

License #
18140

Renewal Date
9/2/2016

License Type
Pharmacist License

Are you a US Citizen?

☒ Yes ☐ No

Elec-Signature : KRUGER ALAN MICHAEL

Office: 311 Village Street Birmingham, AL 35242 Voice: 205-881-2280 Fax: 205-981-2330 OFFICE HOURS: 8:00AM - 4:00PM CST

Am

EXHIBIT "B"

Filed By

JAN 23 2019

KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of

Alan Kruger

Case No. 18-099

SUMMARY ORDER OF DENIAL

NOW on this 23 day of January, 2019, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Alan Kruger, ("Applicant"), for his application for licensure as a Kansas pharmacist.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1623, 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 of Denial in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order.

FINDINGS OF FACT

For purposes of this order, the Board's Executive Secretary makes the following findings of fact:

1. On or about March 20, 2018, the Board received Applicant's application for licensure as a pharmacist in the State of Kansas ("Applicant's Application").
2. Applicant answered "Yes" to the following question on his application: Have you ever been charged or convicted (including anolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not a sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?

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3. Applicant attached court documents with his application for an August 1, 2015 arrest for assault with a deadly weapon that was disposed of as two counts of improper exhibition of a weapon.

4. On March 30, 2018, the Board mailed Applicant a letter requesting he submit a completed Personal History Form S-150, Background Check Form S-100, and fingerprint card.

5. On April 25, 2018, the Board received the requested Personal History Form S-150; however, the Board did not receive the requested Background Check Form S-100 or confirmation that the fingerprint card had been completed.

6. On July 19, 2018, the Board emailed Applicant requesting an update on the status of his Background Check Form S-100.

7. To date, the Board has not received a response from Applicant regarding the status of his Background Check Form S-100.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1627(a)(8), the Board may deny an application of any pharmacist upon a finding that the pharmacist has violated any provision of the pharmacy act of the state of Kansas or any rule and regulation adopted by the Board pursuant to the provisions of such pharmacy act.

2. Pursuant to K.S.A. 65-1696(a), as part of an original application for any license, the state board of pharmacy may require a person to be fingerprinted and submit to a state and national criminal history check.

3. Pursuant to K.S.A. 65-1627(a)(15), the Board may deny an application of any pharmacist upon a finding that the pharmacist has failed to furnish the Board, its investigators or its representatives any information legally requested by the Board.

4. Applicant's failure to comply with the Board's fingerprint requirement is a violation of K.S.A. 65-1696(a) and is a basis to deny Applicant's Application pursuant to K.S.A. 65-1627(a)(8).

5. Applicant's failure to provide the requested Background Check Form S-100 is a basis to deny Applicant's Application pursuant to K.S.A. 65-1627(a)(15).

ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's Application for issuance of pharmacist license is hereby DENIED.

NOTICES

A applicant is hereby notified as follows:

6. Applicant 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.

7. If a hearing is not requested as described above, the Order denying Applicant's Registration as a pharmacy technician shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

Am

8. 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.

9. 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 Blas, JD, MBA
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

Date 11/23/14

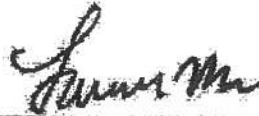
Alexandra Blas
Alexandra Blas, JD, MBA
Executive Secretary/
Kansas Board of Pharmacy

Am

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 23 day of January, 2019 deposit in the United States Mail, postage prepaid, a copy of the foregoing Summary Order of Denial, properly addressed to the following:

Alan Kruger
NW Madison Ct
Port Saint Lucie, FL 34986



Kansas Board of Pharmacy Staff



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FELONY REDUCTION REF: 562015CF002015
DIRECT FILE ISSUE CAPIAS COUNTS 1 AND 2
IN THE COUNTY COURT FOR THE NINETEENTH JUDICIAL CIRCUIT OF THE STATE OF
FLORIDA, FOR ST. LUCIE COUNTY

STATE OF FLORIDA

Case No. (s): 562015MM002876AXXXXX

-vs-

(A) Alan Michael Kruger - 05/30/1964 - W/M
Defendant(s)

- (A) Ct. 1: Improper Exhibition Of Weapon (M 1)
(A) Ct. 2: Improper Exhibition Of Weapon (M 1)

INFORMATION

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA:

BE IT REMEMBERED that BRUCE H. COLTON, State Attorney for the Nineteenth Judicial Circuit of the State of Florida, prosecuting for the State of Florida, in St. Lucie County, under oath, information makes that in St. Lucie County:

COUNT 1: On or about August 1, 2015 Alan Michael Kruger did have or carry a firearm or other weapon, to-wit: , and in the presence of one or more persons did unlawfully exhibit the said weapon in a rude, careless, angry or threatening manner, not in necessary self-defense, in violation of Florida Statute 790.10;

COUNT 2: On or about August 1, 2015 Alan Michael Kruger did have or carry a firearm or other weapon, to-wit: , and in the presence of one or more persons did unlawfully exhibit the said weapon in a rude, careless, angry or threatening manner, not in necessary self-defense, in violation of Florida Statute 790.10;

contrary to the form of the Statute in such case made and provided, and against the peace and dignity of the State of Florida.

STATE OF FLORIDA

I, JOSEPH E. SMITH, Clerk of the County Court for the Nineteenth Judicial Circuit of the State of Florida, do hereby certify that I am instituting this prosecution in good faith. THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

JOSEPH E. SMITH, CLERK

By: [Signature]
Deputy Clerk

Date: 10/25/16

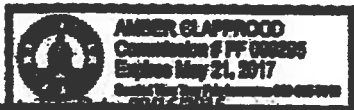


[Signature]
Sara K. Hodges
Assistant State Attorney for the
Nineteenth Judicial Circuit of
Florida, prosecuting for said State
Fla. Bar No. 98985

STATE OF FLORIDA
County of St. Lucie

The foregoing instrument was acknowledged before me this 11 day of September, 2015 by Sara K. Hodges, who is personally known to me and who did take an oath.

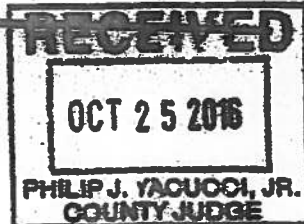
[Signature]
Notary Public



St. Lucie County Court Clerk's Office

CORE Program

**NOTICE OF COMPLIANCE
IN THE COUNTY COURT
OF
ST. LUCIE COUNTY, FLORIDA**



STATE OF FLORIDA

VS

Alan Michael Kruger
DEFENDANT

Case No.: 2015MM002876A1A2

Charge: Improper Exhibit of Weapon, and Improper
Exhibit of Weapon

Probation Officer: Frank Alessi

On November 12, 2015, the above named was placed on probation for a period of 12 months. Probationer has complied with the rules and regulations of probation and has completed all of the Court ordered requirements.

Fl. Alessi
Probation Officer

signed this 20th day of October, 2016

The Court finds as follows:

IT IS ORDERED AND ADJUDGED that the Defendant be discharged from probation and that the proceedings in this case be terminated pursuant to Florida Statutes.

IT IS FURTHER ORDERED AND ADJUDGED that the Clerk of this Court file this Order and forthwith provide copies of same to the probation office for use in compliance with the requirements of law.

Done and ordered this 1st day of Nov, 2016.

[Signature]
Honorable Philip J. Yacucci, Jr.

Original: Clerk's File
Copy: Defendant
Copy: Defendant's File
Copy: State Attorney

P-021

TR-005, 10/20/16, CF-001
<http://Caseflow700.com>

ST. LUCIE COUNTY
CLERK OF COURT
11/17/16
Date: 11/17/16

Mission:

To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

HEALTH

Vision: To be the Healthiest State in the Nation

February 26, 2016

Alan Michael Kruger
119 Nw Madison Ct
Port Saint Lucie, FL 34986

Reference #: 201522408

Dear Mr. Kruger:

The Consumer Services Unit has closed the above-referenced complaint. This complaint will remain confidential. Therefore, any public inquiry regarding the complaint will result in the denial of its existence.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please call the Consumer Services Unit at (850) 245-4339. In addition, if you have any concerns or suggestions about our complaint process, please fill out our *Customer Concerns or Suggestions* form at www.floridhealth.com/mca/survey.html.

Sincerely,



Katrina Kerr
Government Analyst I

19

19A

February 19th, 2021

Dear Nevada Board of Pharmacy Members,

I write this letter as my formal application to request to provide Medication Therapy Management services to patients through the Roseman University of Health Sciences Medicare Call Center. This is an expansion of the Call Center which will see pharmacists providing MTM services to Medicare beneficiaries. I am requesting an appearance before the Board at the March 2021 meeting for approval to provide pharmacy services at an alternate site other than a licensed pharmacy. NAC 639.403 requires that a pharmacist must provide the following details to the Board in order to be approved:

- a. **The name of the pharmacist:** Corey Colombino, PharmD (NV License #19887)
- b. **A description of the services that the pharmacist intends to provide at the site:** I will be performing MTM services to Medicare beneficiaries by performing medication reviews covering chronic disease states, complex medication regimens, OTC medications and their effects on prescription medications, as well as other topics related to optimizing patient's medication therapies.
- c. **The location at which the pharmacist will provide the services:** The Roseman University of Health Sciences Medicare Call Center. 11 Sunset Way, Henderson, NV 89014. Phone: 702-968-6615.
- d. **An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:** I intend to provide services to Medicare Beneficiaries who are managing chronic disease states, complex medication regimens, high out of pocket cost medications, as well as any Medicare patients who would like help with their medication regimens.
- e. **An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:** The services will be provided to the Medicare Call Center, which helps Medicare eligible patients select a Medicare plan which best fits their needs based on disease states, medications, and financial considerations.
- f. **A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:** Clinical Pharmacology, Facts & Comparisons, Lexicomp Online, Micromedex, UpToDate, Pharmacists Letter, Natural Medicines Database, as well as clinical guidelines as necessary for the various disease states that will be managed.
- g. **The days and hours during which the pharmacist intends to provide the services:** Monday through Saturday, by appointment only based on pharmacist availability.
- h. **An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:** The MTM Medication Reviews will be scheduled on an appointment basis. In the event that the pharmacist is unavailable, patients will be able to speak with the Medicare Call Center SHIP Counselors during open hours with any questions they may have. There will also be (pending Board approval) two other pharmacists with possible availability when I am unavailable.
- i. **An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including, without limitation, paper and electronic records:** Patient data will be kept confidential in compliance with all relevant HIPAA requirements and best practices. Information will be stored locally on password protected computers in the Medicare Call Center, which will be accessible only by necessary staff and volunteers.

- j. **Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:** The services will have no affiliation with a licensed pharmacy.
- k. **A description of the business plan for the services provided:** The MTM services provided will be free of charge to beneficiaries. The Medicare Call Center utilizes grant funding as well as volunteers to run its operations, and therefore does not have a business plan at this time.

I appreciate the Board for taking the time to review the information included in this application, and look forward to getting the opportunity to meet with the Board soon to discuss any further issues or information needed in regards to this application. In the meantime, feel free to reach out to me through any of the communication methods below with questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Corey Colombino". The signature is fluid and cursive, with the first name "Corey" and last name "Colombino" clearly distinguishable.

Corey Colombino, PharmD
Roseman University Medicare Call Center
11 Sunset Way
Henderson, NV 89014
Cell: .
Email:

19B

February 21st, 2021

Dear Nevada Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) services to patients through the Roseman University of Health Sciences Medicare Call Center. I am requesting an appearance before the Board at the March 2021 meeting for approval to provide pharmacy services at an alternate site other than a licensed pharmacy. I am including the following details as required per NAC 639.403 sections (a) through (k):

(a) The name of the pharmacist:

Quynh Nhu Doan, PharmD (NV License #20459)

(b) A description of the services that the pharmacist intends to provide at the site:

Services provided:

- Management of chronic conditions including, but not limited to, hypertension, diabetes, congestive heart failure, hyperlipidemia
- Management of medication therapy by addressing poly-pharmacy, drug interactions, high cost medication therapy, and medication adherence
- Medication reconciliation
- Enhancement of therapeutic outcome through medication and disease states education
- Improvement of overall health through smoking cessation and lifestyle modification recommendations
- Management of disease states and medication safety through collecting and analyzing patient information such as demographics, social history, medication therapy history, past medical history, allergies, and lab results
- Teaching and precepting pharmacy students from Roseman University of Health Sciences, College of Pharmacy

(c) The location at which the pharmacist will provide the services:

The Roseman University of Health Sciences Medicare Call Center
11 Sunset Way, Henderson, NV 89014
Phone: 702-968- 6615.

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:

Patients with chronic disease states as well as patients who would like to improve their overall medication regimen and health

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:

Roseman University's Medicare Call Center which provides MTM services to beneficiaries who qualify to receive these services

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:

Clinical Pharmacology, Facts & Comparisons, Lexicomp Online, Micromedex, UpToDate, Pharmacists Letter, Natural Medicines Database, as well as clinical guidelines and evidence-based sources as necessary for the various disease states

(g) The days and hours during which the pharmacist intends to provide the services:

Monday through Saturday

By appointment only based on pharmacist availability

(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:

MTM services will be available by appointment only. All referrals submitted and appointments scheduled will be made through the Roseman University Medicare Call Center appointment system. In the event that the pharmacist is unavailable, patients will be able to speak with the Medicare Call Center SHIP Counselors during open hours. There will also be (pending Board approval) two other pharmacists with possible availability when I am unavailable. In the case of an emergency, patients will be directed to emergency services.

(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including, without limitation, paper and electronic records:

Records and data will be kept confidential in compliance with HIPAA regulations and best practices. Data will be stored locally on password protected computers in the Medicare Call Center; accessible by designated staff and volunteers only.

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:

The services will have no affiliation with a licensed pharmacy.

(k) A description of the business plan for the services provided:

No business plan is needed. MTM services provided through the Medicare Call Center are covered through grant funding and volunteer services.

I appreciate the Board for taking the time to review the information included in this application. Please contact me if any additional information is needed.

Respectfully,
Quynh Nhu Doan, PharmD



Roseman University Medicare Call Center
11 Sunset Way
Henderson, NV 89014
Cell: (
Email:

19C



October 28, 2020

To whom it may concern:

My colleague and I are pharmacists licensed in the state of Nevada, currently in good standing, who wish to practice pharmacy outside of a licensed pharmacy, and would like to submit this letter as per NAC 639.403 to request exemption.

- a. Names
 - a. Amy Hale, PharmD, BCPS
 - b. Raquel Vertrees, PharmD, BCPS
- b. Description of services
 - a. Consult with providers regarding oncology treatment regimens, including clinical research trials
 - b. Patient counseling
 - c. Provider, nurse, and technician education
 - d. Creation, implementation, and enforcement of policies and procedures regarding storage, admixing, transporting, administration, etc. of medications
 - e. Formulary development and enforcement
 - f. Oncology treatment regimen template production
 - g. Admixing medications per manufacturer instructions
 - h. Serve as manager of pharmacy technicians
 - i. Pharmacists do not routinely verify medications
 - ii. Verification is done via two technicians ("tech-check-tech") or registered nurse and technician ("nurse-check-tech"), with a second licensed registered nurse check on all admixed medications
- c. Locations
 - a. 2300 W Charleston Blvd, Las Vegas NV, 89102
 - b. 6190 S Fort Apache Rd, Las Vegas NV, 89148
 - c. 3175 St Rose Pkwy, Henderson NV, 89052
 - d. 3150 N Tenaya Way, Suite #510, Las Vegas NV, 89128 – currently closed
- d. Patients served
 - a. Main patient population is hematology and oncology
 - i. Occasional neurological or immunological disorders due to overlaps in therapy
- e. Pharmacies served
 - a. No pharmacies are served by these pharmacists
 - b. All above locations have compounding clean rooms or segregated compounding areas and are compliant with USP<797> and USP<800>
- f. Resources available
 - a. National Comprehensive Cancer Network guidelines
 - b. Lexicomp drug database
 - c. Clinical Pharmacology drug database
 - d. Up-to-Date clinical decision support resource
 - e. American Society of Clinical Oncology guidelines and journals
- g. Days and hours of provided services
 - a. Monday-Friday, excluding major holidays
 - b. 0730-1830, with a pharmacist on-call at all times for emergencies

- h. Who provides services when pharmacist is unavailable
 - a. In the rare event a pharmacist is unable to be available during those scheduled times, the medical director of the clinic will be consulted for all urgent pharmacy needs
 - b. In the rare and highly unlikely event a pharmacist is unable to be available for emergencies outside of those times, a technician serving as pharmacy operations supervisor and/or nurse manager will provide backup for emergency pharmacy needs
- i. Security of patient data
 - a. As part of OptumCare, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records
 - b. All access to patient data is governed by OptumCare's internal policies and procedures, which are in compliance with state and federal laws
- j. Pharmacy affiliation
 - a. The services are not affiliated with a licensed pharmacy; however, each clinic does have an on-site clean room or segregated compounding area for the admixture of medications
- k. Business plan
 - a. No business plan is provided as pharmacists do not provide billable services in this role
 - b. Amy Hale, PharmD, BCPS, does have an active collaborative practice agreement (CPA) in place with the majority of the physicians but at this time the CPA does not encompass billable services

We hope to continue being able to offer our expertise ensuring safe, evidence-based care to the cancer population of Southern Nevada and to further the practice of pharmacy in the state by expanding clinical opportunities for pharmacists.

Thank you for your consideration,



Amy Hale, PharmD, BCPS
 OptumCare Cancer Care
 Director of Pharmacy
 2300 W Charleston Blvd
 Las Vegas, NV 89102



Raquel Vertrees, PharmD, BCPS
 OptumCare Cancer Care
 Clinical Oncology Pharmacist
 3175 St Rose Parkway
 Henderson, NV 89052

19D



October 28, 2020

To whom it may concern:

My colleague and I are pharmacists licensed in the state of Nevada, currently in good standing, who wish to practice pharmacy outside of a licensed pharmacy, and would like to submit this letter as per NAC 639.403 to request exemption.

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We hope to continue being able to offer our expertise ensuring safe, evidence-based care to the cancer population of Southern Nevada and to further the practice of pharmacy in the state by expanding clinical opportunities for pharmacists.

Thank you for your consideration,



Amy Hale, PharmD, BCPS
 OptumCare Cancer Care
 Director of Pharmacy
 2300 W Charleston Blvd
 Las Vegas, NV 89102



Raquel Vertrees, PharmD, BCPS
 OptumCare Cancer Care
 Clinical Oncology Pharmacist
 3175 St Rose Parkway
 Henderson, NV 89052

20

Y

NEVADA STATE BOARD OF PHARMACY

431 W PLUMB LANE – RENO, NV 89509 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: PH04065
**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: MODERN Rx Store #: _____
Address: 6330 S EASTERN AVE #1A
City: LAS VEGAS State: * NV Zip: 89119
Telephone: (702) 831-5877 Fax: (702) 568-0130
New Managing Pharmacist Name: MICHELLE BADTEN
License #: 14966-B Date Started: 5-11-2020

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.

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.

						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 <u>any</u> state?.....						☐	☒
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?						☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....						☒	☐
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:							
Board Administrative Action:		State	Date:	Case #:			
			/ /				
Criminal Action:	State	Date:	Case #:	County	Court		

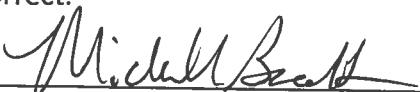
PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE 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. (NRS 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 the 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 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 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 of New Managing Pharmacist (no stamps or copies)

5-11-2020
Date

☒ Board Use Only

Date Received: _____ Amount: 50.00

Page 2 of 2

2006

I did not complete 30 CE units of credit at the time I renewed my license.

On November 1, 2005 I called the state board of Nevada to notify them I had not completed my 30 CE units, and asked what steps needed to be taken to correct/rectify the situation. (I worked graveyard at Sav-on/CVS one week (80hrs) on one week off.

I was told to go ahead and register on-line to expedite the renewal process. I was told to check the box stating I had completed 30 CE's by 10-31-05 to proceed with the on-line renewal process by Kimberly at the state board, because they were aware of the situation, and just wanted me to renew m license ASAP so that I could return to work. I was told to just complete my CE's as soon as possible.

I returned to work because my license had been renewed. I informed my manager. I completed my CE's by November 18, 2005.

Later I was audited. The Nevada board originally said all the information of uncompleted CE's did not come to their attention until November 23,2005.

I was never able to reach Kimberly by phone to have her verify. She was always out of the office or on vacation. I eventually plead no contest. I had to pay a fine and do an additional 30 hours (60 hours total) of CE's for the next renewal period.

1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**MICHELLE BADTEN, R.PH
Certificate of Registration No.: 14966**

Case No. 05-055-RPH-S

**SAV-ON #9020
Certificate of Registration No.: PH01144
Respondents.**

Case No. 05-055-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Badten is a registered pharmacist with the Board and Respondent Sav-On #9020 is a registered pharmacy with the Board located at 1551 West Sunset Boulevard, Henderson, Nevada.

II.

On her pharmacist's license renewal application for 2005, Ms. Badten indicated she had completed 30 CEU's. During a random continuing education audit it was revealed she had only completed 1 CE unit between November 1, 2003 and October 31, 2005.

FIRST CAUSE OF ACTION

III.

By indicating on her renewal application that she had completed 30 CEU's during the biennial period November 1, 2003 to October 31, 2005 when she actually had only

completed 1 CEU, Ms. Badten violated Nevada Revised Statutes (NRS) 639.210(4) and (10), 639.2174(2) and 639.281 and Nevada Administrative Code (NAC) 639.330, 639.945(1)(m), and 639.390.

IV.

On or about November 23rd, 2005 it came to the Board's attention that Ms. Badten had not renewed her pharmacist license in a timely manner. Board staff requested from Scott Missner, managing pharmacist for Sav-On #9020, Ms. Badten's work hours from November 1, 2005 through November 18, 2005. It was determined that Ms. Badten had worked for 80 hours between November 3rd, 2005 and November 9, 2005 without a license.

SECOND CAUSE OF ACTION

V.

By working at Sav-On #9020 for 80 hours from November 3, 2005 to November 9, 2005 when she had not renewed her pharmacist license, Ms. Badten violated NRS 639.210(4) and (13) and (NAC) 639.945 (1)(i) and (k).

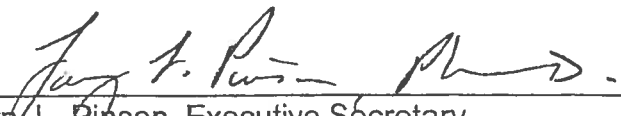
THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which Ms. Badten worked without a license, Sav-On #9020 violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 24th day of February, 2006.


Larry L. Pinson, 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,

Petitioner,

ORDER RATIFYING ORAL STIPULATION

MICHELLE BADTEN, R.Ph.,
Certificate of Registration #14966,

Case No. 05-055-RPH-S

**SAV-ON #9020,
Certificate of Registration #PH01144,**

Case No. 05-055-PH-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 19, 2006 in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Respondent Sav-On #9020 was represented by Michael W. Dyer and Dyer, Lawrence, Penrose, Flaherty, and Donaldson, and Respondent Michelle Badten represented herself. Prior to the hearing, Sav-on #9020, through Mr. Dyer, and Ms. Badten agreed with Mr. Ling to allow Mr. Ling to present the matter orally to the Board as stipulated according to the usual terms in the Board's regular written stipulation. The Board approved the stipulated terms. Consequently, by this Order, the Board ratifies the following to be the terms and conditions of the stipulation of the parties that was orally presented to the Board:

1. That the Notice of Intended Action and Accusation was sent to the Respondents and that the Respondents received said Notice.
2. That the Respondents were fully aware of their right to be served with an Accusation and have a hearing on the matters alleged in the Notice of Intended Action, their right to reconsideration, their right to appeal and any and all other rights which may

be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That the Respondents freely and voluntarily waived their rights to a hearing, reconsideration, appeal, and any and all other rights that may have been accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That the Respondents admitted the truth of the matters alleged in the Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondents existed pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210(4) and (13) and Nevada Administrative Code (NAC) 639.945(1)(l) and (k) and (2).

6. That the admissions made herein were for the purpose of this proceeding only and should have no force or effect in any other case or proceeding.

7. That based upon the Notice of Intended Action and Accusation and the foregoing admissions, the parties stipulated and the Board hereby ratifies that the following discipline be imposed:

Regarding Sav-On #9020

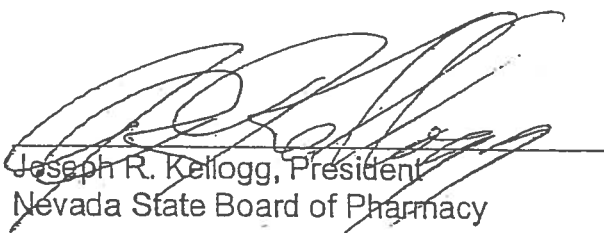
1. Respondent Sav-On #9020 shall pay to the State of Nevada a fine of \$950.00 by certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer." All moneys shall be mailed to and received by the Board office within 60 days of the effective date of this Order.

2. The failure by Sav-On #9020 to comply with any term in this order shall result in a fine of \$1,000 per day for every day that Sav-On #9020 has failed to comply with the Order until the Order is fully complied with, up to a total fine not to exceed \$30,000, and will also result in further discipline, up to and including revocation of the its license.

Regarding Michelle Badten

1. Respondent Michelle Badten shall pay to the State of Nevada a fine of \$950.00 by certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer." All moneys shall be mailed to and received by the Board office within 60 days of the effective date of this Order.
2. Ms. Badten shall provide the Board's Reno office with evidence of the completion of 29 units of continuing education within 45 days of the effective date of this Order. These 29 units shall be counted as compliance with Ms. Batten's renewal for the November 1, 2003 through October 31, 2005 period.
3. For the November 1, 2005 through October 31, 2007 renewal period, Ms. Badten shall complete 60 continuing education units. The 29 units required in paragraph 2 will not be counted as part of the 60 units required under this paragraph.
4. Ms. Batten's continuing education units shall be audited upon her renewal for the November 1, 2005 through October 31, 2007 renewal period to assure that she had timely completed the 60 units required in paragraph 3.
5. The failure by Ms. Badten to comply with any term in this order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of the license.

Signed this 13 day of August, 2006.


Joseph R. Kellogg, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MICHELLE BADTEN, R.PH
Certificate of Registration No.: 14966

ANSWER AND NOTICE
OF DEFENSE
Case No. 05-055-RPH-S

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 a hearing on the Notice of Intended Action and Accusation (is) (is not) requested (delete inapplicable term).

2. 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").

3. 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 _____, 2006.

Michelle Badten, R.Ph

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2009

In 2009 I falsified Oxycontin prescriptions for my own personal use.

I had been addicted to Oxycontin for about 5 years and obtained prescriptions for Oxycontin by falsifying and filling prescriptions for myself. In 2009 irregularities on 2 prescriptions were discovered in our control count, and I was interviewed by my district manager and loss prevention. I admitted I had been falsifying scripts for years. I was addicted, and desperately needed help, but being the sole provider for my family left me lost. I was asked to resign and sought treatment.

In compliance with my 2009 order I:

- Surrendered my license
- Paid all fines and fees required by the board
- Checked into Monte Vista Hospital for chemical dependency rehabilitation for 1 week followed by 3 months of intensive outpatient group counseling (4 hours a day, 5 days a week)
- Signed a 5 year contract to join the Professional Recovery Network in Nevada which required:
 - Biweekly drug tests
 - Attendance to weekly group meetings for drug and alcohol dependency
 - I was released after 4 years from my contract for exceptional behavior

In addition to my order I:

- Volunteered for numerous events held by Monte Vista Hospital
- Attended Celebrate Recovery at Central Christian Church which included
 - Weekly meetings for drug & alcohol dependency
 - I completed a faith based 12 step study program
- I have been sober from narcotics for 7 years

Attached are a few character reference letters.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION
AND ACCUSATION

MICHELLE L. BADTEN, RPH,
Certificate of Registration No. 14966,
Respondent.

Case No. 09-051-RPH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Badten is a registered pharmacist with the Board.

II.

On or about June 16, 2009, Board staff was notified that CVS had terminated the employment of Michelle L. Badten. Chad Luebke, pharmacy supervisor for CVS, and Bradley Brice, regional loss prevention manager for CVS, interviewed Ms. Badten regarding irregularities that were discovered on two prescriptions for Oxycontin 80 mg. tablets. Ms. Badten admitted in a written statement that she was addicted to narcotic pain medications and had obtained Oxycontin illegally by filling falsified prescriptions herself for her personal use.

III.

Ms. Badten admitted that she had been addicted to Oxycontin for approximately five years. She began taking it from Sav-On before CVS purchased those pharmacies. Ms. Badten stated that with the new CVS computer system she could no longer just steal the drugs and that she had to falsify prescriptions to obtain the medication she

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was addicted to. She estimated that she may have filled and purchased as many as 50 falsified prescriptions for herself. Ms. Badten signed a Promissory Note to make restitution in the amount of \$2,426.55.

FIRST CAUSE OF ACTION

IV.

In removing controlled substances, namely Oxycodone, without a prescription therefore, Ms. Badten violated (NRS) 453.331(1)(d), 453.336(1) and/or 639.210(1), (4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1)(h).

Signed this 13th day of August, 2009.


Larry L. Pinson, 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.

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

MICHELLE L. BADTEN, RPH,
Certificate of Registration No. 14966,

Case No. 09-051-RPH-S

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 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

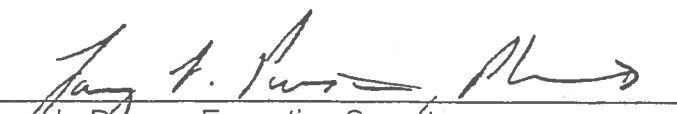
You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, October 14, 2009 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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 13th day of August, 2009.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

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AGREED BOARD ORDER #G-10-013

RE: IN THE MATTER OF
MICHELLE LYNN BADTEN
(PHARMACIST LICENSE #37733)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacist license number 37733 issued to Michelle Lynn Badten.

The Texas State Board of Pharmacy received a request from Michelle Lynn Badten which indicated that she had chosen to voluntarily revoke pharmacist license number 37733 held by Michelle Lynn Badten.

Pursuant to her request for revocation, it was agreed among the parties that Michelle Lynn Badten shall comply with the requirements set forth in the ORDER OF THE BOARD below in lieu of further disciplinary proceedings pending before the Texas State Board of Pharmacy.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that pharmacist license number 37733 held by Michelle Lynn Badten (hereinafter referred to as "Respondent") shall be, and such license is, hereby revoked, effective thirty (30) days after the entry of this Order. It is finally ORDERED that Respondent shall:

1. not practice pharmacy in this state or have access to prescription drugs during the period pharmacist license number 37733 is revoked; and
2. surrender to the Texas State Board of Pharmacy, pharmacist license number 37733 and any renewal certificate and personal identification card pertaining to pharmacist license number 37733 within thirty (30) days after the entry of this Order.

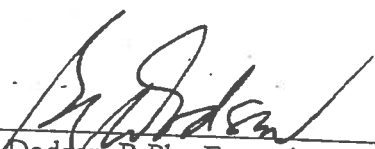
CONFIDENTIAL

Agreed Board Order #G-10-013
Michelle Lynn Badten
Page 2

And it is so ORDERED.

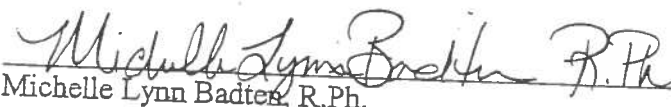
Pursuant to Chapter 564 of the Texas Pharmacy Act, this Order is not a public record and is not subject to disclosure under the Public Information Act. The Board may disclose that the license of the pharmacist has been subject to disciplinary action or the manner in which the pharmacist's license is limited, but not the nature of the impairment or other information that resulted in the Board's action.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this 28th day of April, 2010.



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

APPROVED AS TO FORM AND AGREED TO:



Michelle Lynn Badten, R.Ph.

APPROVED AS TO FORM:



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

CONFIDENTIAL

REHABILITATIONS ACTIVITIES:

PROFESSIONAL RECOVERY NETWORK AT MONTE VISTA HOSPITAL

-COMPLETED 4 YEAR REHABILITATION PROGRAM

(HEAD OF PROGRAM-LARRY ESPADERO)

-ATTEND WEEKLY GROUP MEETINGS FOR DRUG AND ALCOHOL DEPENDENCY

-ACTIVELY VOLUNTEERED FOR EVENTS SPONSERED BY MONTE VISTA HOSPITAL

(CHILDRENS' EASTER EGG HUNT -HALLOWEEN HAUNTED HOUSE -CAMPING TRIPS)

ATTENDED AND CURRENTLY ATTEND CELEBRATE RECOVERY AT CENTRAL CHRISTAIN CHURCH

-IN ADDITION TO WEEKLY GROUP MEETINGS FOR DRUG AND ALCOHOL DEPENDENCY,

I COMPLETED FAITH BASED 12 STEP STUDY PROGRAM

-7 YEARS SOBER

COMPLETED THE "YOUR SUCCESS RX PROGRAM" IN CARSON CITY NEVEDA

ADMINISTERED BY KATIE JOHNSON, RPH, MA

COMPLETED ASEPTIC TECHNIQUE CLASS AT THE BAXA-STAR CENTER IN COLORADO

2012

In 2011 I initialed a formula worksheet on a final sterile product that was prematurely dispensed by another pharmacist that knew he was prematurely dispensing the product resulting in illness of 10 patients.

Kenton Crowley RPh created the formula and pre-checked the preparation of the sterile product. At the time our formula worksheets did not have a spot for pharmacists to initial pre-checks. Kenton Crowley RPh was my mentor, and had been training me for about 4 months when the incident occurred. The technician brought out the final product after completion. It was not usual and customary procedure for the pharmacist to check lot# or view the containers at the final check. The pre-check pharmacist would do that, unfortunately for me that was not documented on the worksheet. I performed the final check which consisted of checking the formula log math, consistency and clarity, and verifying proper labeling. At the time of completion Kenton Crowley, the technician, and myself were present for a conversation in which it was decided the sterile compound would be held and not dispensed for 3 days to make sure there was no precipitation. That was not done. Kenton Crowley took the vials from the pharmacy directly to a clinic where they were administered before any testing could be done. Ten patients became ill. Two were admitted to the hospital.

In compliance with the 2012 board order I:

- Attended the Your Success Rx program in Reno, NV.
- Did not engage in any compounding until I completed the aseptic technique class at the Star Center in Colorado offered by BAXA and passed all tests required by the Board to demonstrate my understanding and proficiency pursuant to NAC 639.67053.
- Completed one year of probation without restrictions –no fines or fees

BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD OF PHARMACY,**

v. Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**MICHELLE BADTEN, R.Ph.,
Certificate of Registration No: #14966**

Case No. 11-092A-RPH-S

**KENTON CROWLEY, R.Ph.,
Certificate of Registration No: #15858**

Case No. 11-092B-RPH-S

**TIMOTHY BROWN, R.Ph.,
Certificate of Registration No: #13529**

Case No. 11-092C-RPH-S

**PATHWAY SPECIALITY COMPOUNDS,
Certificate of Registration No: PH02590,**

Case No. 11-092-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Michelle Badten, Kenton Crowley and Timothy Brown are pharmacists licensed by the Board and Respondent Pathway Specialty Compounds (Pathway) is a pharmacy licensed by the Board, located at 2560 E. Sunset Rd., #120, in Las Vegas, Nevada. At all times relevant to this matter, Respondent Brown was the managing pharmacist for Pathway.

II.

On October 14, 2011, a complaint was filed with the Nevada State Board of Pharmacy by Tony Frederick from the Southern Nevada Health District, Office of Epidemiology. The complaint was based on a report filed by Dr. Fleming Fuller Royal, M.D., H.M.D, who reported nine of his patients presented themselves sick after receiving calcium gluconate intravenously at Dr. Royal's practice, the Nevada Clinic. Dr. Royal had reported that three of his patients had gone to the hospital for treatment, with two being admitted to the hospital and one being treated at the emergency room and released. The remaining patients were treated as outpatients.

III.

Dr. Royal had treated one patient with calcium gluconate intravenously on September 26, 2011 and the eight other patients on September 27, 2011. The calcium gluconate that Dr. Royal had administered intravenously had been compounded by and obtained from Pathway. Dr. Royal reported that on September 28, 2011, the nine patients presented themselves to him sick, all having similar symptoms such as nausea, chills, diarrhea, weakness, aches and fever. Dr. Royal diagnosed all nine patients as having "IV Sepsis." Dr. Royal reported the incident to Pathway and Respondent Crowley obtained three vials of 100 ml preservative-free calcium gluconate. Dr. Royal reported that one vial compounded and provided by Pathway had been used and that two other vials were sealed and unused. Dr. Royal stated that the one used vial and one of the sealed vials were sent to Clinical Pathology Laboratories and that both the used and the unused vials tested positive for Gram Negative Bacilli. A specific microorganism was not identified in the testing. Once Dr. Royal was certain that the source of the contamination had come from Pathway, as both the sealed and

opened vials were infected, he returned to Pathway and obtained one of the unopened 100 ml vials of calcium gluconate so he could have it tested to learn the specific bacteria within the vials. Dr. Royal shipped the vial to an out-of-state laboratory for further testing, but the vial broke in transit and it was not able to be tested.

IV.

Board Staff questioned Respondent Brown who stated that the calcium gluconate provided by Pathway to Dr. Royal was found to be contaminated. Respondent Brown told Board Staff that Pathway recovered three 100 ml vials of calcium gluconate from Dr. Royal's office: two of the vials were sealed and unopened and one was opened and almost empty. Respondent Brown confirmed that Pathway had sent one open vial and one unopened vial to Clinical Pathology Laboratories to be tested and showed Board Staff the results that showed both vials tested positive for Gram Negative Bacilli. Respondent Brown stated that the calcium gluconate powder that was used to compound the calcium gluconate for Dr. Royal was obtained from Letco and that Respondent Crowley was involved in the compounding of the products.

V.

Respondent Brown was told by Respondent Crowley that the calcium gluconate that was provided to Dr. Royal was compounded in 100 ml preservative-free vials. Respondent Brown stated that Respondent Crowley could not provide him with a reason why 100 ml preservative free vials were sent to Dr. Royal. Respondent Brown reported to Board Staff that Respondent Crowley told him that Dr. Royal intended to administer 10 ml doses drawn from each vial so as to serve at least 10 patients per 100 ml vial. Respondent Brown stated that it was his opinion that a

preservative-free 100 ml vial should be used for a single use only and not multi-dose.

Respondent Brown stated that he was not aware that these vials were being compounded for Dr. Royal until the contamination was discovered.

VI.

Board Staff contacted Renee Swain, RN, a nurse employed at the Nevada Clinic to understand how the 100 ml vials of the compounded calcium gluconate were used to treat the patients at the Nevada Clinic. Nurse Swain admitted that she did not know that the 100 ml vials of calcium gluconate were preservative-free and should only have been used as single dose vials. Nurse Swain stated that she had routinely used other preservative-free injectables for multi-dose use.

VII.

Board Staff contacted Respondent Crowley who said it was Nurse Swain who would typically contact him telephonically to order the compounded products that would be administered at the Nevada Clinic. Respondent Crowley stated that he always provided preservative-free vials to Dr. Royal. When asked why he would provide Dr. Royal with preservative-free multi-dose vials and not single-use vials, Mr. Crowley said he was simply filling the order that had been requested by the clinic. Respondent Crowley was not aware if the Nevada Clinic had the proper equipment to make sterile use of the multi-dose vials.

VIII.

Respondent Crowley explained to Board Staff that he had a discussion with Alex Hendrix, PT, regarding the compounding of the calcium gluconate and the difficulties with compounding the 5% and 10% calcium gluconate solutions because the product always precipitated out, usually within 24 hours of making the product. Respondent

Crowley stated that there was a shortage of calcium gluconate and at one point he attempted to compound the calcium gluconate based on an urgent request from Dr. Royal. Respondent Crowley stated that at least three 100 ml vials were made and provided to Dr. Royal but added he could not recall if he was the pharmacist who delivered the product to the Nevada Clinic. Respondent Crowley said that several days after the product had been delivered to the Nevada Clinic, Pathway got a telephone call from the Nevada Clinic regarding adverse reactions that patients were having to the calcium gluconate. Respondent Crowley stated that he went to the Nevada Clinic and met with Dr. Royal and took three vials back to Pathway, one opened and two unopened, and the one open vial and one of the unopened vials were sent in for testing. Respondent Crowley reported to Board Staff that both vials tested positive for Gram Negative Bacillus. In his written statement to Board Staff, Respondent Crowley acknowledged that he must have been the pharmacist who delivered the three vials of calcium gluconate to the Nevada Clinic.

IX.

Mr. Hendrix stated to Board Staff that he began working as a pharmaceutical technician at Pathway in March of 2011, and in April of 2011 calcium gluconate became unavailable. Mr. Hendrix recalled that Respondent Crowley presented him with the work sheet for calcium gluconate but the product was never successfully compounded. The calcium gluconate used was purchased from Letco and did not indicate on the label that it was intended for use by injection. Mr. Hendrix told Board Staff that Respondent Crowley had researched why the compounding had failed, and Respondent Crowley discovered that they had been using the wrong ingredients to compound the calcium gluconate. Respondent Crowley discovered that calcium

gluconate USP anhydrous for injections and calcium saccharate were the products needed, whereas the calcium gluconate he had obtained from Letco and had been using was a dietary supplement intended for oral dosing. In May 2011, both of the correct products were ordered from PCCA. According to Mr. Hendrix, Respondent Crowley wrote on the calcium glucomate from Letco, "Do not use for injection". Mr. Hendrix told Board Staff that later, the correct form of calcium gluconate again became unavailable and the correct ingredient that had been obtained from PCCA was on back order.

X.

Mr. Hendrix stated to Board Staff that he overheard the conversation between Respondent Crowley and Nurse Swain making the order for the calcium gluconate for the Nevada Clinic. According to Mr. Hendrix, Respondent Crowley contacted Letco and obtained instructions from Letco to bring the calcium gluconate almost to a boil which would cause the powder to liquify. Thereafter, Mr. Crowley directed Mr. Hendrix to compound the calcium gluconate using the calcium gluconate from Letco on which Respondent Crowley had earlier written, "Do not use for injection." Alex Hendrix stated he pulled the work sheet for the calcium gluconate and entered the information into the computer system.

XI.

Board Staff learned from Respondent Brown that when a lot number was entered into the Pathway computer system, it would change all the history (lot numbers) within the system for any of that specific product previously compounded. Respondent Brown stated when Mr. Hendrix pulled up the worksheet; he failed to check the lot

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THIS COPY IS FOR
YOUR RECORDS

number and also failed to manually record the proper lot number on the worksheet.

Respondent Brown further stated the approving pharmacist should have caught the discrepancy at the time the product was approved.

XII.

On September 21, 2011, Mr. Hendrix compounded the calcium gluconate 100 ml vials for the Nevada Clinic using the Letco calcium gluconate ingredient that was not intended for injectable use. Mr. Hendrix spent seven hours heating the product in order for it to clear. According to Mr. Hendrix, when he told Respondent Crowley the product had cleared, it made Respondent Crowley very happy. Mr. Hendrix told Respondent Crowley that they should wait a few days before using the product to see if the product would actually stay in solution. Mr. Hendrix stated that after the product had cooled to room temperature, he filtered it and labeled the 100 ml vials. Mr. Hendrix stated that the worksheet he made up was for 1,000 ml but he ended up with only 800 ml because he had spilled part of the solution.

When Board Staff asked where in the pharmacy Mr. Hendrix had compounded the calcium gluconate, he indicated an area in the pharmacy that had been previously inspected by Board Staff on August 30, 2011 and was found not to be compliant with Nevada law with respect to sterile compounding and advised not to be used for sterile compounding. Then Mr. Hendrix stated that he left for the day and when he saw the vials he had compounded the following day, he observed three of the 100 ml vials were missing. It was Mr. Hendrix's opinion that Respondent Crowley was the only person who could have delivered the three 100 ml vials of calcium gluconate to the Nevada Clinic.

XIII.

Respondent Badten confirmed to Board Staff that she heard Respondent Crowley direct Mr. Hendrix to compound the calcium gluconate around September 20, 2011 and that she had been the pharmacist to verify the compounded product. Ms. Badten recalled that Mr. Hendrix had compounded the calcium gluconate as directed by Mr. Crowley and had documented the directions given to him by Mr. Crowley on how to compound the product. Ms. Badten stated Mr. Hendrix produced three 100 ml vials for her to verify and she checked the math on the worksheet, verified that the labels matched what was on the formula log, checked that the consistency was clear, and then she signed the log sheet. Ms. Badten also recalled Mr. Hendrix telling Mr. Crowley that they should wait a few days before using the product to see if the product remained in solution. Ms. Badten stated that at no time did she see the raw products used in the compounded product, nor did she see them at the time she reviewed the three vials and the compounding worksheet for verification.

Pursuant to an uncodified regulation that became effective on September 18, 2008 identified by the Legislative Counsel Bureau as R035-06 (hereinafter R035-06), Section 15 defines "High-risk sterile compounded drug product" to mean a sterile compounded drug which is compounded by a pharmacist or a pharmaceutical technician and satisfies the requirements set forth in section 45 of this regulation. Section 45 of R035-06 states that a compounded drug product is a high-risk sterile compounded drug product if the compounded drug product is required to be sterile for its effective administration, the sterile compounded drug product is contaminated with or at a high risk of becoming contaminated with infectious microorganisms and if one or more of the ingredients or devices used in the compounding process are

non-sterile or one or more of the ingredients or devices used in the compounding process were sterile but were exposed or are suspected of having been exposed for more than 1 hour to an air quality inferior to an ISO Class 5 environment. In this case, the calcium gluconate product compounded at Mr. Crowley's direction by Mr. Hendrix and verified later by Ms. Badten was a high-risk sterile product pursuant to Section 45 of R035-06.

Section 47 of R-35-06 requires that all sterile high-risk products must be batch tested, meaning that before the product can be administered to a patient it must be tested for sterility and endotoxins. Board Staff's investigation revealed that the batch of calcium gluconate that was eventually provided by Mr. Crowley to Dr. Royal for administration by Dr. Royal to his patients had not been batch tested.

FIRST CAUSE OF ACTION

XIV.

In using an ingredient in the compounded calcium gluconate injectable that was labeled as a dietary supplement for oral use (not for compounding in an injectable form), Mr. Crowley violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(a).

SECOND CAUSE OF ACTION

XV.

In failing to batch test the calcium gluconate prior to providing the product to Dr. Royal for administration to patients, Mr. Crowley, Mr. Brown, Ms. Badten, and Pathway violated NRS 639.210(4) and/or (12) and Section 47 of R035-06 and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION**XVI.**

In compounding calcium gluconate product in 100 ml preservative-free vials to be sold to a physician's office for multi-dose use, Mr. Crowley and Pathway violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(a) and/or (i)

FOURTH CAUSE OF ACTION**XVII.**

In failing to keep accurate records reflecting the products and method of preparation for the compounded calcium gluconate, Mr. Brown and Pathway violated NRS 639.210(4) and/or (15) and/or Section 31 of R035-06 and/or NAC 639.914 and/or 639.945(i).

FIFTH CAUSE OF ACTION**XVIII.**

In compounding the calcium gluconate, a high-risk sterile product, in an area of the pharmacy that Board Staff had previously indicated could not be used for that purpose until it complied with Section 36 of R035-06, Mr. Brown, Mr. Crowley and Pathway violated NRS 639.210(4) and/or NAC R035-06, Sec. 36 and NAC 639.945(1)(i).

SIXTH CAUSE OF ACTION**XIX.**

In failing to verify the correctness of the entirety of the compounding of the calcium gluconate as prepared and presented to her by Mr. Hendrix, especially where the label would have reasonably indicated that the order might be incorrect, Ms. Badten violated NRS 639.210(4) and/or NAC 639.245(2)(b) and (c), and/or NAC 639.467(3),

and/or 639.945(1)(i).

SEVENTH CAUSE OF ACTION

XX.

In owning and operating the pharmacy in which all of the above factual allegations and legal violations occurred, Pathway violated NRS 639.210(4) and NAC 639.945(1)(i) and (2) and/or all other legal violations alleged in the First through Sixth Causes of Action.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 1st day of December, 2011.


Larry L. Pinson, 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.

Notice of Intended Action and Accusation. The admissions made in this matter may not be used in any other proceeding or matter.

3. Pathway was owned by Vernon Gettys. Gettys had been battling pancreatic cancer and heavily medicated during the period in which the events alleged within the Notice of Intended Action and Accusation took place. Gettys died on December 24, 2011. An Executrix for Gettys Estate has recently been appointed. Due to the death of Gettys, the Estate lacks sufficient knowledge of events to admit the acts and violations alleged in the Second, Third, Fourth, Fifth, and Seventh Causes of Action in the Notice of Intended Action and Accusation of behalf of Pathway. However, for the purpose of resolving this matter only Pathway agrees not to contest the allegations and this agreement not to contest made in this matter may not be used in any other proceeding or matter.
4. Upon approval of this stipulation by the Board, Michelle Badten's certificate of registration #14966 shall be placed on probation for one year subject to the following terms and conditions:

- a. Within 10 days of acceptance of the stipulation Ms. Badten shall contact the Your Success Rx consultant to enroll in its pharmacist remediation program (hereinafter "the program") according to the terms and conditions imposed by the program and the following terms and conditions.

1. Ms. Badten shall cooperate fully and genuinely with the needs, demands, and requirements of the program.

2. Ms. Badten shall inform and assure that her employing pharmacy is made aware of her participation in the program and that her employing pharmacy accommodates the program's needs regarding Ms. Badten's time needed to participate in the program and the program's potential need to be present in the employing pharmacy.

3. Ms. Badten shall pay the entire cost of her participation in the program

4. When Ms. Badten has completed the program, the program shall submit to Board Staff a final report regarding Ms. Badten's participation in the program. Board Staff will set a meeting with Ms. Badten and the Your Success Rx program administrator to discuss the report.

b. Ms. Badten will not engage in compounding any medication until she has completed the aseptic technique class at the Star Center in Colorado offered by Baxa and passed all tests required by the Board to demonstrate her understanding and proficiency pursuant to NAC 639.67053.

c. Ms. Badten will have no further violations of state or federal law, statute or regulation related to the practice of pharmacy. The failure by Ms. Badten to comply with any term in this stipulation and order shall result in the immediate suspension of her license and will also result in further discipline, up to and including revocation of her license.

d. Upon approval of this stipulation by the Board, there should be no fine, fees or costs in connection with this matter.

5. Mr. Brown shall pay a fine of \$1,000 by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office with 90 days of the effective date of this order. Mr. Brown will further take and complete the aseptic technique class at the Star Center in Colorado offered by Baxa and shall pass all competency and proficiency requirements as specified in NAC 639.67053 with proof of the same to the Board by ~~June 1, 2012~~ *November 1, 2012. A.L. CSE*.

6. Pathway shall be on probation for three years subject to the following terms and conditions:

a. Upon completion of the aseptic technique class by Mr. Brown, he shall train all Pathway pharmacists and pharmaceutical technicians involved in sterile compounding in the techniques taught and implement the procedures recommended by the course at Pathway. All pharmacists and pharmaceutical technicians involved in high risk compounding must pass all competency and proficiency requirements as specified in NAC 639.67053 with proof of the same to Board Staff by ~~June 1, 2012~~ *November 1, 2012. A.L.*

b. The computer system must be compliance with NAC 639.6702 and the computer system must be modified so that records cannot be altered. Proof of compliance must be provided to the Board Staff by June 1, 2012.

c. The current employees and staff of Pathway are approved to conduct activities related to sterile compounding. However, any new staff conducting activities related to sterile compounding must be approved by the Executive Secretary or Board Counsel prior to their employment. . Such approval may be telephonic and this provision does not contemplate a submission of an already licensed application to the Board.

d. Mr. Brown is approved to continue as the Managing Pharmacist for Pathway. However, should Mr. Brown cease to be the Managing Pharmacist, the new managing pharmacist must be approved by the Executive Secretary or Board Counsel prior to employment. Such approval may be telephonic and this provision does not contemplate a submission if an already licensed application to the Board.

e. A designated representative of Pathway, other than Ms. Badten, must successfully complete the Your Success Rx program at Pathway's expense according to the terms and conditions imposed by the program and the following terms and conditions.

1. The representative of Pathway shall cooperate fully and genuinely with the needs, demands, and requirements of the program and contact the program within 10 days of the acceptance of the stipulation and order by the Board.

2. When the representative of Pathway has completed the program, the program shall submit to Board Staff a final report regarding Pathway's participation in the program. Board Staff will

set a meeting with Pathway and the program administrator to review and to discuss the report.

f. All terms and conditions on Pathway's probation will be imposed on any successor or assigned interests.

g. In exchange for Pathway's stipulation in this matter the Board will dismiss Pathway as a party in NBOP v. Lorenzo, Crowley and Pathway, Case No. 11-091-RPH-S and suspend further investigation of Pathway in Case No. 11-050-S. Pathway shall make its employees reasonably available to testify in the present matter and the two cases above if needed by Board Staff if the Stipulation is accepted.

7. All Staff Exhibits are public documents and as such will be produced pursuant to any public records requests.
8. Ms. Badten, Mr. Brown and Pathway understand that each has the right to proceed to a contested hearing on this matter and is giving up his, her, or its right to a contested hearing in this matter. The parties agree that the Board may ask questions of Board counsel when the Stipulation and Order is considered.
9. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting in Las Vegas, Nevada. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

10. The Board shall release Ms. Badten, Mr. Brown and Pathway from all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's order in this matter. Ms. Badten, Mr. Brown and Pathway shall release the Board from all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's order in this matter. Said releases shall be effective upon the Board's acceptance of this stipulation and order.

Signed this 18th day of April, 2012.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy



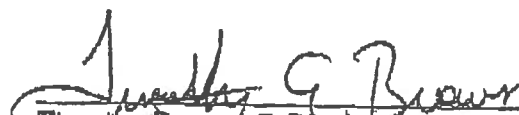
Carolyn J. Cramer
General Counsel
Nevada Board of Pharmacy



Adam Levine, Esq.
Attorney for Michelle Badten, R.Ph.
Timothy Brown, R.Ph. and
Pathway



Michelle Badten, R.Ph.



Timothy Brown, R.Ph.

Pathway Specialty Compounds

By: _____
Signature Title

THIS COPY IS FOR
YOUR RECORDS

10. The Board shall release Ms. Badten, Mr. Brown and Pathway from all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's order in this matter. Ms. Badten, Mr. Brown and Pathway shall release the Board from all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's order in this matter. Said releases shall be effective upon the Board's acceptance of this stipulation and order.

Signed this ____ day of April, 2012.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Pharmacy

Carolyn J. Cramer
General Counsel
Nevada Board of Pharmacy

Adam Levine, Esq.
Attorney for Michelle Badten, R.Ph.
Timothy Brown, R.Ph. and
Pathway

Michelle Badten, R.Ph.

Timothy Brown, R.Ph.

Pathway Specialty Compounds

By: _____

Signature

Title

Michelle Badten, R.Ph.
Timothy Brown, R.Ph.
Pathway

THIS COPY IS FOR
YOUR RECORDS

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 18th day of April, 2012.

4-18-2012
DATED

Beth Foster RPh
Beth Foster, President
Nevada State Board of Pharmacy

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PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date _____

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 herein 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:

Last Name _____ First Name _____ Middle Name _____

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) _____

Present Residence Address-Street or RFD _____ City _____ State/Zip _____

Dates

Present Business Address _____ City _____ State/Zip _____

Dates

Occupation _____

Phone:
Residence _____

Business _____

Date of Birth _____ Place of Birth (City, County, State) _____

Age _____ Social Security Number or ITIN _____ Sex _____

Color of Eyes _____ Color of Hair _____ Complexion _____ Weight _____ Build _____ 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 _____

Page 1

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 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

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

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 _____

Page 2

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			Yes ☐ No ☐
High School			Yes ☐ No ☐
College			Yes ☐ No ☐
University			Yes ☐ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any _____

College or university where obtained _____

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 _____

Page 4

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

Applicant's initial _____

Page 5

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
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
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 _____ Page 6

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	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
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

.....

.....

.....

12. Have you ever applied for a city, county or 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 ☐

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph _____

Applicant's initial _____

Page 8

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 or 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)

Applicant's initial _____

Page 9

ADDITIONAL INFORMATION

[illegible]

Applicant's initial _____ Page 10

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/01/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First _____ Middle _____ Last _____

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☐ F ☐ X

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the 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 initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		
School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		
School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		
School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		
School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.			
--	--	--	--

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		
10. Have you 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?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

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 cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials _____

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date _____

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 Pharmacy or Wholesaler _____
 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 _____

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) _____

Present Residence Address-Street or RFD _____ City _____ State/Zip _____

Present Business Address _____ Dates _____ City _____ State/Zip _____

Present Position with the Pharmacy or Wholesaler _____ Dates _____
 Phone: Residence _____
 Business _____

Date of Birth _____ Place of Birth (City, County, State) _____

Age _____ Social Security Number or ITIN _____ Sex _____

Color of Eyes _____ Color of Hair _____ Complexion _____ Weight _____ Build _____ 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 _____

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 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

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

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			
--------	--	--	--

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			Yes ☐ No ☐
High School			Yes ☐ No ☐
College			Yes ☐ No ☐
University			Yes ☐ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any _____

College or university where obtained _____

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 _____

Page 4

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

Applicant's initial _____ Page 5

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
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
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 _____

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	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	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

.....

.....

.....

11. Have you ever applied for a city, county or 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 ☐

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph _____

Applicant's initial _____

Page 8

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 cause 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 or 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 _____ day of

Notary Public

(seal)

Applicant's initial _____

Page 9

ADDITIONAL INFORMATION

This image shows a full page of a handwriting practice worksheet. It consists of numerous horizontal dashed lines spaced evenly down the page, providing a guide for letter height and placement. The lines are black and dotted against a plain white background. There are no margins, text, or other markings on the page.

Applicant's initial _____ Page 10

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/01/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/01/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler _____
 Physical Address _____
 City _____ State _____ Zip _____
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First _____ Middle _____ Last _____
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☐ F ☐ X
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____
 Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
Date of Service: From: _____ to: _____		
Military Occupation/Specialty _____		
Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the 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 initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		
School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		
School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		
School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		
School Name	From - To (MM/YY – MM/YY)	
Address	State	Zip
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip
From - To (MM/YY – MM/YY)	Address	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Continue on next page if additional space is needed.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name		From - To (MM/YY – MM/YY)	
Business Address		State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Make copies of this page OR use a separate piece of paper if additional space is needed.			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		
10. Have you 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?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, _____, certify that as the designated representative for _____

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____ 8

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

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 cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials _____

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Maria Nutile, Esq.*
Bridget Kelly, Esq.
Alia Najjar, M.D., Esq.**

* licensed in NV, AZ and CO
**licensed in NV and CA

April 5, 2021

VIA EMAIL

dwuest@pharmacy.nv.gov

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

Re: Pharmacy Application of Desert Winds Hospital, LLC

Dear Mr. Wuest:

As you are aware, this firm represents Desert Winds Hospital, LLC ("Desert Winds"), a hospital and psychiatric residential treatment facility ("PRTF") at the site of the former Montevista Hospital ("Montevista") at 5900 W. Rochelle Ave., Las Vegas. For reasons discussed below, we write with an urgent request that Desert Winds be added to the agenda for the April 14, 2021 meeting of the Nevada State Board of Pharmacy ("BOP") to formally request an exception to the lavatory requirement under NAC 639.530(4). Alternatively, we request your assistance in determining an alternate path to licensure under the circumstances, such as a temporary license, so that Desert Winds may commence providing desperately needed inpatient psychiatric services without further delay.

As noted in the BOP's official minutes of the December 2, 2020 meeting, which are attached for your convenience, Desert Winds' pharmacy application was approved, pending receipt of recent inspection reports of its company's pharmacy in Florida, Southern Winds Health LLC ("Southern Winds"). Copies of Southern Winds' two most recent inspections were emailed to you and Brett Kandt on December 7, 2020, copies of which are also attached to this letter ("Inspections").¹ Desert Winds also reports it sent the Inspections to License Specialist Candy Nally on December 2, 2020, but they were reportedly not received. The Inspections were resent by Desert Winds to Ms. Nally on March 31, 2021, who indicated on April 1, 2021 that a pre-opening inspection could now occur.

¹ As noted in Ms. Nutile's email, no inspection occurred in 2020, likely due to the COVID-19 pandemic.

D. Wuest
April 5, 2021
Page 2

According to an email from Inspector Joe Dodge dated April 5, 2021, Desert Winds' pharmacy allegedly does not comply with NAC 639.530(4) because it does not have a lavatory within or adjoining it. Desert Winds must, apparently, either construct a lavatory or request an exception from the BOP. It appears an inspection will not occur, and thus a license will not be issued, until this matter is addressed.

As you are no doubt aware, Montevista was established in 1985, and had operated the pharmacy space in question most recently under license no. IB02706 since 2011 ("License"). Desert Winds' application, approved in December 2020, is actually a change of ownership application for that License. The lavatory situation is unchanged since at least 2011, and likely long before that.

Based on available records, it appears the License was issued by the BOP without either a compliant lavatory or an exception. According to the attached minutes of the April 13-14, 2011 BOP meeting, Montevista (as Institutional Pharmacy Solutions) appeared before the Board to answer questions about its application as a "new pharmacy" in Nevada. No reference was made to a lavatory exception at that meeting. In fact, Board Inspector Ron Shockey stated "he has been inspecting the Monte Vista [sic] Hospital pharmacy for years and they run a good facility." The License was ultimately issued May 18, 2011, but there was no BOP meeting in May for an exception request to be considered. It would seem that, as Montevista was "considered a new pharmacy to Nevada" for the purposes of the License, a new (or renewed) exception request would be needed for compliance with NAC 639.530(4). Moreover, since Mr. Shockey was already apparently familiar with the physical premises, it is all the more surprising that the missing lavatory was not mentioned at all.

In taking over Montevista's License, Desert Winds had no notice or expectation that a nonconformity existed or an exception would be required, since no issue appears to have been raised in 2011. Desert Winds has already suffered severe delay in even being considered eligible for a pre-opening inspection, even though the Inspections were promptly submitted in December 2020 as ordered by the BOP.

If in fact an exception will be required (although it apparently was not in 2011), Desert Winds respectfully requests that the agenda for the April 14, 2021 BOP meeting be amended so it may formally request the exception as soon as possible. While we are aware this request comes quite soon before the meeting, Desert Winds only became aware of this issue today. Moreover, Desert Winds is eager to fill the yawning gap in psychiatric care in Las Vegas, and neither it nor the community can withstand further delay in opening awaiting the June 2nd meeting.

D. Wuest
April 5, 2021
Page 3

If this April agenda request cannot be accommodated, we request that alternative licensing avenues be considered, such as a possible temporary license pending the BOP's consideration of a formal exception request at the June 2021 meeting.

We appreciate your consideration of this issue, and look forward to your prompt reply so that we may advise our client accordingly. Should wish to discuss further, either Maria Nutile or I may be reached at 702.307.4880.

Sincerely,

NUTILE LAW

A handwritten signature in black ink that reads "Bridget Kelly". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Bridget Kelly, Esq.

Encl.

cc: Brett Kandt, Esq.
Maria Nutile, Esq.
Desert Winds Hospital, LLC



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

December 2, 2020

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
Wayne Mitchell

Jade Jacobo
Rolf Zakariassen

Krystal Freitas
Richard Tomasso

Gener Tejero

Board Staff Present:

Dave Wuest
Brett Kandt
Shannon Reichman

Yenh Long
Joe Dodge

Shirley Hunting
Dena McClish

Courtney Lee
Kristopher Mangosing

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.

6. Application for Ambulatory Surgery Center

Desert Wind Hospital, LLC – Las Vegas, NV

Abraham Shaulson, owner, Vincent Pigula, managing pharmacist, Andrew Brick-Turin, Chief Financial Officer, and Brian Bulfer, Advanced Pharmaceuticals Consulting, appeared and were sworn by President Park prior to answering questions or offering testimony.

Maria Nutile was present as legal counsel for Desert Wind Hospital, LLC.

Ms. Nutile waived the twenty-one day notice for Desert Wind Hospital, LLC.

Mr. Wuest provided background and stated that Desert Wind Hospital, LLC is appearing for ownership change.

Ms. Nutile described the services to be provided and the staff that will be opening and running the hospital.

Mr. Wuest questioned Mr. Pigula about his work history and experience in a mental health pharmacy setting.

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

Mr. Shaulson answered questions regarding his previous businesses and testified that he has never been charged, convicted of a felony or gross misdemeanor in any state. Mr. Shaulson stated that he has no completed or pending administrative actions.

Mr. Bulfer provided his work history and experience and described the hospital's opening procedure. Mr. Bulfer answered questions to the Board's satisfaction.

Mr. Brick-Turin provided an explanation of his responsibilities with Desert Wind Hospital, LLC and answered questions to the Board's satisfaction.

Board Action:

Motion: Richard Tomasso moved to approve the application for Desert Wind Hospital, LLC, pending receipt of the Florida inspection.

Wayne Mitchell offered a friendly amendment to include quarterly inspections by the Nevada Board of Pharmacy at the company's expense.

Mr. Tomasso accepted the friendly amendment and restated the motion.

Motion: Richard Tomasso moved to approve the application for Desert Wind Hospital, LLC pending receipt of the company's recent Florida inspection. Desert Wind Hospital, LLC shall be subject to quarterly inspections by the Nevada Board of Pharmacy at the expense of the company.

Second: Wayne Mitchell

Action: Passed unanimously.

7. Application for Nevada Medical Device, Equipment & Gases License

VieMed – Reno, NV

Yenh Long, Deputy Executive Secretary, provided background on VieMed.

Brett Stoute, MDEG Administer, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Stoute reported to the Board what equipment and services will be provided.

Ms. Long questioned Mr. Stoute about his work history and experience, as well as policies and procedures of the business. Mr. Stoute answered questions about VieMed's employees and their positions with the company.

After discussion, Mr. Stoute stated that he would not be relocating to Nevada.

President Park offered Mr. Stoute the opportunity to table VieMed's application in order to hire a qualified MDEG Administrator who would be present at the facility during business hours.

The Board tabled VieMed's application at Mr. Stoute's request.

8. General Counsel Report.

There was no report.

9. Executive Secretary Report:

A. Financial Report

Mr. Wuest stated that the financial report will be available at a future Board Meeting, and that the financial audit has been completed and will also be available at a future Board Meeting.

B. Issuance of Temporary Licenses and Registrations

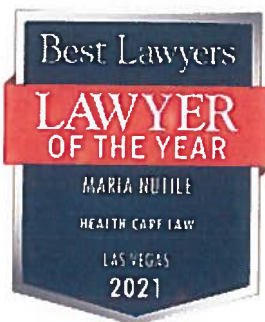
C. Change of Address Business List

Mr. Wuest stated that there is an updated list of change of addresses on current licensees which can be found in the Board Book

D. Meetings with Other Health Care Regulatory Boards

From: [Maria Nutile](#)
To: [Bridget Kelly](#)
Subject: FW: Desert Winds Hospital
Date: Monday, April 5, 2021 1:33:36 PM
Attachments: [1.18.2018 SHW Pharm Inspection.pdf](#)
[7.11.2019 SWH Pharm Inspection.pdf](#)
[image002.png](#)
[image001.png](#)

Maria Nutile, Esq.
Nutile Law
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Las Vegas, NV 89120
Direct: 702-307-4870
Fax: 702-307-4881
maria@nutilelaw.com
Admitted in AZ, CO and NV
www.nutilelaw.com



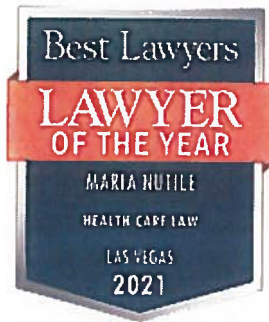
PERSONAL AND CONFIDENTIAL. This message and any file(s) or attachment(s) transmitted with it are confidential, intended only for the named recipient. If you receive this message in error, please immediately notify the sender at 702.307.4880 and delete the original message.

From: Maria Nutile
Sent: Monday, December 7, 2020 10:59 AM
To: David Wuest <dwuest@pharmacy.nv.gov>; Brett Kandt <bkandt@pharmacy.nv.gov>
Subject: Desert Winds Hospital

Dave and Brett, attached are the 2018 and the 2019 inspection reports for Southern Winds Health LLC in Florida. As previously disclosed, Mr. Shaulson is the ultimate owner of this facility also. The 2020 inspection has not occurred, we assume due to COVID.

Maria Nutile, Esq.

Nutile Law
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Las Vegas, NV 89120
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maria@nutilelaw.com
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www.nutilelaw.com



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STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV362 - Mod Class II Institutional Pharmacy



File # 23610
Insp # 150563

NAME SOUTHERN WINDS HEALTH LLC		PERMIT NUMBER 30211	DATE OF INSPECTION 01/18/2018
DOING BUSINESS AS SOUTHERN WINDS			
STREET ADDRESS 4225 W. 20TH AVE		TELEPHONE # 305-558-9700	EXT
CITY HIALEAH	COUNTY MIAMI-DADE	STATE/ZIP FL/33012-5826	

Additional Information

Business Operation Hours

M-T-W-T-H-F Y	Weekly Hours 2:00 pm - 10:00 pm
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday N
Saturday Hours 3:00 pm - 7:00 pm	Sunday Y
Sunday Hours 3:00 pm - 7:00 pm	

Registered Pharmacist / Intern / Tech

License # RPT 23333	Licensee Name Licet Roman
License Type Pharmacy Tech	
License # PS 30734	Licensee Name Jennifer A Gerard
License Type Registered Pharmacists	

ACS Manager

--	--

Optional Information

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Basic License Data - PSD

DEA Reg # FS6081979	
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License Relations

Pharmacy Affiliate

KURITSKY, YECHIEL	License #
MELO-NAZARIO, KATHLEEN	License #

RX DPT MGR/COR/POR

RENER, TIMOTHY J	License # 7634
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INV 362 - Mod Class II Institutional Pharmacy

Mod Class II Institutional Pharmacy Requirements

Current modified Class II Institutional Pharmacy permit. [485.019(2)(c), F.S.]	Yes
Current professional supervision of a consultant pharmacist. [485.019(5), F.S.]	Yes
Current modified Class II Institutional Pharmacy permit displayed. [64B16-27.100(1), FAC.]	Yes
Current DEA registration. [21CFR 1301.11] [465.023(1)(c), F.S.]	Yes
Pharmacy has policy and procedures manual available for inspection. [64B16-28.702(5), FAC.]	Yes
Records reflect on-site consultations by consultant pharmacist at least monthly unless otherwise directed by Board. [64B16-28.702(2) (b) to (d), FAC.]	Yes
All medication properly labeled. [64B16-27.101), FAC.]	Yes

Insp # 150563

INV362 - Mod Class II Institutional Pharmacy
SOUTHERN WINDS HEALTH LLC

File # 23610

Pharmacy Services Committee meets at least annually. [64B16-28.702(6)(c)1, FAC.]	Yes
Provisions for handling of emergency box including the utilization of separate logs for record keeping. [64B16-28.702(6)(c)2, FAC.]	N/A
Provision for secure ordering, storage and record keeping of all medicinal drugs at facility. [64B16-28.702(6)(c)3, FAC.]	Yes
Secure storage of the medicinal drugs. [64B16-28.702(6)(c)5, FAC.]	Yes
Records of consultations for the facility for not less than four years available for inspection. [64B16-28.702(6)(b), FAC.]	N/A
Records within the pharmacy of drugs administered to patients of institutional program. [64B16-28.702(1), FAC.]	Yes
CQI Policy and Procedures and proof of quarterly meetings protected under [766.101, F.S.] [64B16 -27.300, FAC]	Yes
Preparation time does not exceed 1 hour when preparing, and administration begins not later than 1 hour following start of immediate use CSPs. [64B16-27.797(1)(j), FAC.]	N/A
Preparation is properly labeled if preparer does not administer or witness administration when preparing immediate-use CSPs. [64B16-27.797, FAC.]	N/A

Type "A" Mod Class II Institutional Pharmacy

Quantity of controlled substances stocked does not exceed 100 dosage units PER CONTAINER unless approved by Board. [64B16-28.702(7), FAC.]	
Proof of use forms used for all medicinal drugs within the facility. [64B16-28.702(7), FAC.]	
Drugs stocked in establishment are those employed for treatment of primary condition or medical objective set forth in policy and procedures manual. [64B16-28.702(6), FAC.]	
Pharmacy stocks no more than 15 medicinal drugs. [64B16-28.702(2)(b), FAC.]	
Controlled substances inventory taken on biennial basis and available for inspection. [893.07(1) (a), F.S.]	
The policy and procedures contain the drugs and strengths stocked. [64B16-28.702(6)(a)1, FAC.]	

Type "B" Mod Class II Institutional Pharmacy

Utilization of perpetual inventory system for all controlled substances; for injectables and other medicinal drugs as required by the pharmacy committee. [64B16-28.702(6)(b)(4), FAC.]	Yes
Drugs stocked in establishment are those employed for treatment of primary condition or medical objective set forth in policy and procedures manual. [64B16-28.702(6), FAC.]	Yes
Controlled substances inventory taken on biennial basis and available for inspection. [893.07(1)(a), F.S.]	Yes

Type "C" Mod Class II Institutional Pharmacy

Utilization of a medication administration record (MAR) for all medicinal drugs administered to patients of the facility. [64B16-28.702(6)(c)4, FAC.]	
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Remarks:

Last CQI meeting was conducted on 12/08/17.
Wholesaler: Cardinal.
Last Biennial of Controlled Substances was conducted on July 2017.
Consultant Pharmacist on record Timothy Rener, PU 7634.
Last visit was on 01/04/18.
Annual pharmacy services committee meeting was conducted on 12/08/17.
Perpetual inventory was available at the time of the inspection.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:

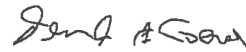
COTO, SEIDY



Date: 1/18/2018

Representative:

Jennifer A Gerard Pharmacist



Date: 1/18/2018



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES**
INV362 - Mod Class II & III Institutional Pharmacy



File # 23610
Insp # 157416

NAME SOUTHERN WINDS HEALTH LLC		PERMIT NUMBER 30211	DATE OF INSPECTION 07/11/2019
DOING BUSINESS AS SOUTHERN WINDS			
STREET ADDRESS 4225 W. 20TH AVE		TELEPHONE # 305-558-9700	EXT
CITY HIALEAH	COUNTY MIAMI-DADE	STATE/ZIP FL/33012-5826	

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9:00 am to 4:30 pm
Monday N	Monday Hours
Tuesday N	Tuesday Hours
Wednesday N	Wednesday Hours
Thursday N	Thursday Hours
Friday N	Friday Hours
Saturday N	Saturday Hours 3:00 pm to 7:00 pm
Sunday Y	Sunday Hours 3:00 pm to 7:00 pm

Registered Pharmacist / Intern / Tech

License # PU 7634	Licensee Name Timothy J. Rener
License Type Registered Pharmacists	
License # PS 55218	Licensee Name Melanie M. Campbell
License Type Registered Pharmacists	
License # RPT 21674	Licensee Name Maria E. Bedoya
License Type Pharmacy Tech	

ACS Manager

--	--

Optional Information

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Basic License Data - PSD

DEA Reg # FS6081979	
---------------------	--

License Relations

Pharmacy Affiliate

KURITSKY, YECHIEL	License #
MELO-NAZARIO, KATHLEEN	License #

RX DPT MGR/COR/POR

RENER, TIMOTHY J	License # 7634
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INV 362 - Mod Class II & III Institutional Pharmacy

Mod Class II Institutional Pharmacy Requirements

Current modified Class II Institutional Pharmacy permit. [465.019(2)(c), F.S.]	Yes
Current professional supervision of a consultant pharmacist. [465.019(5), F.S.]	Yes
Current DEA registration. [21CFR 1301.11] [465.023(1)(c), F.S.]	Yes

Insp # 157416

INV362 - Mod Class II & III Institutional Pharmacy
SOUTHERN WINDS HEALTH LLC

File # 23610

Pharmacy has policy and procedures manual available for inspection. [64B16-28.702(5), FAC.]	Yes
Records reflect on-site consultations by consultant pharmacist at least monthly unless otherwise directed by Board. [64B16-28.702(2)(b)(c)(d), FAC.]	Yes
All medication properly labeled. [64B16-28.108 F.A.C.]	Yes
Pharmacy Services Committee meets at least annually. [64B16-28.702(6), FAC.]	Yes
Provisions for handling of emergency box including the utilization of separate logs for record keeping. [64B16-28.702(6), FAC.]	Yes
Provision for secure ordering, storage and record keeping of all medicinal drugs at facility. [64B16-28.702(6), FAC.]	Yes
Secure storage of the medicinal drugs. [64B16-28.702(6), FAC.]	Yes
Records of consultations for the facility for not less than four years available for inspection. [64B16-28.702(6), FAC.]	Yes
Records within the pharmacy of drugs administered to patients of institutional program. [64B16-28.702(1), FAC.]	Yes
CQI Policy and Procedures and proof of quarterly meetings. [766.101, F.S.] [64B16-27.300, FAC]	Yes
Immediate Use sterile compounds are prepared in compliance with USP <797> and administration begins not later than 1 hour from start of preparation. [64B16-27.797 FAC]	N/A
CSP is properly labeled if preparer does not administer or witness the administration of the Immediate Use CSP [64B16-797 FAC]	N/A
Expired medications removed from the shelves. [64B16-28.110, F.A.C.]	Yes

Type "A" Mod Class II Institutional Pharmacy

Quantity of controlled substances stocked does not exceed 100 dosage units PER CONTAINER unless approved by Board. [64B16-28.702(7), FAC.]	
Proof of use forms used for all medicinal drugs, controlled and non-controlled, within the facility that include the patient name, date of administration, initials of person administering the drug, and all pertinent controls required. [64B16-28.702(7), FAC.]	
Drugs stocked in establishment are those employed for treatment of primary condition or medical objective set forth in policy and procedures manual. [64B16-28.702(6), FAC.]	
Pharmacy stocks no more than 15 medicinal drugs excluding those in the emergency box. [64B16-28.702(2)(b), FAC.]	
Controlled substances inventory taken on biennial basis and available for inspection. [893.07(1) (a), F.S.] [21CFR1304.11]	
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; [21CFR 1305.13(e)]; [21CFR1305.22(g)]	
Controlled substance records are maintained for 4 years [465.022(12)(b) F.S.] [64B16-28.140 F.A.C.]	
The policy and procedures contain the drugs and strengths stocked. [64B16-28.702(8)(a)1, FAC.]	

Type "B" Mod Class II Institutional Pharmacy

Utilization of perpetual inventory system for all controlled substances; for injectables and other medicinal drugs as required by the pharmacy committee. [64B16-28.702(6)(b)(4), FAC.]	Yes
Drugs stocked in establishment are those employed for treatment of primary condition or medical objective set forth in policy and procedures manual. [64B16-28.702(6), FAC.]	Yes
Controlled substances inventory taken on biennial basis and available for inspection. [893.07(1)(a), F.S.]; [21CFR1304.11]	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; [21CFR 1305.13(e)]; [21CFR1305.22(g)]	Yes
Controlled substance records are maintained for 4 years [465.022(12)(b) F.S.] [64B16-28.140 F.A.C.]	Yes

Type "C" Mod Class II Institutional Pharmacy

Utilization of a medication administration record (MAR) for all medicinal drugs administered to patients of the facility. [64B16-28.702(6)(c)4, FAC.]	
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Mod Class III Institutional Pharmacy

Current Class III permit. [465.019(2)(d), F.S.] [64B1628.750 F.A.C.]	
Pharmacy is affiliated with a hospital or is a hospital providing services to affiliated institutional pharmacies under common control. [465.019(2)(d)(1) F.S.]	
All Prepackaging, compounding, dispensing, distribution and provision of pharmaceutical services is among permitted entities under common control. [465.019(2)(d) F.S.]	
Policy and Procedure for maintenance of drug records to monitor the movement, dispensing, distribution and transportation of drugs [465.019 F.S.]; [64B16-28.750(5)(a)(3) F.A.C.]	
Policy and Procedure for safe practices for the preparation, dispensing, prepackaging, distribution, and transportation of all medicinal drugs. [465.019, F.S.] [64B16-28.750(5)(a)(2) F.A.C.]	
Provisions for maintaining records of pharmacy staff responsible for each step in the preparation, dispensing, prepackaging, transportation, and distribution of drugs. [465.019(2)(d)(2)(d), F.S.]; [64B16-28.750(5)(a)(4) F.A.C.]	
Pharmacy has procedure for identification of drugs products that may not be safely distributed among Class III Institutional Pharmacies and health care establishment permittees. [64B16-28.750(5)(a)(5) F.A.C.]	
Documentation is available for inspection: of the hospital with which the permittee is affiliated, all other Class III Institutional Pharmacy permits under common control with the permittee, all healthcare clinic establishments under common control with the permittee, and the manner in which the permittee and other entities are under common control. [64B16-28.750(5)(a) (13) (c) F.A.C.]	

Remarks:

Pharmacy Consultant of record is Timothy J. Renner, PU 7634. Last visited this facility on 06/26/2019.
 Wholesaler: Cardinal Health.
 Controlled Substance Biennial Inventory conducted on 01/01/2019. In addition this facility maintains a perpetual inventory for controlled substances.
 Last CQI meeting conducted on 06/27/2019.
 Annual Pharmacy Services Committee meeting 05/23/2019.

Insp # 157416

INV362 - Mod Class II & III Institutional Pharmacy
SOUTHERN WINDS HEALTH LLC

File # 23610

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:

BARREIROS, DANAY



Date: 7/11/2019

Representative:

Melanie M Campbell PS 55218



Date: 7/11/2019



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

BOARD MEETING

at

Las Vegas Chamber of Commerce
6671 Las Vegas Blvd South
Las Vegas

April 13th and 14th, 2011

The meeting was called to order at 9:00 a.m. by Beth Foster, Board President.

Board Members Present:

Keith Macdonald	Beth Foster	Kirk Wentworth
Russell Smith	Jody Lewis	

Board Members Absent:

Kam Gandhi	Cheryl Blomstrom
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Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Rose Marie Reynolds
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CONSENT AGENDA

1. Approval of March 2-3, 2011, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Alere Home Monitoring, Inc. – Livermore, CA
 - B. American Medical Supplies, Inc. – Boca Raton, FL
 - C. Apria Healthcare, Inc. – Cedar City, UT
 - D. Apria Healthcare, Inc. – Salt Lake City, UT
 - E. Apria Healthcare, Inc. – St George, UT
 - F. Medtronic USA, Inc. – Littleton, MA
 - G. NormaTec – Newton Center, MA
 - H. Oxford Diabetic Supply, Inc. – Hampton, NJ
 - I. One Source Medical Supply, LLC – West Palm Beach, FL
 - J. RGH Enterprises, Inc. – Tualatin, OR
 - K. Telcare Medical Supply Inc. – Concord, MA
 - L. Village Medical Supplies, Inc. – Boca Raton, FL

Action: Passed Unanimously

D. United Seating and Mobility LLC – Las Vegas

James Wilcox and Brent Die appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Wilcox and Mr. Die described their business model and policies and procedures. Mr. Wilcox has been providing services to disabled patients with mobility devices for over 21 years. He evaluates patients and determines what the most appropriate equipment would be for their specific needs. They are a full sales and service company.

Board Action:

Motion: Russ Smith Keith moved to approve the Nevada MDEG application for United Seating and Mobility LLC.

Second: Kirk Wentworth

Action: Passed Unanimously

11. Applications for Nevada Pharmacy – Appearance:

A. Institutional Pharmacy Solutions – Las Vegas

Selamawit Taylor appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Taylor explained that they were applying for a pharmacy license to practice at Monte Vista Hospital. There was some confusion about the pharmacy already in Monte Vista Hospital. It is owned by someone else other than the Hospital. Ron Shockey, Board inspector, cleared up the confusion and indicated that it is an outside management company that currently runs the pharmacy and now Monte Vista has hired Institutional Pharmacy Solutions to operate their pharmacy in house. Mr. Shockey said he has been inspecting the Monte Vista Hospital pharmacy for years and they run a good facility. This would be considered a new pharmacy to Nevada.

Board Action:

Motion: Russ Smith moved to approve the Nevada pharmacy application for Institutional Pharmacy Solutions.

Second: Keith Macdonald

Action: **Passed Unanimously**

B. Valley View Surgery Center – Las Vegas

Fay Delacruz appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Delacruz gave an accounting of how she will control the drugs maintained at the surgery center. They have policies and procedures in place to ensure security. Ms. Delacruz indicated that they will use single needle/single dose practices and they have a means to control the issue of the medications and the needles. They also have a witness procedure for wasting excess drugs after surgical procedures.

Board Action:

Motion: Keith Macdonald moved to approve the Nevada pharmacy application for Valley View Surgical Center.

Second: Jody Lewis

Action: Passed Unanimously

12. Presentation of 50 Year Pharmacist Certificate:

Gerald Mandel, R.Ph

President Foster and Larry Pinson gave a synopsis of Mr. Mandel's professional history and presented him with a 50 year pharmacist certificate.

Mr. Mandel reminisced about his experience with the Nevada State Board of Pharmacy and shared a letter he received from Keith Macdonald when he inquired with three states whether he could get a discount on his licensing fees since he had worked for 35 years. Mr. Mandel noted that Mr. Macdonald was the only person to respond to his inquiry and he appreciated his response and candor.

Again, President Foster thanked Mr. Mandel for 50 years of service to the profession of pharmacy.

13. General Counsel Report

Carolyn Cramer reported that the legislature is still in session and they have not been called to appear since the last meeting. Ms. Cramer indicated that she has been doing fiscal notes as requested by various legislators. We should know more after Friday because bills that do not come out of committee will probably be dropped.

1

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: Institutional Pharmacy Solutions
Physical Address: 5900 W. Rochelle Avenue
Mailing Address: 400 Interstate PK Dr. SR. 430, Montgomery, AL 36109
City: Las Vegas State: NV Zip Code: 89103
Telephone Number: (702) 364-1111 Fax Number: (334) 356-7082
Toll Free Number: N/A
E-mail: Jgreen@IPSpharmacy.com Website: www.IPSpharmacy.com
Managing Pharmacist: Selamawit Taylor License Number: 14503

Hours of Operation:

Monday thru Friday 0800 am 1600 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours N/A

TYPE OF PHARMACY

- ☐ Retail
- ☒ Hospital (# beds 95)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

SERVICES PROVIDED

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☒ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAR 28 2011 Check Number: 944 Amount: 500.00

56397
3358

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: ALABAMA
Parent Company if any: N/A
Corporation Name: Institutional Pharmacy Solutions
Mailing Address: 400 Interstate Park Dr. Ste. 430
City: Montgomery State: Al Zip: 36109
Telephone: (334) 356-7627 Fax: (334) 356-7082
License Contact Person: January Green
Professional Compliance Contact Person: January Green

Name and title of each officer and director (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Daniel R. Mims</u>	

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
- a) Daniel R. Mims 2531 Pike Road, Pike Road, AL 36064
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.

- 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 corporations stock register evidencing the above information

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) 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 ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address
Business

b) _____
Name Address
Business

c) _____
Name Address
Business

d) _____
Name Address
Business

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address
Business

b) _____
Name Address
Business

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 8 through 12 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.


Signature of corporation officer

3-18-11
Date

Daniel R. Mims, President
Print or Type name and title

STATEMENT OF RESPONSIBILITY
NON PUBLICLY TRADED CORPORATION

I, Daniel R. Mims

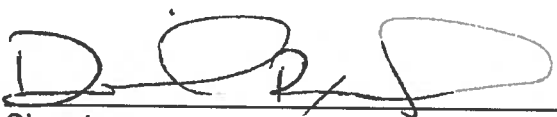
Corporate Officer of Institutional Pharmacy Solutions

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, 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 corporate officers 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 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 or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the corporation must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Signature

3-18-11
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Selamawit Taylor

License #: 165a3

Pharmacy Name: Institutional Pharmacy Solutions

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 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: _____



Nevada State Board of Pharmacy

For licensing inquiries 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

Facility Name	License Number#	City	State	Country	Discipline	Action
MONTEVISTA HOSPITAL	IB02706	LAS VEGAS	NV	United States	None	

License Number : IB02706

Name : MONTEVISTA HOSPITAL

License Type : Pharmacy

License Status : Non Renewed

License Date : 05/18/2011

Discipline :

Expiration Date : 10/31/2020



- [January 16-17, 2013](#) &

2012 Board Meetings

- [December 5-6, 2012](#) &
- November - No Meetings Held
- [October 17-18, 2012](#) &
- [September 5-6, 2012](#) &
- [August 17, 2012 - Hospital Regulation Committee Meeting](#) &
- [July 18-19, 2012](#) &
- [June 6, 2012](#) &
- [May 10, 2012 - Controlled Substance Diversion Workgroup](#) &
- [April 18-19, 2012](#) &
- [March 7-8, 2012](#) &
- [February 28-29, 2012 - Special Board Meeting](#) &
- [February 16, 2012 - MDEG Committee Meeting](#) &
- [February 9, 2012 - Pharmaceutical Technician Advisory Committee](#) &
- [January 31, 2012 - Special Board Meeting](#) &
- [January 18-19, 2012](#) &

2011 Board Meetings

- [December 7-8, 2011](#) &
- [November 22, 2011 - Electronic Prescribing Committee Meeting](#) &
- [October 12-13, 2011](#) &
- [September 14-15, 2011](#) &
- August - No Meetings Held
- [July 13-14, 2011](#) &
- [June 1-2, 2011](#) &
- [May - No Meetings Held](#)
- [April 13-14, 2011](#) &
- [March 2-3, 2011](#) &
- February - No Meetings Held
- [January 11-12, 2011](#) &

2010 Board Meetings

- [December 1-2, 2010](#) &
- [October 13-14, 2010](#) &
- [September 8-9, 2010](#) &
- [July 14, 2010](#) &
- [June 2, 2010](#) &
- [April 14-15, 2010](#) &
- [March 3, 2010](#) &
- [January 13, 2010](#) &

2009 Board Meetings

- [December 2-3, 2009](#) &
- [October 14-15, 2009](#) &
- [September 2-3, 2009](#) &
- [July 15-16, 2009](#) &
- [June 3-4, 2009](#) &
- [April 15, 2009](#) &
- [March 4-5, 2009](#) &
- [January 14, 2009](#) &

2008 Board Meetings

- [December 4, 2008](#) &
- [October 29-30, 2008](#) &
- [September 3-4, 2008](#) &
- [July 16-17, 2008](#) &
- [June 4-5, 2008](#) &
- [April 24, 2008 Compounding Committee Meeting](#) &
- [April 16-17, 2008](#) &
- [March 5-6, 2008](#) &
- [January 16-17, 2008](#) &

2007 Board Meetings

- [December 5-6, 2007](#) &
- [October 24-25, 2007](#) &
- [September 5-6, 2007](#) &



Maria Nutile, Esq.*
Bridget Kelly, Esq.
Alia Najjar, M.D., Esq.**

* licensed in NV, AZ and CO

**licensed in NV and CA

April 7, 2021

VIA EMAIL

dwuest@pharmacy.nv.gov

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

Re: Pharmacy Application of Desert Winds Hospital, LLC

Dear Mr. Wuest:

As you are aware, this firm represents Desert Winds Hospital, LLC ("Desert Winds"), a hospital and psychiatric residential treatment facility ("PRTF") at the site of the former Montevista Hospital ("Montevista") at 5900 W. Rochelle Ave., Las Vegas. We appreciate the opportunity to be included on the agenda for the April 14, 2021 meeting of the Nevada State Board of Pharmacy ("BOP") to discuss Desert Winds' conformity with the lavatory requirement under NAC 639.530(4) for initial licensing purposes. As detailed below, we believe Desert Winds' pharmacy is exempt from the lavatory requirement, as the premises were built in approximately 1984 and not remodeled since. Desert Winds should therefore be eligible for a pre-opening inspection of its pharmacy without unnecessary delay so that its license may be issued.

Background Summary

As discussed in our letter to you dated April 5, 2021, Desert Winds has complied with the orders of the BOP when its pharmacy application was approved at the December 2, 2020 BOP meeting. The only step remaining is the on-site inspection by the BOP. To that end, Desert Winds' Veronica Walters contacted Joe Dodge, PharmD, to inquire about the lavatory requirement cited on the BOP's pre-inspection form. In an email to Ms. Walters on April 5, 2021, Mr. Dodge informed Ms. Walters that,

The restroom issue will need to be addressed prior to the pre-inspection....You would need to request to be put on the next available

D. Wuest
 April 7, 2021
 Page 2

board meeting agenda and present your case to the board members as to why you are requesting an exception to the requirement. The board members will make the determination whether or not to grant this exception.

(DWH001). In reliance on this instruction, and in the interests of time, we immediately submitted a request on behalf of Desert Winds to be included on the April 14th agenda to request that exception.

Since our agenda request was granted, we have had the opportunity to analyze the underlying issue in greater detail. It appears that rather than needing an exception to NAC 639.530(4), Desert Winds is in need of clarification from the BOP that the lavatory requirement does not apply to its pharmacy, and that the pre-opening inspection may occur despite non-conformity with NAC 639.530(4). This is consistent with Montevista's most recent pharmacy license issued in 2011 apparently without any exception, as noted in our April 5th letter.

Desert Winds Is Exempt from the Lavatory Requirement

NAC 639.530(4) requires that, "In addition to the washbasin required pursuant to [NAC 639.530(3)], and except as otherwise provided in this subsection, a pharmacy that is built or remodeled after November 1, 1996, must contain a lavatory with a toilet and washbasin within or adjoining the pharmacy...." (Emphasis added). In this case, the pharmacy is located in Montevista's original building, constructed in 1984 and opened in 1985. (See Fig. 1-3, DWH004-06). As noted in the attached email from Desert Winds' current (and Montevista's former) Director of Plant Operations Barney R. Shimp, the pharmacy has not been remodeled during his fourteen (14) year tenure, and the current design is unchanged from the original 1984 blueprints. (DWH003; Fig. 2, DWH005).¹ Because the pharmacy premises were built prior to 1996, and have not been remodeled since, it is exempt from the lavatory requirement of NAC 639.530(3). Therefore, the lack of a lavatory within or adjacent to the pharmacy should not prevent or delay the pre-opening inspection required pursuant to NAC 639.501(1).

An Exception to the Lavatory Requirement Is Appropriate

NAC 639.530(4) provides that, "A pharmacy that is remodeled after November 1, 1996 may ask the Board for an exception to this [lavatory] requirement and the Board will, if it deems it appropriate, grant the exception." While we argue that the exception technically does not apply because the pharmacy has not been remodeled after November 1, 1996 (and that Desert Winds is exempt from NAC 639.530(4) in its entirety, as discussed above), Desert Winds wishes to assure the Board that both sanitation and security are maintained with available facilities external to the

¹ Montevista expanded and added new buildings to its campus in 2014 and 2016, but did not remodel the original building.

D. Wuest
April 7, 2021
Page 3

pharmacy. Additionally, as Mr. Dodge's email states an exception is required, Desert Winds argues that an exception, if applicable, is appropriate in this case for reasons set forth below.

As demonstrated in the attached diagrams and photographs, the pharmacy is located within an area of the facility secured from public access. A set of double doors with electro-magnetic locks (maglocks) and keyed access separate the main entrance/lobby area from the single access door to the pharmacy (See Fig. 4, DHW007 and Fig. 9, DWH009). The door to the pharmacy itself is secured with a keypad combination code, and automatically locks when closed.² The pharmacy has no windows or other access points other than the secured door. The pharmacy does contain a washbasin (See Fig. 6, DWH008).

The lavatory facilities typically used by pharmacy personnel are for staff only, less than a one (1) minute walk from the pharmacy, through another set of keyed maglock doors (See Fig. 9, DWH 009). Another set of lavatories slightly closer to the pharmacy are historically not used by pharmacy staff because they are not exclusive to staff and require entering the public lobby area.

A third (unisex) lavatory does share a wall with the pharmacy (See locations A and F, Fig. 1, DWH004). However, it is unfeasible for Desert Winds to break through that shared wall to join that lavatory with the pharmacy, because the shared wall contains all of the plumbing (See Fig. 8, DWH009).

Finally, Montevista operated this pharmacy from 1985 to 2019 without any known incidents arising from not having an adjoining lavatory. As discussed in our April 5th letter, the BOP approved Montevista's most recent pharmacy license in 2011 with no mention of any concerns over the lavatory requirement and apparently without any exception to that requirement.

Summary

Desert Winds is eager to undergo its pre-opening inspection and have its pharmacy license issued without unnecessary delay. As discussed above, it appears Desert Winds' pharmacy is exempt from the lavatory requirement of NAC 639.530(4), and therefore the exception noted by Mr. Dodge should not be necessary in order to complete a pre-opening inspection. However, in the event the BOP determines an exception is necessary, Desert Winds assures the BOP that sanitation and security will be maintained at the pharmacy premises despite the external lavatory, as has been the case for decades at Montevista.

We appreciate the BOP's consideration of this issue, and our inclusion on the April meeting agenda on such short notice. I will be in attendance at the meeting along with representatives of

² Desert Winds intends to replace the keyed access with individual electronic fobs or card-swipe locks, personalized for each employee, in the near future. It is likely the pharmacy door will also have such electronic access, possibly in conjunction with a coded lock.

D. Wuest
April 7, 2021
Page 4

Desert Winds to respond to any questions the Board members may have. In the meantime, I may be reached at 702.307.4871.

Sincerely,

NUTILE LAW

A handwritten signature in black ink that reads "Bridget Kelly". The script is fluid and cursive, with the first letters of each word being capitalized and prominent.

Bridget Kelly, Esq.

Encl.

cc: Brett Kandt, Esq.
Maria Nutile, Esq.
Desert Winds Hospital, LLC

-----Original Message-----

From: "Joe Dodge" <j.dodge@pharmacy.nv.gov>

Sent: Monday, April 5, 2021 8:59am

To: "Veronica Walters" <vwalters@apcpharm.com>

Cc: "David Wuest" <dwuest@pharmacy.nv.gov>, "Yenh Long" <ylong@pharmacy.nv.gov>, "Leo D. Basch" <lbach@pharmacy.nv.gov>, "Luis Curras" <lcarras@pharmacy.nv.gov>, "Kristopher Mangosing" <kmangosing@pharmacy.nv.gov>, "Shirley Hunting" <shunting@pharmacy.nv.gov>

Subject: RE: Pre-Opening Inspection

Good morning Ms. Walters,

The restroom issue will need to be addressed prior to the pre-inspection. I have provided you with our regulation below related to the restroom issue. You would need to request to be put on the next available board meeting agenda and present your case to the board members as to why you are requesting an exception to the requirement. The board members will make the determination whether or not to grant this exception.

I have copied our board coordinators (Shirley Hunting, Kristopher Mangosing) on this e-mail and they can assist you with scheduling an appearance at a future board meeting.

NAC 639.530 Sanitation; required washbasins; exception. ([NRS 639.070](#))

1. Waste material must not be allowed to collect on the floors, counters or other portions of a pharmacy, and adequate waste receptacles must be provided.
2. All persons authorized to work within the prescription department must keep themselves and their apparel in a clean and sanitary condition.
3. Each pharmacy must have a washbasin which is supplied with hot and cold running water. The washbasin must be located within the pharmacy and be readily available to any person authorized by law to work in the prescription department.
4. In addition to the washbasin required pursuant to subsection 3, and except as otherwise provided in this subsection, a pharmacy that is built or remodeled after November 1, 1996, must contain a lavatory with a toilet and washbasin within or adjoining the pharmacy. A pharmacy that is remodeled after November 1, 1996, may ask the Board for an exception to this requirement and the Board will, if it deems it appropriate, grant the exception.

[Bd. of Pharmacy, § 639.235, eff. 6-26-80] — (NAC A 9-6-96)

Thanks,

Joe Dodge, Pharm D
Inspector

Nevada State Board of Pharmacy
1050 E. Flamingo Ste E217
Las Vegas, NV, 89119

Office: 702.486.6420 Ext 157
Fax: 702.486.7903
E-mail: j.dodge@pharmacy.nv.gov
Web Page: www.bop.nv.gov

NOTICE: 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 establish an attorney-client relationship. This information 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.

Begin forwarded message:

From: Candy Nally <cnally@pharmacy.nv.gov>
Date: April 1, 2021 at 10:41:07 AM PDT
To: "vwalters@apcpharm.com" <vwalters@apcpharm.com>
Cc: Joe Dodge <j.dodge@pharmacy.nv.gov>
Subject: Pre-Opening Inspection

The application for Desert Winds Hospital, LLC. was approved at the December, 2020 board meeting.

The application was approved pending an inspection by board of pharmacy personnel. A license will not be issued until the inspection has been done. Once the pharmacy is ready for the pre-opening inspection, please email Joe Dodge at j.dodge@pharmacy.nv.gov to schedule an appointment.

If you any questions, please feel free contact us.

Thanks,

Candy M. Nally
Licensing Specialist
Nevada State Board of Pharmacy
cnally@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.

DWH002

From: [Barney Shimp](#)
Subject: Desert Winds Hospital Statement
Date: Wednesday, April 7, 2021 9:22:06 AM

EXTERNAL!

To whom it may concern,

I have been an employee of Montevista/Red Rock Hospitals and Desert Winds Hospital for nearly 14 years. In that time I have served as Assistant Director and Director of Plant Operations for a combined total of almost 10 years. The Pharmacy area has not been remodeled during my tenure to the best of my knowledge. In review of the original building blueprints from 1984 and the Life Safety Drawings for the facility which were updated in June 2018, the pharmacy area still maintains the same area of build with no notations of additions/subtractions from its design. Please feel free to contact me for any further questions should they arise. Thank you.

Barney R. Shimp

Director of Plant Operations and EOC



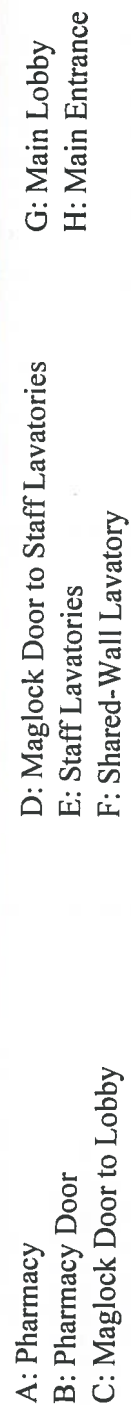
**5900 W. Rochelle Avenue
Las Vegas, NV 89103**

bshimp@desertwindshospital.com

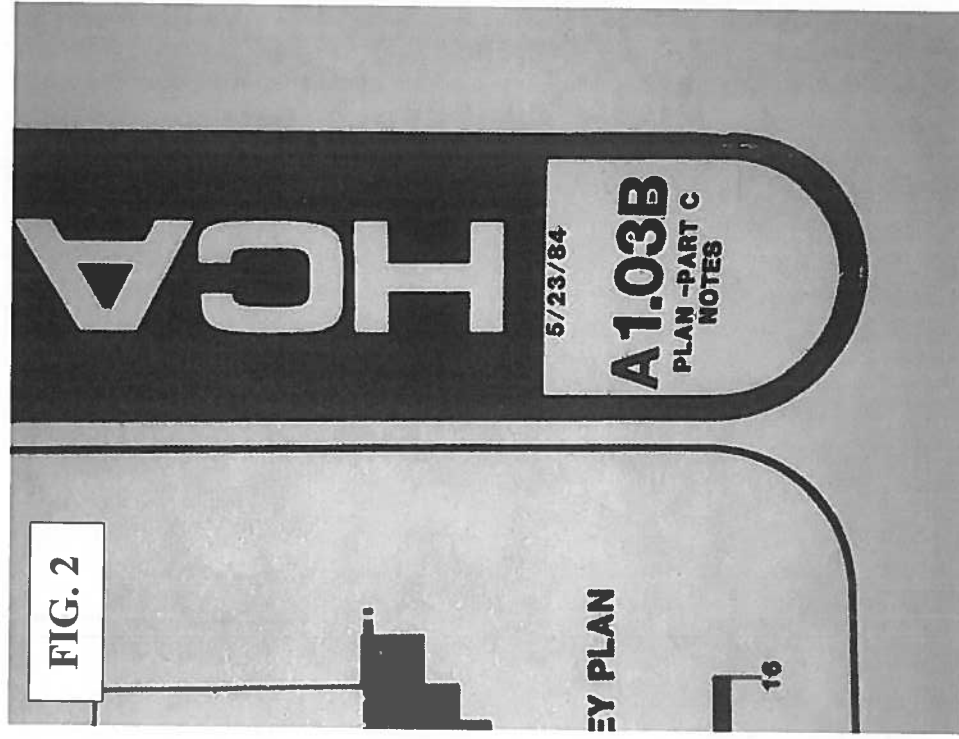
(C)702-673-7011

DWH003

FIG. 1



DESERT WINDS FLOORPLAN



DESERT WINDS FLOORPLAN

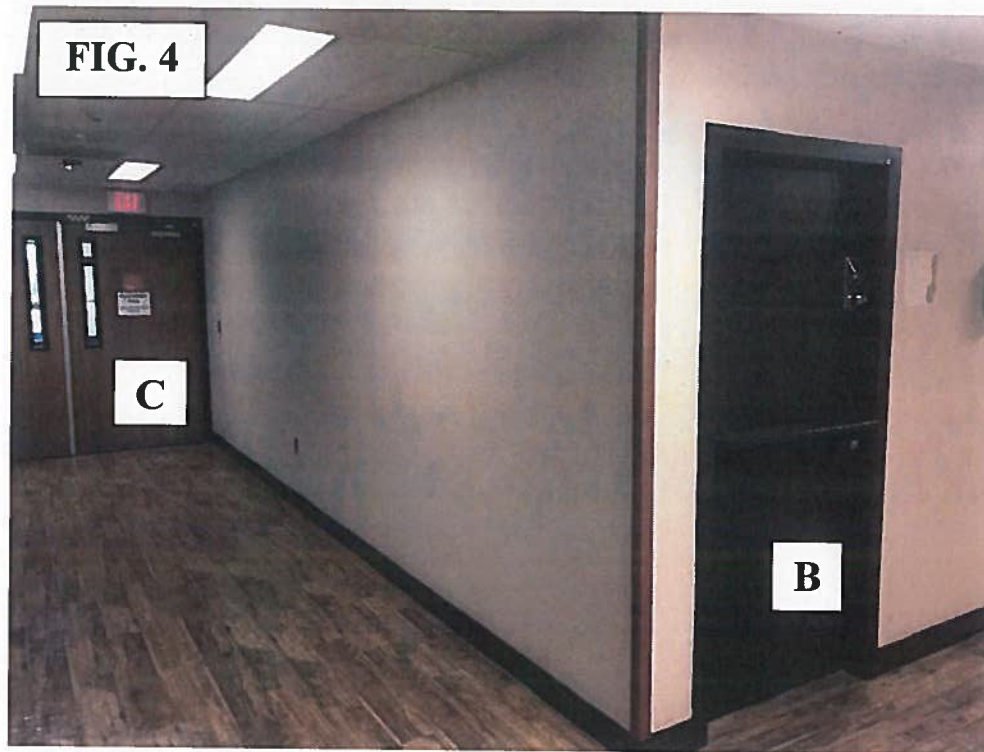


Grey building built in 1984-1985

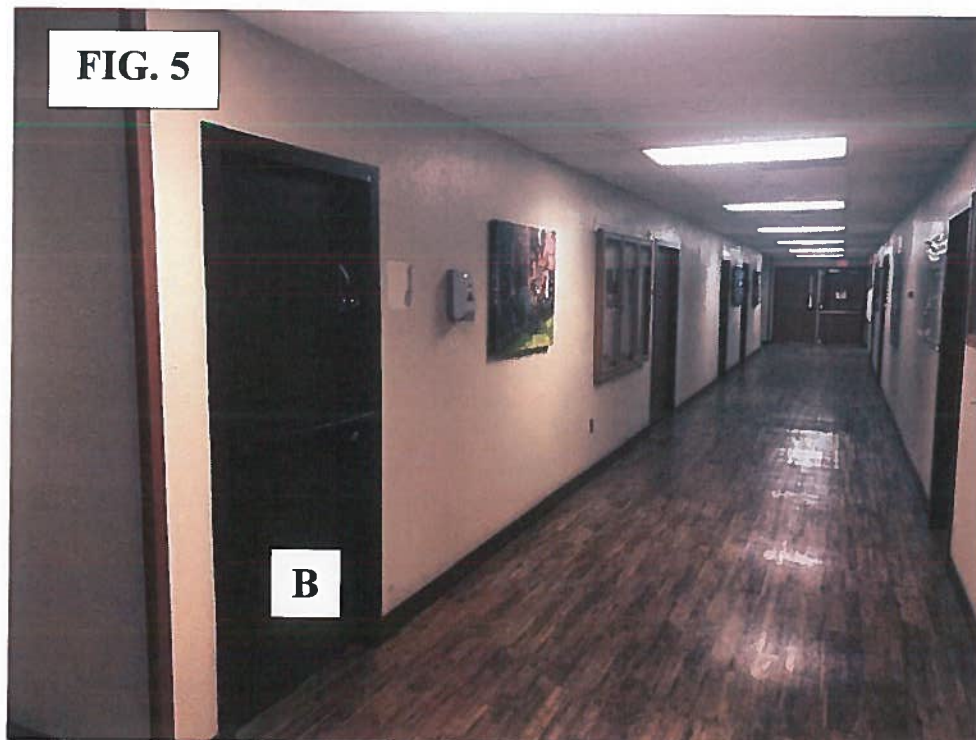
A: Pharmacy (approximate location)

H: Main Entrance

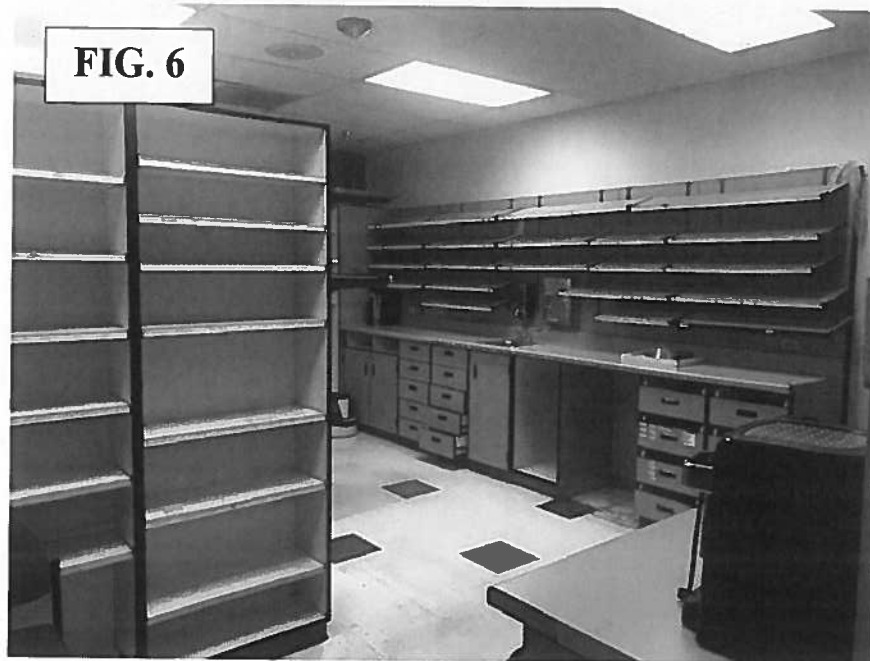
DESERT WINDS INTERIOR PHOTOGRAPHS



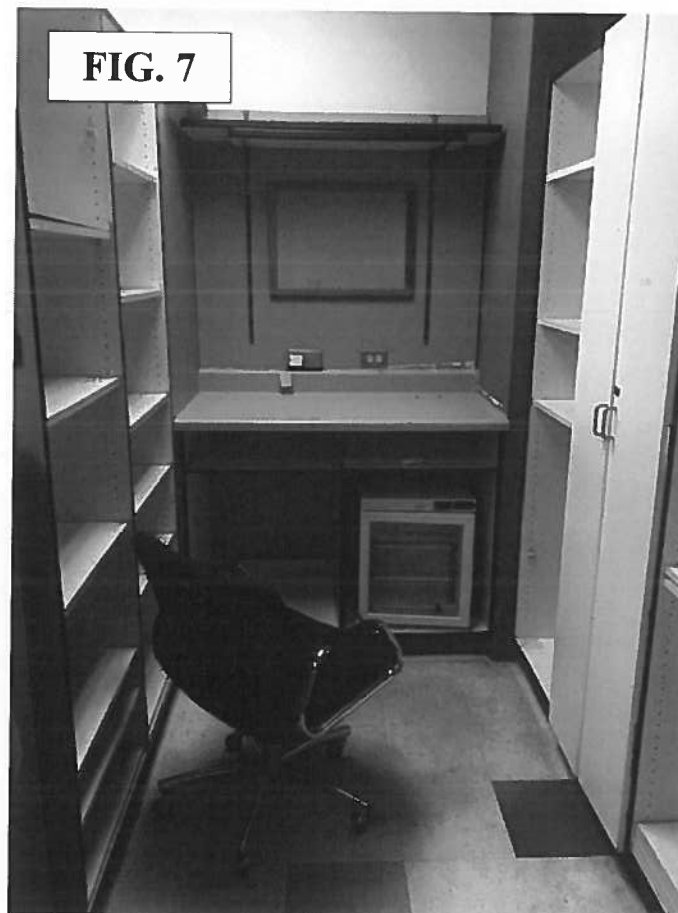
B: Pharmacy Door
C: Maglock Door to Lobby



DESERT WINDS INTERIOR PHOTOGRAPHS



Interior of Pharmacy (Washbasin above)



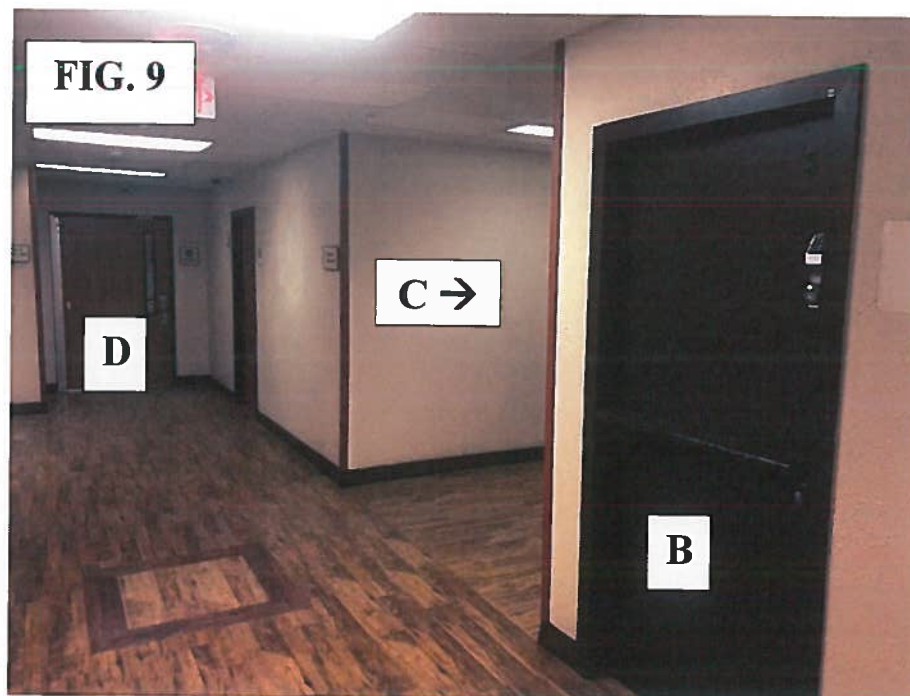
DESERT WINDS INTERIOR PHOTOGRAPHS



B: Pharmacy Door
C: Maglock Door to Lobby

D: Maglock Door to Staff
Lavatories

F: Shared-Wall Lavatory



DWH009

23

24

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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