

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

June 2-3, 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

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 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: May 26, 2021

SECOND AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 2, 2021 at 9:00 am. The meeting will continue, if necessary, on Thursday, June 3, 2021 at 9:00 am or until the Board concludes its business at the following location:

Pursuant to Governor Steve Sisolak's Emergency Directive 044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
 7740 Las Vegas Blvd. South
 Las Vegas, NV 89123

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 April 14-15, 2021 Meeting Minutes (**FOR POSSIBLE ACTION**)
4. 4.1 Applications for Out-of-State Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)

- A. Bandana Rx – Concord, CA
- B. Cherry Hill Village Pharmacy LLC – Canton, MI
- C. HighPoint Pharmacy – Arlington, TX
- D. J & B Pharmacy Services Inc. – Wixom, MI
- E. Manifest Pharmacy – Greer, SC
- F. NIXONA RX LLC – Phoenix, AZ
- G. Optum Frontier Therapies, LLC – Flint, MI
- H. Pyramids Infusion Center – Webster, TX
- I. Telecare Pharmacy LLC – Libertyville, IL
- J. Tin RX Castro San Francisco – San Francisco, CA

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

- K. Beaker Pharmacy – McKinney, TX
- L. Riverside Pharmacy – Bullhead City, AZ
- M. The Daily Dose Pharmacy – Austin, TX

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

- N. Agiliti Health, Inc – McDonough, GA
- O. Agiliti Health, Inc. – Memphis, TN
- P. Agiliti Health, Inc – Norcross, GA
- Q. Agiliti Health, Inc – Salt Lake City, UT
- R. American Medical Distribution, Inc. – Largo, FL
- S. ASMR LLC – Centennial, CO
- T. BioTel INR, LLC – South San Francisco, CA
- U. Calmed Medical Supplies and Repair, Inc. – Southfield, MI
- V. CardioNet, LLC – Malvern, PA
- W. CardioNet, LLC – San Francisco, CA
- X. Cerotto Inc. – Riverside, CA
- Y. DDP Medical Supply – St. Petersburg, FL
- Z. Developed Medical, LLC – Manalapan, NJ
- AA. DEXCOM, INC – Mesa, AZ
- BB. Gaboro Medical Supply – Stroudsburg, PA
- CC. Henry Schein Inc. – Fort Worth, TX
- DD. Home Delivery Incontinent Supplies. Co. – St. Peters, MO
- EE. Horizon Medical Solutions, Inc. – Norwood, MA
- FF. LifeSure LLC – Miramar, FL
- GG. Lincoln Health Supply – Fort Lauderdale, FL
- HH. MED-EL Corporation – Durham, NC
- II. Pathema DME LLC – Lauderhill, FL
- JJ. Tarheel Surgical Supply, LLC – Thomasville, NC
- KK. Telcare Medical Supply, LLC – Linwood, PA
- LL. The Medcom Group, Ltd. – Windsor, CO
- MM. West Lake Rx, LLC – San Antonio, TX
- NN. Wound Care Resources, Inc. – Yorkville, TN
- OO. Wound Care Resources Sales - Yorkville, TN

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

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

Background Check Not Required by Law.

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

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

- PP. Accord BioPharma Inc – Durham, NC
- QQ. Accord Healthcare Inc – Durham, NC
- RR. Anivive Lifesciences, Inc. – Lakewood, CA

SS. Apollo Pharmaceuticals USA Inc. – Palm Beach Gardens, FL
 TT. Athem, LLC – East Brunswick, NJ
 UU. Blu Pharmaceuticals – Greenvale, NY
 VV. BTG International Inc. – West Conshohocken, PA
 WW. Distribution Unlimited LLC – Peoria, AZ
 XX. Horizon Medicines LLC – Deerfield, IL
 YY. Mayne Pharma, Inc. – Greenville, NC
 ZZ. Nomax Inc./Amcon Laboratories Inc. – St.Louis, MO
 AAA. Oryza Pharmaceuticals, Inc. – Coral Springs, FL
 BBB. Primary Pharmaceuticals, INC – Ocean Springs, MS
 CCC. Tanvex BioPharma USA, Inc. – San Diego, CA

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

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

DDD. DDP Medical Supply, St. Petersburg, FL
 EEE. MXR Imaging Inc. – Hazelwood, MO
 FFF. Optum Frontier Therapies, LLC – Flint, MI
 GGG. UPS Supply Chain Solutions, Inc. – Columbus, OH

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))

HHH. ADC Therapeutics America, Inc. – Murray Hill, NJ
 III. Akcea Therapeutics, Inc. – Boston, MA
 JJJ. Ardelyx, Inc. – Waltham, MA
 KKK. Dicerna Pharmaceuticals, Inc. – Lexington, MA
 LLL. Oyster Point Pharma, Inc. – Princeton, NJ
 MMM. Palatin Technologies, Inc. – Cranbury, NJ
 NNN. Radius Health, Inc. – Boston, MA
 OOO. Teligent Pharma, Inc. – Buena, NJ
 PPP. Viela Bio, Inc. – Gaithersburg, MD
 QQQ. Y-mAbs Therapeutics, Inc. – Nutley, NJ

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

RRR. McKesson Medical-Surgical Inc. – City of Industry, CA
 SSS. McKesson Medical-Surgical Inc. – Jacksonville, FL
 TTT. McKesson Medical-Surgical Inc. – Stoughton, MA
 UUU. UPS Supply Chain Solutions, Inc. – Harrisburg, PA

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

VVV. Dynamic Diagnostics, Inc. – Plymouth, MI
 WWW. Fresenius Kabi, LLC – Pleasant Prairie, WI

- XXX. Nexus Pharmaceuticals Inc. – Lincolnshire, IL
 YYY. Redwood Distribution – El Paso, TX
 ZZZ. Right Way Medical, LLC – Westerville, OH

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

4.6.1 Manufacturer (NAC 639.593(7)(d))

- AAAA. Intra-Sana Laboratories LLC – Las Vegas, NV

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

- BBBB. Optum Frontier Therapies II, LLC – Las Vegas, NV

◆ REGULAR AGENDA ◆

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

- | | |
|--|---------------------------------|
| A. Vidur Mahadeva, MD | (20-111-CS-N) |
| B. Frank Silver, MD | (21-001-CS-S) |
| C. Lin's Supermarket, Inc. | (18-028-PH-S) (20-063-PH-S) |
| D. Katila Pipitone, RPH | (18-028-RPH-A-S) (20-063-RPH-S) |
| E. Timothy Johnson, RPH | (18-028-RPH-B-S) |
| F. Direct Compounding and Outsourcing, LLC | (19-070-PH-S) |
| G. Scot Silber, RPH | (19-070-RPH-S) |
| H. Michael Thomas, PT | (19-070-PT-A-S) |
| I. Krystal Hernandez, PT | (19-070-PT-B-S) |
| J. Gary Manley, PA-C | (20-224-CS-S) |

6. Appeal hearing pursuant to NRS 639.2895(2) **(FOR POSSIBLE ACTION)**

- | | |
|---------------------------|------------|
| A. SleepSafeSolutions LLC | (20-131-S) |
| B. Rafael Mirchou, MD | (19-107-S) |

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

Breana Clark

8. Application for Recovery Center License- Appearance **(FOR POSSIBLE ACTION)**

Desert Orthopaedic Center Recovery Center – Las Vegas, NV

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

- A. Nicole Brooks
- B. Odetta Kilgore
- C. Sheyanne Moore
- D. Jodi Sabala

10. Applications for Intern Pharmacist Registration– Appearance. **(FOR POSSIBLE ACTION)**

Ryan Kniesner

11. Applications for Controlled Substance Registration - Appearance. **(FOR POSSIBLE ACTION)**

- A. Hisbay Ali, MD
- B. Chester Wright, MD

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

Pippa Stewart

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

- A. Elemental Pharmacy – Las Vegas, NV
- B. PipelineRx – Las Vegas, NV
- C. Plus One Pharmacy, LLC – Las Vegas, NV
- D. Premier Pharmacy – Las Vegas, NV
- E. US Pharmacy – Las Vegas, NV

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

- A. AlleReach Pharmacy – Dallas, TX
- B. Braun Pharma LLC – Chicago, IL
- C. Ed Snell's Pharmacy Shop & Oxygen – Pocatello, ID
- D. Paragon Infusion Care, Inc. – Plano, TX
- E. Valor Compounding Pharmacy – Berkeley, CA

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

- A. OptionOne Infusion – Oklahoma City, OK
- B. Paragon Healthcare Specialty – Dallas, TX

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

- A. Kinex Medical Company – Las Vegas, NV
 - B. Wildcard Medical Inc. – Reno, NV
17. Applications for Out-of-State Medical, Devices, Equipment and Gases License – Appearance (**FOR POSSIBLE ACTION**)
- A. Medline Industries, Inc. – Northfield, IL
 - B. Owens & Minor Distribution, Inc. – Ontario, CA
18. Applications for Out-of-State Wholesaler License – Appearance (**FOR POSSIBLE ACTION**)
- A. Huvepharma, Inc. – St. Louis, MO – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) - Disclosure
 - B. Northwest Generics – Vancouver, WA – Background Check Not Required – Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d) - Disclosure
 - C. Organon, LLC – Kenilworth, NJ – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
 - D. Teva Pharmaceuticals USA, Inc. – Chalfont, PA – Background Check Not Required – VAWD-Accredited (NAC 639.593(7)(c)) - Disclosure
 - E. Teva Pharmaceuticals USA, Inc. – North Wales, PA – Background Check Not Required – VAWD-Accredited (NAC 639.593(7)(c)) - Disclosure
 - F. USWM, LLC – Louisville, KY - Background Check completed in compliance with NRS 639.500 –Disqualifying Events – Disclosure
 - G. VET4U, LLC – East Syracuse, NY – Background Check completed in compliance with NRS 639.500 – Disqualifying Events - Disclosure
19. Application for Pharmacist Registration by Reciprocity – Appearance (**FOR POSSIBLE ACTION**)
- A. Ruth Mercy Magalit
 - B. Doan Tran
20. Application for Out-of-State Outsourcing Facility – Appearance (**FOR POSSIBLE ACTION**)
- RC Outsourcing, LLC – Lowellville, OH
21. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance (**FOR POSSIBLE ACTION**)
- A. Krystal Riccio
 - B. Mary Simon
 - C. Aron Suci
22. Application for Euthanasia Technician Registration– Appearance. (**FOR POSSIBLE ACTION**)

Christina Lee Pope-Madziarek

23. Approval of Revised Medical Device, Equipment and Gases (MDEG) Application and MDEG Administrator Application. **(FOR POSSIBLE ACTION)**
24. Discussion and possible action to amend, revise and/or approve proposed FY22 budget. **(FOR POSSIBLE ACTION)**
25. 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).
26. Executive Secretary Report:
 - A. Financial Report
 - B. Issuance of Temporary Licenses and Registrations
 - C. Change of Address Business List
 - D. Meetings with Other Health Care Regulatory Boards
 - E. COVID-19 Response
 - F. Licensing Software Update
 - G. Licensing Activities Report
 - H. PMP Integration

◆ PUBLIC HEARING ◆

Thursday June 3, 2021 – 9:00 am

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

Amendment of Nevada Administrative Code (NAC) Chapter 639. The proposed amendment authorizes the dispensing of a prescription drug to a practitioner instead of the ultimate user of the drug in certain circumstances. (LCB File No. R009-20)

◆ WORKSHOP ◆

Thursday June 3, 2021 – 9:00 am

28. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**
 - A. **Amendment Of Nevada Administrative Code (NAC) 639.220, 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 or an automated drug dispensing system to furnish a prescription drug to a patient and revise regulatory requirements for mechanical devices.

- B. **Amendment of Nevada Administrative Code (NAC 639.** The proposed amendments will add a new section specifying that the Board will adopt by reference standards established pursuant to memorandum of understanding with the Food and Drug Administration for compounding pursuant to section 503A of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353a).

29. Date and Location of Next Scheduled Board Meeting:

July 14-15, 2021 – Reno, NV

30. 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)
31. 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

April 14-15, 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 April 14 2021, 9:00 AM

Jaime Cordoba stated that he was in attendance in compliance with his Board Order.

Carol Schaye, Carol's Counseling, stated that she is a license counselor and available to testify for applicants on the agenda.

3. Approval of the March 3-4, 2021 Meeting Minutes

President Park requested a correction that Daniel Neil's disciplinary action should reflect a two-year revocation instead of one year.

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

- 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

- 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

- 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

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

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))

- 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

- EE. Corner Drug LLC – Winnemucca, NV
- FF. Safeway Pharmacy #0188 – Reno, NV

President Park disclosed that her employer has a business relationship with CVS Health but stated that she could participate in this matter fairly and without bias.

Rolf Zakariassen disclosed that he is employed by CVS Health but stated that he could participate in this matter fairly and without bias.

Board Action:

Motion: Wayne Mitchell

Second: Krystal Freitas

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247.

A. Praveen Korivi, MD

(20-246-CS-S)

Praveen Korivi failed to appear.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case. Mr. Kandt called Shirley Hunting, Board Coordinator, as a witness.

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

Ms. Hunting testified regarding the procedure notifying Dr. Korivi of the hearing.

Mr. Kandt requested that the following information be entered into the record as evidence:

1. The UPS tracking website as evidence of service as Exhibit 1.
2. The subsequent 21-day notice informing Dr. Korivi of the date and time of his hearing as Exhibit 2.

President Park admitted Exhibits 1 and 2 into the record.

Mr. Kandt requested that the Board find that the respondent was properly noticed and waived his right to a hearing.

Board Action:

Motion: Jade Jacobo moved to find that Dr. Korivi was properly served and has waived his right to a hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Kandt requested pursuant to NRS 622A.350 the Board accept the allegations as true and that the following documents be entered into the record as evidence:

1. Notice of Intended Action and Accusation, Statement to the Respondent and Notice of Hearing as Exhibit 3.
2. State of Florida Board of Medicine Order as Exhibit 4.
3. DEA Form 104 Surrender for Cause as Exhibit 5.
4. Notice of Suspension of Nevada Certificate of Registration No. CS21374 as Exhibit 6.

President Park admitted Exhibits 3-6 into the record.

Mr. Kandt requested that the Board make findings of fact consistent with paragraphs 1-6 of the accusation.

Board Action:

Motion: Jade Jacobo moved to make findings of fact as proposed by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Kandt requested that the Board to make conclusions of law consistent with the five causes of action set forth in paragraphs 7-12 of the accusation.

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Kandt requested that the Board revoke Dr. Korivi's Certificate of Registration No. CS21374. Dr. Korivi may petition for reinstatement after one year with revocation effective immediately.

Board Action:

Motion: Jade Jacobo moved to revoke Dr. Korivi's Certificate of Registration No. CS21374. Dr. Korivi may petition for reinstatement after one year with revocation effective immediately.

Second: Wayne Mitchell

Action: Passed unanimously.

B. Frank Silver, MD

(21-001-CS-S)

This matter was continued to a future Board Meeting.

C. Rose Parizo, APRN

(18-062-CS-N)

Ms. Parizo appeared and was sworn in by President Park. Kevin Lazar appeared as counsel representing Ms. Parizo.

Brett Kandt prosecuted the case and presented a proposed Stipulation and Order for the Board's consideration.

Ms. Parizo testified and admitted to the factual allegations and charges set forth in the accusation.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order as presented regarding case #18-062-CS-N.

Second: Gener Tejero

Action: Passed unanimously.

D. Jasmine Wells and Aesthetics Medspa and Training

(18-062-N)

Brett Kandt stated that Ms. Wells has paid her citation and fine and vacated her appeal in this matter.

E. Abraham Fakhouri, MD
S)

(20-223-CS-

F. Gary Manley, PA-C

(20-224-CS-S)

Todd Weiss appeared as counsel representing Dr. Fakhouri and Mr. Manley.

Dr. Fakhouri and Mr. Manley were not present.

Brett Kandt prosecuted the cases and advised that Case No. 20-223-CS-S and 20-224-CS-S are related and will be presented together.

President Park disclosed that she knows Mr. Manley through Roseman University but stated that she could participate in this matter fairly and without bias.

Krystal Freitas disclosed that she was a student of Mr. Manley but stated that she could participate in this matter fairly and without bias.

Mr. Kandt presented a proposed Stipulation and Order with Dr. Fakhouri for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented regarding case #20-223-CS-S.

Second: Krystal Freitas

Action: Passed unanimously.

Brett Kandt presented a proposed Stipulation and Order with Dr. Fakhouri for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented regarding case #20-224-CS-S.

Second: Rolf Zakariassen

Action: Passed unanimously.

6. Appearance pursuant to NRS 639.2445:

Rebekah Keechler, R.Ph

(07-013-RPH-N)

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, provided background on Ms. Keechler's appearance before the Board regarding NRS. 639.2445.

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, provided the Board complaints made against Ms. Keechler advising that she passed out at work due to alcohol and has a previous history of diversion. Ms. Keechler was very cooperative and agreed to not work in a Pharmacy until this issue was resolved.

Ms. Keechler requested help for her alcohol abuse and was evaluated by a medical doctor. The doctor advised that she is fit to work.

Ms. Keechler appeared and was sworn in by President Park prior to answering questions and offering testimony.

Board discussion ensued regarding her history of substance abuse and work history.

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

Mr. Wuest stated that this matter is not discipline but a mental health evaluation to determine if Ms. Keechler is fit to go back to work.

Board discussion ensued regarding the Stipulation and Order by the Board for Ms. Keechler.

Carol Schaye, Addiction and Substance Abuse Counselor, appeared and was sworn in by President Park prior to answering questions or offering testimony.

Ms. Schaye provided her findings on Ms. Keechler's evaluation to the Board.

Board discussion ensued regarding Ms. Schaye's credentials, what licensure Nevada Law requires in a physician, and Ms. Keechler's Stipulation adding the condition that she works less than 40 hours a week.

Board Action:

Motion: Richard Tomasso moved to approve Stipulation and Order recommended by the Board with conditions that she does a urinalysis test every month and work less than 40 hours a week.

Second: Gener Tejero

Mr. Wuest asked for clarification if the intent is to allow Ms. Keechler to return to work immediately.

Gener Tejero agreed that his intent was to allow Ms. Keechler to return to work immediately with the condition that she work less than 40 hours a week.

Aye: Mitchell, Zakariassen, Freitas, Tomasso, Tejero

Nay: Park, Jacobo

Action: Motion carries.

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

A. Alita Carter

Ms. Carter appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, provided background on Ms. Carter's disclosures which involved petty theft, domestic battery, and coercion with physical force.

Board discussion ensued regarding Ms. Carter's disclosures and why she wants to be a Pharmaceutical Technician in Training.

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

Motion: Jade Jacobo moved to approved Alita Carter's Pharmaceutical Technician in Training registration.

Second: Krystal Freitas

Action: Passed unanimously.

C. Jennifer Shelley

Ms. Shelley appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on Ms. Shelley's disclosure regarding aggravated assault.

Board discussion ensued regarding Ms. Shelley's disclosure and what occurred.

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

Board Action:

Motion: Jade Jacobo moved to approve Jennifer Shelley's Pharmaceutical Technician in Training registration.

Second: Wayne Mitchell

Action: Passed unanimously.

9. Applications for Controlled Substance Registration– Appearance.

A. Derek Appelblatt, DDS

Mr. Appelblatt appeared and was sworn in by President Park.

Jeffrey Whitehead appeared as counsel representing Mr. Appelblatt.

Mr. Whitehead requested a closed session for this matter.

Board Action:

Motion: President Park moved to go into closed session for Derek Appelblatt.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board Action:

Motion: President Park moved to go into open session.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Wuest stated that no decision was made regarding Mr. Appelblatt's application during closed session.

Board Action:

Motion: Wayne Mitchell moved to approve Derek Appelblatt's controlled substance registration.

Second: Gener Tejero

Action: Passed unanimously.

24. Executive Secretary Report:

A. Financial Report

Mr. Wuest presented the financial report to the Boards 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

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

A. Intermountain Homecare Pharmacy – St. George – St. George, UT

James Wes Nance (Managing Pharmacist), Carrie Dunford (Internal Process Manager), and Mark Crosby (Pharmacy Director) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on the application.

The Board removed the Affidavit not to ship sterile compounding products into Nevada from Intermountain Homecare Pharmacy's application at Mr. Nance's request.

Board questioned Mr. Nance regarding the business model, products and services provided, policies and procedures regarding sterile compounding, and his work history.

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

Board Action:

Motion: Jade Jacobo moved to approve out-of-state compounding pharmacy license for Intermountain Homecare Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247.

G. Eric Math, MD

(19-083-CS-S)

Hal Taylor appeared as counsel representing Dr. Math.

Dr. Math was not present.

Brett Kandt prosecuted the case and requested that the following documents be entered into the record as evidence:

1. Notice of Intended Action and Accusation, Statement to the Respondent and Notice of Hearing as Exhibit 1.
2. Answer and Notice of Defense by Eric Math, M.D. as Exhibit 2.
3. DEA Form 104 Surrender for Cause as Exhibit 3.
4. Notice of Suspension of Nevada Certificate of Registration No. CS04598 as Exhibit 4.
5. Plea agreement in federal case 3:19-cr-00026-LRH-WGC as Exhibit 5.

Mr. Taylor had no objection.

President Park admitted Exhibits 1-5 into the record.

Board discussion ensued.

Mr. Kandt requested Board to make findings of fact consistent with paragraphs 1-8 of the first amended accusation.

Board Action:

Motion: Jade Jacobo moved to make findings of fact as proposed by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Kandt requested that the Board to make conclusions of law consistent with the five causes of action set forth in paragraphs 9-21 of the first amended accusation.

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Kandt requested that President Park enter his timesheet for prosecuting this matter into the record as Exhibit 6. The total amount for attorney fees was \$812.50. Mr. Taylor had no objection.

President Park admitted Exhibit 6 into the record.

Mr. Kandt requested that the Board award \$812.50 in attorney's fees pursuant to NRS 622.400 on the basis that they were reasonable, necessary and actually incurred.

Board Action:

Motion: Jade Jacobo moved to award \$812.50 in attorney's fees as proposed by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Kandt requested that the Board revoke Dr. Math's Certificate of Registration No. CS04598. Dr. Math may petition for reinstatement after two years with revocation effective immediately. Dr. Math pay a \$5000 fine and \$812.50 in attorney fees within 30 days of the effective date of the Order.

Mr. Taylor requested that Dr. Math pay the \$812.50 attorney fees within 30 days of the effective date of the Order, and the \$5000 fine be paid before he applies for reinstatement.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to revoke Dr. Math's Certificate of Registration No. CS04598. Dr. Math may petition for reinstatement after two years with revocation effective immediately. Dr. Math pay a \$5000 fine and \$812.50 in attorney fees within 30 days of the effective date of the Order.

Second: None

Action: Motion fails.

Mr. Kandt requested that the Board revoke Dr. Math's Certificate of Registration No. CS04598. Dr. Math may petition for reinstatement after five years with revocation effective immediately. Dr. Math pay a \$5000 fine and \$812.50 in attorney fees within 30 days of the effective date of the Order.

Mr. Taylor requested that Dr. Math can pay the \$5000.00 fine within five years.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to revoke Dr. Math's Certificate of Registration No. CS04598. Dr. Math may petition for reinstatement after five years with revocation effective immediately. Dr. Math pay a \$5000 fine and \$812.50 in attorney fees within 30 days of the effective date of the Order.

Second: Richard Tomasso

Action: Passed unanimously.

7. Petition for Reinstatement of Pharmacy Technician Registration and Request to Appear Before the Board – Appearance.

Breana Clark

Ms. Clark appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on Ms. Clark's disclosure. Ms. Clark's Pharmacy Technician registration was revoked in May 2012 for the diversion of controlled substances at the pharmacy that she worked for.

Mr. Wuest questioned Ms. Clark as to what she has been doing since her revocation and why she would like her registration reinstated.

Ms. Clark stated that she was working for Winco and Walmart, outside the pharmacy, since her revocation and stated that she has changed and would not repeat her past errors.

Board expressed concern regarding the quantity of controlled substances diverted.

Board Action:

Motion: Jade Jacobo moved to deny the petition of reinstatement for Breana Clark's Pharmacy Technician registration.

Second: Wayne Mitchell

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

Nay: Tejero

Action: Motion carries.

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

B. Alexander Peralta

No representative on behalf of Mr. Peralta was present.

9. Applications for Controlled Substance Registration– Appearance.

B. Mich Gehrig Jr., DO

Mr. Gehrig appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on Mr. Gehrig's disclosure regarding graffitiing property.

Board discussion ensued regarding Mr. Gehrig's disclosure.

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

Board Action:

Motion: Wayne Mitchell moved to approve Mich Gehrig's controlled substance registration.

Second: Krystal Freitas

Action: Passed unanimously.

C. Jessica Noar, DMD

Ms. Noar appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on Ms. Noar's disclosure regarding shoplifting and a DUI. Also, she did want to advise that Ms. Noar changed her last name to Ms. Berger.

Board discussion ensued regarding Ms. Berger's disclosure.

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

Ms. Berger stated that she is almost 19 months sober, continues to attend her AA meetings, and meets with her sponsor.

Board requested that Ms. Berger provide her legal history and recovery documentation after the meeting.

Board Action:

Motion: Krystal Freitas moved to approve Jessica Berger's controlled substance registration pending receipt and review of her legal history and recovery documentation to Board staff.

Second: Richard Tomasso

Action: Passed unanimously.

D. Nicole Prodany, DVM

Ms. Prodany appeared and was sworn in by President Park. Lyn Beggs appeared as counsel representing Ms. Prodany.

Mark Chase from the PRN program is present if Board has any questions regarding Ms. Prodany's contract with PRN.

Ms. Lee provided background on Ms. Prodany's disclosures regarding a DUI while on controlled substances.

Board discussion ensued regarding Ms. Prodany's disclosure, her job as a veterinarian, and the changes in her life since these convictions.

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

Board is hesitant to provide Ms. Prodany a license due to her past with controlled substances, so they are looking to see if the Board can limit her license to a specific drug list.

Ms. Beggs commented that Ms. Prodany has changed, and the Nevada Veterinary Board monitors her. In addition, she does not feel a list of drugs that Ms. Prodany is allowed to use is appropriate as it will affect her job as a veterinarian. However, she requests the Board grant her licensure with conditions provided by the Board.

Board discussion ensued regarding the conditions that should be placed on Ms. Prodany's controlled substance registration. They discussed mirroring conditions as set forth in the Wisconsin Order and extending those conditions 5 years from the original date of that order and that the Board staff visits Ms. Prodany's practice site.

Board Action:

Motion: Jade Jacobo moved to approve Nicole Prodany's controlled substance registration with the conditions as set forth in the Wisconsin Order and extending it five years from the original order date. In addition, the Board staff visits Ms. Prodany's Practice site to see the conditions that she works in.

Second: Richard Tomasso

Aye: Park, Jacobo, Zakariassen, Freitas, Tomasso

Nay: Mitchell, Tejero

Action: Motion carries.

E. Anjmun Sharma, MD

Mr. Sharma appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on Mr. Sharma's disclosure regarding administrative action by Colorado's Medical Board due to professional boundaries being crossed.

Board discussion ensued regarding Mr. Sharma maintaining his professional boundaries and the actions taken when working with female patients.

Mr. Sharma provided background on his current licenses and his good standing in other states. In addition, he stated that a chaperone is present when examining female patients.

Board Action:

Motion: Jade Jacobo moved to approve Anjmun Sharma's controlled substance registration.

Second: Wayne Mitchell

Action: Passed unanimously.

10. Applications for Advance Practice Registered Nurse – Prescribe Registration– Appearance.

A. Carrie Bowman

Ms. Bowman appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on Ms. Bowman's disclosures regarding a DUI, domestic battery, violence, and excessive speeding.

Ms. Bowman stated that she is almost 18 years sober and continues to work on her recovery.

Board discussion ensued regarding the status of her registrations in other states, the continuation of her AA classes, and her plans to practice in Nevada.

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

Board Action:

Motion: Wayne Mitchell moved to approve Carrie Bowman's Advance Practice Registered Nurse – Prescribe registration.

Second: Jade Jacobo

Action: Passed unanimously.

11. Application for Nevada Pharmacy License – Appearance

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

Melissa Rowe, Chief Executive Officer, and Trent Decker, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on the application. In addition, Grover C. Dils is requesting a waiver from the Board to allow Mr. Decker to manage two pharmacies. Mr. Dodge commented that Nevada Law does not allow a Managing Pharmacist to manage more than

one licensed pharmacy. However, the Board can provide a waiver if the hospital has fewer than a hundred beds which Grover C. Dils meets the requirements.

Mr. Dodge questioned Mr. Decker regarding the business model for a retail pharmacy in the hospital looks like and where they would be located at.

Board discussion ensued regarding pharmacy hours and how Mr. Decker will split his hours between both pharmacies.

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

Board Action:

Motion: Krystal Freitas moved to approve the Nevada pharmacy license for Grover C. Dils Medical Center.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve the Pharmacist-in-Charge (PIC) waiver for Trent Decker to manage both licensed pharmacies at Grover C. Dils Medical Center.

Second: Krystal Freitas

Action: Passed unanimously.

D. Silver State Drug – Caliente, NV

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

Mr. Dodge provided background on the application. He stated that Mr. Bleak had appeared at a prior board meeting attempting to purchase Jolly's Pharmacy in 2016, but the Board had concerns regarding Mr. Bleak's financial partners. He stated Mr. Bleak is requesting a change of ownership of Jolly's Drug Store and will rename it to "Silver State Drug".

Mr. Dodge questioned Mr. Bleak regarding the business model for the pharmacy.

Mr. Bleak answered questions to the Board's satisfaction. He stated that Mr. Katsche, his financial partner from 2016, will have no financial interest in the company. Mr. Bleak also stated that no compounding services will be provided at Silver State Drug.

Board Action:

Motion: Gener Tejero moved to approve Nevada pharmacy license for Silver State Drug.

Second: Jade Jacobo

Action: Passed unanimously.

E. Value Pharmacy – North Las Vegas, NV

Kristy Tran, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Bill Stilling appeared as counsel representing Value Pharmacy.

Gener Tejero disclosed that he has a business relationship with Mr. Stilling but stated that he could participate in this matter fairly and without bias.

Jade Jacobo disclosed that she has a business relationship with Ms. Tran but stated that she could participate in this matter fairly and without bias.

Mr. Dodge provided background on the application and stated that Value Pharmacy was granted a temporary license in January 2021. He questioned Ms. Tran about her work history.

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

Leo Basch, Nevada Board of Pharmacy Inspector, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Basch provided the findings of his pre-inspection for Value Pharmacy. He commented that the inspection went well.

Mr. Dodge explained that Value Pharmacy did not appear at the previous Board meeting due to the ownership of the pharmacy. Ms. Tran's husband who is a dentist was listed as a 90 percent owner which Nevada Law does not allow. Due to this regulation, Ms. Tran changed the ownership so she is now 90 percent owner while her husband holds 10 percent.

Board questioned Ms. Tran regarding the business model of Value Pharmacy and her husband's involvement with the pharmacy.

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

Board Action:

Motion: Jade Jacobo moved to approve Nevada pharmacy license for Value Pharmacy.

Second: Richard Tomasso

Action: Passed unanimously.

C. Right Dose Pharmacy – Las Vegas, NV

Ugonna Nnodim, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she graduated with Mr. Nnodim but stated that she could participate in this matter fairly and without bias.

Mr. Dodge provided background on the application. He stated that Right Dose Pharmacy was granted a temporary license and that Luis Curras, Nevada Board of Pharmacy Inspector, was available to discuss the results of their pre-inspection.

Mr. Dodge questioned Mr. Nnodim about his work history.

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

Mr. Curras appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Curras provided the findings of his pre-inspection for Right Dose Pharmacy. He stated that during his first visit the pharmacy was still in the building process and had not establish hardware or software. Mr. Nnodim commented that he was having suppliers' problems due to COVID. Mr. Curras stated that he came back for a second inspection, and Mr. Nnodim addressed the concerns of Board staff and had a positive inspection.

Board discussion ensued regarding why he wants to open a pharmacy, what type of products and services will be provided, and his plan if he gets deployed due to being in the military.

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

Board Action:

Motion: Jade Jacobo moved to approve the Nevada pharmacy license for Right Dose Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

Public Comment April 14 2021, 5:00 PM

Pippa Stewart requested to have her matter heard first on April 15, 2021.

Alan Kruger requested what time he will be appearing on April 15, 2021.

Jay Hays requested what time he will be appearing on April 15, 2021.

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.

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.

Public Comment April 15 2021, 9:00 AM

There was no public comment.

10. Applications for Advance Practice Registered Nurse – Prescribe Registration– Appearance.

D. Pippa Stewart

Ms. Stewart appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on Ms. Stewart's disclosure regarding misdemeanor theft.

Ms. Stewart commented that it was a time card inaccuracy at her job which she was arrested and put in jail for. However, she was not presented the inaccuracies by her previous

employer and pleaded “no contest”. She was placed on probation, paid restitution, and had the charges expunged.

Board discussion ensued regarding the court documents that were provided to the California Board of Nursing.

President Park offered Ms. Stewart the opportunity to table her application in order to retrieve and submit her court documents to the Board for review.

President Park tabled Ms. Stewart’s application at her request.

B. Bayink-Raine Falter

Mr. Falter appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Chase from the PRN program was present if Board has any questions regarding Mr. Falter’s contract with PRN.

Ms. Lee provided background on Mr. Falter’s disclosures regarding disorderly conduct, DUI, and battery charges.

Board discussion ensued regarding what Mr. Falter has been doing since the charges, the restrictions placed on his license by the Nevada State Board of Nursing, and the reason for the license request.

Mr. Falter answered questions to the Board’s satisfaction.

Mr. Falter commented that he has been sober since December 2016. He has changed for the better and continues to have a good support network and sponsor.

Board Action:

Motion: Jade Jacobo moved to approve Bayink-Raine Falter’s Advance Practice Registered Nurse – Prescribe registration with the condition that he continue his monitoring as set forth by the Nevada State Board of Nursing.

Second: Richard Tomasso

Action: Passed unanimously.

18. Application for Pharmacist Registration by Reciprocity – Appearance

Alan Kruger

Alan Kruger appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on Mr. Kruger's appearance to the Board. In August 2015 he was charged in Florida with assault with a deadly weapon, which was reduced to unlawfully exhibiting a weapon for which he successfully completes probation. He was disciplined by pharmacy boards in Kansas Board, Alabama, and Louisiana for his failure to properly disclose the criminal action in Florida.

Mr. Kruger stated that at the time of the charges he did have a concealed weapons permit.

Board discussion ensued regarding Mr. Kruger's disclosures and why he is requesting licensure in Nevada.

Mr. Kruger answered questions to the Boards satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve the pharmacist registration by reciprocity for Alan Kruger.

Second: Krystal Freitas

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

Nay: Park

Action: Motion carries.

12. Applications for Nevada Compounding Pharmacy License – Appearance

Vegas Pharmacy – Las Vegas, NV

Bradly Lende, Managing Pharmacist and Part-Owner, and Brandon Lende, Part-Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on Vegas Pharmacy and stated that Vegas Pharmacy was issued a temporary license. Mr. Dodge stated that he conducted the pre-inspection.

Mr. Dodge reported a positive pre-inspection for Vegas Pharmacy.

Board questioned Mr. Lende regarding his business model, his disclosure relating to a DUI in 2014, and his experience as a pharmacy manager/owner.

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

Board Action:

Motion: Gener Tejero moved to approve Nevada compounding pharmacy license for Vegas Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

A. Accredo Health Group, Inc. – Lenexa, KS

Richard Palombo, Senior Director, and Doug Lang, Managing Director of Compliance at Express Scripts, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on Accredo's disclosures regarding administrative actions taken by the Board of Pharmacy in Texas, Michigan, Alabama, Kansas, and Maine.

Mr. Palombo added that none of the discipline disclosed was directly related to the Lenexa location.

Board questioned Accredo on their business model, their policies and procedures, and products and services provided.

Mr. Lang and Mr. Palombo answered questions to the Boards satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state pharmacy license for Accredo Health Group, Inc.

Second: Krystal Freitas

Action: Passed unanimously.

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

C. ZooPharm, LLC – Laramie, WY

Daniel Hagerman, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on application.

The Board removed the Affidavit not to ship sterile compounding products into Nevada from ZooPharm's application at Mr. Hagerman's request.

Board questioned Mr. Hagerman about the business model, his work history, administrative actions taken against Zoopharm and their parent company, and policies and procedures regarding sterile compounding and staff training.

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

Board Action:

Motion: Krystal Freitas moved to approve out-of-state compounding pharmacy license for ZooPharm, LLC.

Second: Jade Jacobo

Action: Passed unanimously.

10. Applications for Advance Practice Registered Nurse – Prescribe Registration– Appearance.

C. Jordan Hays

Mr. Hays appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on Mr. Hay's disclosures regarding marijuana, petty theft, minor possession of alcohol, and firearms.

Board discussion ensued regarding his education and work history and why he is looking for a license in Nevada.

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

Board Action:

Motion: Jade Jacobo moved to approve Jordan Hays Advance Practice Registered Nurse – Prescribe registration.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

B. Nextcare Pharmacy – Houston, TX

Nextcare Pharmacy withdrew their application.

C. ScriptCo Pharmacy – Woodway, TX

Mark McCormick (CEO), Shailendra Gupta (CCO), and Courtney Sullens (Managing Pharmacist) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on disclosure for the company regarding Mr. Gupta being charged for larceny.

Mr. Gupta provided background on disclosure to the Board and stated that it was dismissed.

Board questioned Mr. McCormick on the business model, his work history, and how will his company address counseling for the medications.

Mr. McCormick answered questions to the Boards satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state pharmacy license for ScriptCo Pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously.

15. Applications for Nevada Medical, Devices, Equipment and Gases License – Non-appearance

Kinex Medical Company – Las Vegas, NV

Michael Buckholdt (President), Leann Wilhem (Compliance Officer), and Sandra Sorenson (MDEG Administrator) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Kinex previously appeared at the March 4, 2021 Board meeting regarding a new MDEG application, but tabled application because of inconsistent employment information provided for proposed MDEG administrator Sorenson.

Kelly Dove appeared as counsel representing Kinex.

Ms. Lee provided background on the Kinex application and the issuance of a cease and desist with a citation and fine (“C&D”) on March 8, 2021 for unlicensed activity. Ms. Dove

acknowledges receipt of the C&D on or about March 16, 2021 (mail receipts state March 13, and March 15, 2021 for Las Vegas, Nevada and Waukesha, Wisconsin addresses).

Ms. Dove stated that it was a regulatory error which is why Kinex kept operating after the cease and desist was issued. She noted Kinex paid the fine on April 9, 2021 and wants to be compliant. Ms. Dove indicated that the Hauck Street location closed on March 30, 2021, and ceased operations.

Board members questioned Kinex representatives as to why they continued operating after several notices, how their subcontracting with Gable works, why the Board of Pharmacy was not contacted on their licensing issue, and their business model. In addition, Board members questioned Kinex on Ms. Sorenson's work history.

Board discussion ensued regarding Kinex not complying with Nevada law, inconsistencies with information provided, and the relationship with Gable and Kinex at this location.

Mr. Buckholdt represented to the Board that he is taking measures within the company to ensure that there will be no future violations.

Board discussion ensued regarding restrictions that should be placed on a Kinex license.

Board Action:

Motion: Jade Jacobo moved to approve Nevada MDEG license for Kinex Medical Company with conditions, Kinex MDEG license be placed on probation for one year. Kinex shall have quarterly inspections at the company's expense. Kinex shall provide an action plan with cause analysis due in ten days regarding why unlicensed activity continued after Kinex received a cease and desist.

Second: Gener Tejero

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

Nay: Tomasso

Action: Motion carries.

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

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

Matthew Danner, Owner, and Kevin Cox, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on Mr. Danner's disclosure regarding a DUI.

Board questioned Mr. Danner about his business model and services provided.

Mr. Danner answered questions to the Boards satisfaction.

Mr. Cox commented that Danox Environmental Services is a reverse distributor and has plans to work with a client in Nevada doing clinical trials for a Schedule I CBD product.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state wholesaler license for Danox Environmental Services Inc.

Second: Krystal Freitas

Action: Passed unanimously.

11. Application for Nevada Pharmacy License – Appearance

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

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

Joe Dodge, Inspector for the Nevada Board of Pharmacy, provided background on Atlas Pharmacy's application. He stated that Mr. Iheanacho appeared previously, but his application was tabled for him to resubmit an accurate work history.

Board discussion ensued regarding the importance of proper record keeping to ensure public safety.

Board Action:

Motion: Jade Jacobo moved to approve the Pharmacy License for Atlas Healthcare dba Atlas Pharmacy and Medical Supply pending favorable inspection and two additional inspections within in one year at the company's expense.

Second: Gener Tejero

Action: Passed unanimously.

17. Application for Nevada Wholesaler License – Non-Appearance

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

Austin Carne, Facility Manager, and Collin Waller, Licensing Administrator, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee outlined past discipline and penalties in other states.

Mr. Waller stated that the disclosures were not directly related to the Sparks, NV location.

Mr. Waller and Mr. Carne answered questions to the Boards satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Nevada wholesaler license for Lincare, Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

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

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

Roxanne Estela, Advisor of State Licensing and Permits, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on administrative action taken by Idaho where Elanco shipped products into Idaho without a license.

Ms. Jacobo questioned Ms. Estela asking if there will be changes to the products since this is a change in ownership application.

Ms. Estela stated no changes to their products.

Board Action:

Motion: Jade Jacobo moved to approve the change of ownership for out-of-state wholesaler license – Elanco US, Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

19. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance

A. Corey Colombino

B. Quynh Nhu Doan

President Park recused from participation in this matter due to the association with Roseman University.

Ms. Jacobo was acting president during this matter.

Corey Colombino and Quynh Nhu Doan appeared and were sworn in by Jade Jacobo prior to answering questions and offering testimony.

Mr. Wuest provided background on appearance for Mr. Colombino and Ms. Doan. Nevada Law requires an appearance in front of the Board if a pharmacist requests to engage in the practice of pharmacy outside a licensed pharmacy.

Board questioned Mr. Colombino and Ms. Doan on what type of services that they will be offering, how they will get their patients, and hours of operation.

Mr. Colombino and Ms. Doan answered questions to the Boards satisfaction.

Board Action:

Motion: Krystal Freitas moved to approve the request for Corey Colombino and Quynh Nhu Doan to provide pharmacy services at a site other than a licensed pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously (Park recused).

C. Amy Hale

D. Raquel Vertrees

Amy Hale and Raquel Vertrees appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that Ms. Hale and Ms. Vertrees were students at Roseman University but stated that she could participate in this matter fairly and without bias.

Ms. Jacobo disclosed that she works at the same employer as Ms. Hale and Ms. Vertrees but stated that she could participate in this matter fairly and without bias.

Mr. Wuest provided background on appearance for Ms. Hale and Ms. Vertrees. Nevada Law requires an appearance in front of the Board if they request to engage in the practice of pharmacy outside a licensed pharmacy.

Board questioned Ms. Hale and Ms. Vertrees on what type of services that they will be offering and where they will be performing services.

Ms. Hale and Ms. Vertrees answered questions to the Boards satisfaction.

Ms. Long commented that Item H in their documentation states that they will be the manager of Pharmacy Technicians. However, they are not a licensed pharmacy so that should be removed.

President Park offered Ms. Hale and Ms. Vertrees to modify their request with the removal of Item H.

Ms. Hale and Ms. Vertrees confirmed that Item H should be removed.

Board Action:

Motion: Jade Jacobo moved to approve Amy Hale and Raquel Vertrees request to provide pharmacy services at a site other than a licensed pharmacy; pending updated documentation with the removal of Item H.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

Desert Wind Hospital, LLC – Las Vegas, NV

Mr. Wuest commented that Desert Wind Hospital's request for exemption had been withdrawn after Board staff inspected the facility and determined that it is compliant with Nevada law.

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).

Mr. Kandt gave a brief overview of relevant legislation under consideration at the current Legislative Session.

21. Approval of Revised Personal History Application and Designated Representative Application.

Ms. Long presented the updated Personal History Application and Designated Representative Application to the Boards satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve the revised Personal History Application and Designated Representative Application.

Second: Krystal Freitas

Action: Passed unanimously.

20. Request for Approval of Change of Managing Pharmacist pursuant to NRS 639.220
Modern Rx – Las Vegas, NV

No representative on behalf of Modern Rx was present.

13. Applications for Out-of-State Compounding Pharmacy License – Appearance
B. Meds in Motion – Draper, UT

No representative on behalf of Meds in Motion was present.

8. Applications for Pharmaceutical Technician in Training Registration– Appearance.
B. Alexander Peralta

No representative on behalf of Mr. Peralta was present.

Public Comment April 15 2021, 5:00 PM

There was no public comment.

25. Date and Location of Next Scheduled Board Meeting:

June 2-3, 2021 – Las Vegas, NV

27. 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 _____)
 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: BANDANA Rx

Physical Address: 5600 IMHOFF DR. STE E, CONCORD CA 94520

Mailing Address: 5600 IMHOFF DR. STE E

City: CONCORD State: CA Zip Code: 94520

Telephone: 888 441 3856 Fax: 925 860 7337

✓ Toll Free Number: 888 441 3856 (Required per NAC 639.708)

E-mail: HELP@BANDANARx.COM Website: BANDANARx.COM

Managing Pharmacist: SIV PING BUFFY TANG License Number: RPH 32763

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.

Dinya Batra

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

DIVYA BATRA
Print Name of Authorized Person

03/04/21
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>500</u>
		<u>MO # 27212764015</u>

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CALIFORNIAParent Company if any: N/AMailing Address: 216 ROUND HOUSE PLCity: CLAYTON State: CA Zip: 94517Telephone: 650 390 3258 Fax: _____Contact Person: DIVYA BATRA

For any corporation non publicly traded, disclose the following:

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

a) DIVYA BATRA 216 ROUND HOUSE PL, CLAYTON CA
Name Address 94517b) NISHANT BATRA 216 ROUND HOUSE PL, CLAYTON CA
Name Address 94517c) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. NO SHARES HAVE BEEN
ISSUED YET.3) What was the price paid per share? N/A

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

5) Provide a copy of the corporation's stock register evidencing the above information - SEE
ATTACHED NON-ISSUANCE STATEMENT.

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8:30 am 5 pmSaturday 12 pm 4 pmSunday CLOSED am _____ pm24 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, DIUYA BATRA

Responsible Person of BANDANA 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.

Diuya Batra :

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

DIUYA BATRA

Print Name of Authorized Person

03/04/21

Date /

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss.
Contra Costa COUNTY)

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

1. I am the PRESIDENT for BANDANA 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, DIVYA BATRA, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

DIVYA BATRA Divya Batra
 Name

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

See attached California Jurat with
 Affiant Statement


 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)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

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 Contra Costa

Subscribed and sworn to (or affirmed) before me

on this 8th day of March, 2021,
by Date Month Year

(1) Divya Batra

(and (2) N/A),
Name(s) of Signer(s)

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



Place Notary Seal and/or Stamp Above

Signature
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: Out-of-State Pharmacy Application Information...Document Date: 03/08/2021 Number of Pages: 12

Signer(s) Other Than Named Above: _____



Board of Pharmacy



Retail Pharmacy Permit

LICENSE NO. PHY 57724

ISSUE DATE SEPTEMBER 01, 2020

BANDANA RX

5800 IMHOFF DR STE E
CONCORD CA 94520

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
SRI PING BUFFY TANG

PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL SEPTEMBER 01, 2021

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----



California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



55

September 29, 2020

BANDANA RX
5600 IMHOFF DR STE E
CONCORD CA 94520

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: BANDANA RX

License Type: PHARMACY

License Number: PHY 57724

Status: ACTIVE

Issue Date: 09/01/2020

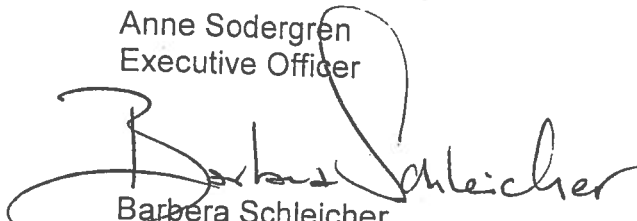
Expiration Date: 09/01/2021

Address of Record: 5600 IMHOFF DR STE E CONCORD CA 94520

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By


Barbera Schleicher
Public Inquiry Analyst
(916) 518-3081
Barbera.Schleicher@dca.ca.gov



Visit our website at www.pharmacy.ca.gov

Statement for Non Issuance of Shares

To Whom It May Concern

This is to notify that **Wagg Veterinary Corp, Inc** is a business entity incorporated in state of CA as S-Corp. **Wagg Veterinary Corp, Inc** is a non-publicly traded corporation. The date of incorporation for **Wagg Veterinary Corp, Inc** is 09/03/2019. **Wagg Veterinary Corp, Inc** has a registered fictitious name/DBA name: "Bandana Rx". **Wagg Veterinary Corp, Inc** is authorized to issue 10,000 shares as per the amendment filed with CA Secretary of State on Nov 22, 2019.

This statement is to confirm that **Wagg Veterinary Corp, Inc** has not issued shares to any entity/individual.

The following individuals hold an ownership stake in the corporation. The percentage of ownership for each stake holder and the title/designation, if any, for each stake holder is also listed below:

1. Full Name: Divya Batra
 Title: Chief Executive Officer and President
 D.O.B:
 Corporate Address: 216 Round House Pl
 Clayton, CA 94517
 Pharmacy Address: 5600 Imhoff Dr Ste E
 Concord CA 94520
 Ownership Stake: 23.34%

2. Full Name: Nishant Batra
 Title: Secretary, CFO and Director
 D.O.B:
 Corporate Address: 216 Round House Pl
 Clayton, CA 94517
 Pharmacy Address: 5600 Imhoff Dr Ste E
 Concord CA 94520
 Ownership Stake: 76.66%

Sincerely,

Nishant Batra
 Nishant Batra
 Secretary
 Wagg Veterinary Corp, Inc
 2/26/2021

Divya Batra
 Divya Batra
 President
 Wagg Veterinary Corp, Inc
 03/04/21



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: WAGG VETERINARY CORP, INC
File Number: C4314329
Registration Date: 09/03/2019
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of January 29, 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 January 30, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Z78M18Y

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.

Owner/Officer Information

To Whom It May Concern

This is to notify that **Wagg Veterinary Corp, Inc** is a business entity incorporated in state of CA as S-Corp. **Wagg Veterinary Corp, Inc** is a non-publicly traded corporation. The date of incorporation for **Wagg Veterinary Corp, Inc** is 09/03/2019. **Wagg Veterinary Corp, Inc** has a registered fictitious name/DBA name: "**Bandana Rx**". The following individuals hold an ownership stake in the corporation. The percentage of ownership for each stake holder and the title/designation, if any, for each stake holder is also listed below:

1. Full Name: Divya Batra
 Title: Chief Executive Officer and President
 D.O.B:
 Corporate Address: 216 Round House Pl
 Clayton, CA 94517
 Pharmacy Address: 5600 Imhoff Dr Ste E
 Concord CA 94520
 Phone: (650)
 Ownership Stake: 23.34%

2. Full Name: Nishant Batra
 Title: Secretary, CFO and Director
 D.O.B:
 Corporate Address: 216 Round House Pl
 Clayton, CA 94517
 Pharmacy Address: 5600 Imhoff Dr Ste E
 Concord CA 94520
 Phone: (516)
 Ownership Stake: 76.66%

Statement for Non-Use of Controlled Substances

To Whom It May Concern

This is to notify that **Bandana Rx** is a Pharmacy licensed in resident state of CA bearing license # PHY 57724. **Bandana Rx** is a Fictitious name/DBA name registered to a corporation named "**Wagg Veterinary Corp, Inc**". **Bandana Rx** is a Veterinary Pharmacy and dispenses only Veterinary Drugs.

Bandana Rx does not store/dispense any drugs/medications that are considered controlled by the DEA and therefore DEA registration is not required for **Bandana Rx**. **Bandana Rx** also does not dispense any drugs/medications to any state that are considered as controlled by the state where **Bandana Rx** is registered as a Pharmacy.

Divya Batra
DIVYA BATRA 03/07/21
PRESIDENT
Bandana Rx
Wagg Veterinary Corp, Inc

**APPLICATION FOR CERTIFICATION AS A PROVIDER OF
INTERNET PHARMACY SERVICES**

*Addendum to Pharmacy Application
(Only required if providing internet services)*

GENERAL INFORMATION

Name of Nevada license pharmacy: BANDANA Rx

Nevada license number: N/A

Websites in use or intended to be used: Bandanarx.pharmacy
Bandanarx.com

Affiliated websites (websites that link to or otherwise direct users to your website):

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered by NABP) certified? Please provide a copy with application.

Yes ☒ No ☐

SEE ATTACHED Statement - we are veterinary pharmacy, NABP replaced with safe pharmacy
If yes, please sign and date page 3 and you will not need to answer questions 1 VET-VIPPS
through 8. we are pharmacy verified by NABP

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy

Yes ☐ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:
- A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☐ No ☐
 - B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☐ No ☐
 - C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☐ No ☐
 - D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☐ No ☐
 - E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☐ No ☐
 - F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☐ No ☐
 - G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☐ No ☐
 - H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☐ No ☐
 - I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☐ No ☐
 - J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☐ No ☐
3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☐ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☐ No ☐
5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☐ No ☐
6. Does the pharmacy comply with applicable federal and state laws regarding the following:
- A) To the dispensing of prescription drugs? Yes ☐ No ☐
- B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☐ No ☐
- C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☐ No ☐
7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☐ No ☐
8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia*, 25th edition, 2002, which is hereby adopted by reference? Yes ☐ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Dinzel Batten
Signature of Owner

03/04/21
Date

To Whom It May Concern

Please refer to the attached .pharmacy approved letter and picture from NABP confirming bandanarx.com as a verified site. Please accept this evidence in regard to requirement for Verified Internet Pharmacy Practice Site (VIPPS) certification, as NABP has discontinued VET-VIPPS program for Veterinary pharmacies and it has been replaced with .pharmacy program.

Bandana Rx has been approved by the National Association of Boards of Pharmacies as a .pharmacy site

Please visit <https://safe.pharmacy/buy-safely/> for verification of the web url. Please enter "bandanarx.com" or "bandanarx.pharmacy" for verification. At this URL page, you can also download list of .pharmacy approved websites by NABP by clicking the "Download an Excel List" link on this page.

Sincerely,

A handwritten signature in black ink that reads "Divya Batra" followed by a period.

Divya Batra
President

Wagg Veterinary Corp, Inc (DBA Bandana Rx)



Nishant Batra <batra.nishant1@gmail.com>

.Pharmacy Token and Registration Information - Wagg Veterinary Corp, Inc dba Bandana Rx

1 message

dotPharmacy Customer Service <custserv@safe.pharmacy>
To: Nishant Batra <batra.nishant1@gmail.com>

Wed, Nov 25, 2020 at 2:15 PM

Dear Nishant:

The National Association of Boards of Pharmacy® (NABP®) is pleased to approve Wagg Veterinary Corp, Inc dba Bandana Rx request for a .pharmacy domain name. Provided below is the token that is necessary to register your .pharmacy domain name.

Token: 710c6e2592#52gHE63GGh#bandanarx.pharmacy#20210125#e500dc1d19fc670289fab1d22ce9

6f72d505f8abccc95052c9c8518178e2d6

Approved domain name: bandanarx.pharmacy

To register the approved domain names, please choose an NABP-approved registrar. Registrars are listed at <https://nabp.pharmacy/programs/dotpharmacy/apply/#registrars>. Additionally, EnCirca, one of our participating registrars, is currently offering a 29% registration discount for the first year registration fees (<https://www.encirca.com/pharmacy/>). Follow the instructions on the registrar's site for registering the domain names.

Please note that the token expires within 60 days of the date of this e-mail. If you do not register the domain name prior to the token expiring, the domain name will go back into the available pool. Per the .pharmacy Terms and Conditions, if you fail to register the .pharmacy domain or use the .pharmacy domain as its primary website or to redirect users to its primary website within sixty (60) days of being approved, you will forfeit the .pharmacy domain, and it will be placed in the general pool of .pharmacy domains. If you wish to register that .pharmacy domain at a later time when that domain is still available, you must reapply, including paying the then-current .Pharmacy Program application fee.

Additionally, your anniversary date of approval is the date of this email. We encourage you to register your domain name as soon as possible in able to utilize it for a full year.

If you have any difficulties when submitting the tokens during the registration process, or if the tokens expire before you can register your domains, please e-mail custserv@safe.pharmacy.

Best,

.pharmacy Customer Service



National Association of Boards of Pharmacy

1600 Feehanville Dr, Mount Prospect, IL 60056

www.nabp.pharmacy | custserv@safe.pharmacy



Please consider the environment before printing this e-mail.

3 attachments

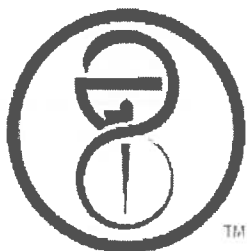


image001.png
8K



image002.png
10K

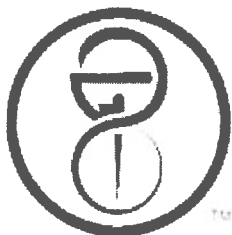


image007.png
13K



Buy Safely

Purchase medication from legitimate websites online. Search for a site to see if it is safe or not recommended.

Check to see if a site is safe:

<https://bandanarx.com>

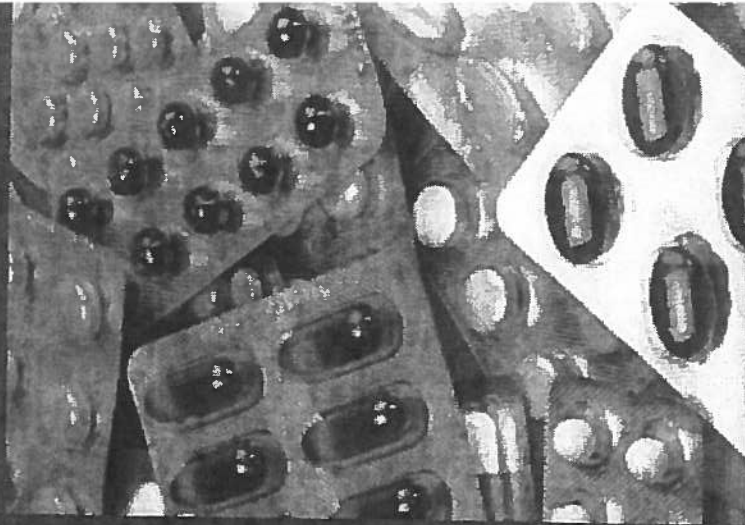
Search

bandanarx.com is verified. Proceed with confidence.



Download an Excel list of safe pharmacy websites, or email custserv@safe.pharmacy to request the list in another format.

Buy Safely Drug Disposal Safe U



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: Cherry Hill Village Pharmacy LLC

Physical Address: 50429 Independence Street Canton, MI 48188

Mailing Address: 50429 Independence Street

City: Canton State: MI Zip Code: 48188

Telephone: (734) 544- 1278 Fax: (734) 547-5976

✓ Toll Free Number: 800-373-2901 (Required per NAC 639.708)

E-mail: cherryhillvillagepharm@gmail.com Website: _____

Managing Pharmacist: Gary Adams License Number: 5302023910

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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

Yida Perez

Print Name of Authorized Person

Date

4/19/2021

Page 2

Board Use Only

Date Processed: _____

Amount:

500.00

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

Yida Perez. Managing Member
Address: Montebello Lane Spring Hill FL 34608
Phone: (813)
DOB:

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral _____ Limited ✓Partnership Name: Cherry Hill Village Pharmacy LLCMailing Address: 50429 Independence StreetCity: Canton State: MI Zip Code: 48188Telephone Number: (734) 544- 1278 Fax Number: (734) 547-5976Contact Person: Christina GianaList 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>Yida Perez</u>	<u>L</u>	<u>100</u>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: Yida Perez %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8 am 4 pmSaturday closed am _____ pmSunday closed am _____ pm

24 Hours _____

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

**STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

I, Gary Adams
Responsible Person of Cherry Hill Village 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

Gary Adams
Print Name of Authorized Person

21 January 2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Pinellas COUNTY) ss.

I, Yida Perez, 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 Managing Member for Cherry Hill Village 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.

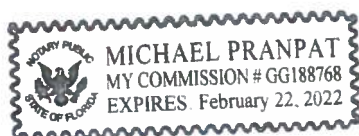
I, Yida Perez, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

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

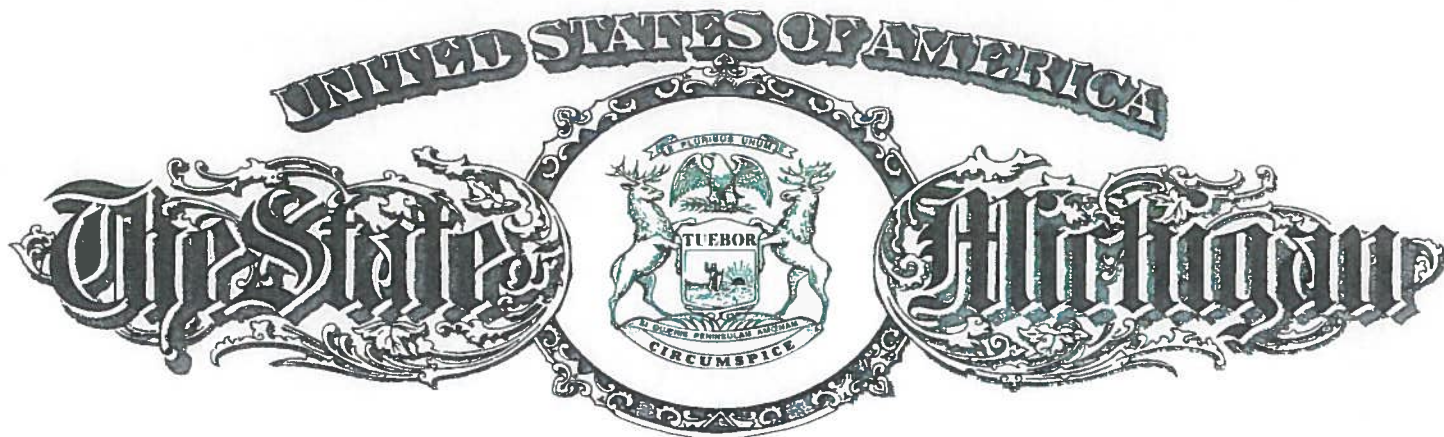
Michael Prapat
 NOTARY PUBLIC

Name

Yida Perez



Posted April 1, 2020



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

CHERRY HILL VILLAGE PHARMACY, LLC

was validly authorized on August 21, 2017, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

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: 21010025807

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of January, 2021.

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

VOID

CHERRY HILL VILLAGE PHARMACY LLC
50429 INDEPENDENCE
CANTON, MI 48188

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS BY EMAILING
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITNER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE

CHERRY HILL VILLAGE PHARMACY LLC
50429 INDEPENDENCE
CANTON, MI 48188

LICENSE NO.
5301011274

EXPIRATION DATE
10/19/2022

20093120403

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN



Department of Licensing and Regulatory Affairs

[Home](#) [Search](#) [+ New](#) [Help](#)

[Register for an Account](#) [Login](#)

NOTE: If you would like to Renew your license follow these instructions:

- You must use a desktop or laptop computer to complete the registration and renewal process.
- Login to MiPLUS.
- Click on the "Licenses" tab.
- Find your License Number under the "Record Number" column. Click on the "Renew License" link located under the "Action" column.

[Home](#) [Licenses](#) [Enforcement](#)

[Advanced Search](#)

Licensed Professional Information: Pharmacy 5301011274

Licensee Detail

License Type:

Pharmacy

License Number:

5301011274

Organization Name:

CHERRY HILL VILLAGE PHARMACY LLC

DBA Trade Name:

License Issue Date:

10/19/2017

License Expiration Date:

10/19/2022

License Status:

Active

County:

Wayne

PHARMACIST IN CHARGE

Pharmacist License Number: 5302410537

Pharmacist Name: Mosobalaje Idowu Adewole

Start Date: 03/30/2021

CONTROLLED SUBSTANCE LIST

City: Canton

State or Province: Michigan

ZIP or Postal Code: 48188

CS Record Number: 5315089414

CS Status: Active

CS Expiration Date: 10/19/2022

► <--- Click to view Public Documents

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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 1,2,3,7 ☒ 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: HighPoint Pharmacy

Physical Address: 800 W. Arbrook #140 Arlington TX 76015

Mailing Address: 1620 W. Northwest Hwy Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 817-466-3607 Fax: (817) 466-3608

☒ Toll Free Number: 866-466-3607 (Required per NAC 639.708)

E-mail: LICENSURE@RECEPTRX.COM Website: _____

Managing Pharmacist: Loren Beechner License Number: 23741

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

Johann Van Beest

Print Name of Authorized Person

8/4/2020
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited X

Partnership Name: HIGHPOINT PHARMACY, LP

Mailing Address: 800 W. ARBROOK #140

City: ARLINGTON State: TX Zip Code: 76051

Telephone Number: 817-466-3607 Fax Number: 817-466-3608

Contact Person: JOHANN VAN BEEST- MANAGING OFFICER

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
HIGHPOINT PHARMACY, LP		100%

List names of 4 largest partners and percentage of ownership:

Name: JOHANN VAN BIST %: 50%

Name: CROSS CREEK CAPITAL %: 25.70

Name: COLUMBIA CAPITAL %: 25%

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: JACOB ROSENBERG - d.2 / CROSS CROWN CAPITAL %: 25%

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 6:00 pm

Saturday **CLOSED**_{am} **CLOSED**_{pm}

Sunday CLOSED_{am} CLOSED_{pm}

24 Hours NA

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Johann Van Beest

Responsible Person of HIGHPOINT 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

Johann Van Beest
Print Name of Authorized Person

12/2/2019.
Date

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Johann Van Beest

Responsible Person of HIGHPOINT 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

Johann Van Beest

Print Name of Authorized Person

8/4/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Tarrant COUNTY)

I, Johann Van Beest, 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 MANAGING OFFICER for HIGHPOINT 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.

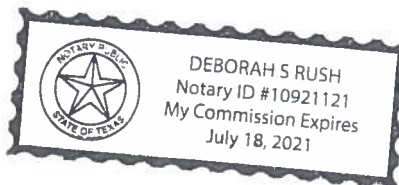
FURTHER AFFIANT SAYETH NOT.

I, Johann Van Beest, 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
10th day of August, 2020.


 NOTARY PUBLIC



CERTIFICATE OF LIMITED PARTNERSHIP
OF
HIGH POINT PHARMACY, LP

FILED
In the Office of the
Secretary of State of Texas

JUL 06 2000

Corporations Section

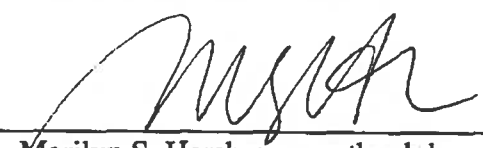
The undersigned General Partner, desiring to form a limited partnership (the "Partnership"), pursuant to Section 2.01 of the Texas Revised Limited Partnership Act ("the Act"), hereby duly executes this Certificate of Limited Partnership, to be effective as of the date of filing with the Secretary of State.

1. The name of the Partnership is HIGH POINT PHARMACY, LP.
2. The address of the Registered Office of the Partnership is 7610 Stemmons Freeway, Suite 125, Dallas, Texas 75247, and the name of the registered agent whose business office address will be the same as the registered office address is Kip Allison.
3. The address of the principal office of the Partnership in the United States where its partnership records are to be kept or made available under Section 1.07 of the Act is 6500 Virginia Square, Arlington, Texas 76017.
4. The name and street address of the business or residence of each general partner of the Partnership is as follows:

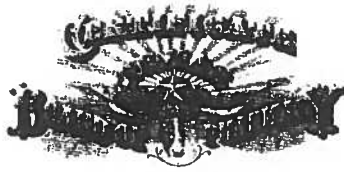
High Point Capital Venture, Inc.
6500 Virginia Square
Arlington, Texas 76017

SIGNED on this the 6th day of July, 2000.

GENERAL PARTNER
High Point Capital Venture, Inc.

By: 

Marilyn S. Hershman, as the duly
appointed Attorney-in-Fact of the
General Partner



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

License No. **20493**

Expiration Date: **7/31/2022**

Balances: 2

**HIGH POINT PHARMACY
800 W ARBROOK SUITE 140
ARLINGTON TX 76015**



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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

4D

4-19-2021

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: J & B Pharmacy Services Inc.

Physical Address: 50496 W. Pontiac Trail Suite 1500 Wixom, MI 48393

Mailing Address: 50496 W. Pontiac Trail Suite 1500

City: Wixom State: Michigan Zip Code: 48393

✓ Telephone: 888-611-2941 Fax: 888-611-2942

Toll Free Number: 888-611-2941 (Required per NAC 639.708)

E-mail: regulatory@jandbpharmacy.com Website: jandbpharmacy.com

Managing Pharmacist: Kellie Vile License Number: 5302038244

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.

Mary E. Shaya

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

Mary E. Shaya

Print Name of Authorized Person

3-6-2021
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500
check # 1047

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

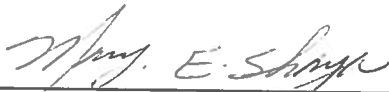
I, Mary E. Shaya

Responsible Person of J & B Pharmacy 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

Mary E. Shaya

Print Name of Authorized Person

3-6-2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Michigan)
Oakland COUNTY) ss.)

I, Kellie Vile, Pharm.D., 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 J&B Pharmacy Services 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.

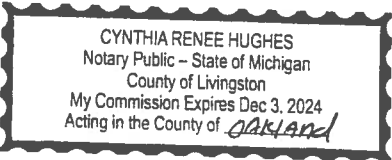
FURTHER AFFIANT SAYETH NOT.

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

Name Kellie M. Vile

SUBSCRIBED AND SWORN TO
before me, a notary public this
7 day of April, 2021.

[Signature]
NOTARY PUBLIC



J&B PHARMACY SERVICES INC.
50496 W. PONTIAC TRAIL
SUITE 1500
WIXOM, MI 48393

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS BY EMAILING
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE

J&B PHARMACY SERVICES INC.
50496 W. PONTIAC TRAIL
SUITE 1500
WIXOM, MI 48393

LICENSE NO.
5301012592

EXPIRATION DATE
2/9/2023

21040120204

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR



ORLENE HAWKS
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF PHARMACY
VERIFICATION OF LICENSURE AS OF 04/02/2021**

shamarramiller@ymail.com

NAME: J&B Pharmacy Services Inc.
ADDRESS: 50496 W. Pontiac Trail
Suite 1500
Wixom, MI 48393

STATUS: Active

LICENSE TYPE: Pharmacy License

ORIGINAL DATE: 02/09/2021

EXPIRATION DATE: 02/09/2023

SPECIALTY:

LICENSE NUMBER: 5301012592

None

EXAM DATE

EXAM TYPE

EXAM RESULTS

None

OPEN FORMAL COMPLAINTS

No

DISCIPLINARY ACTION

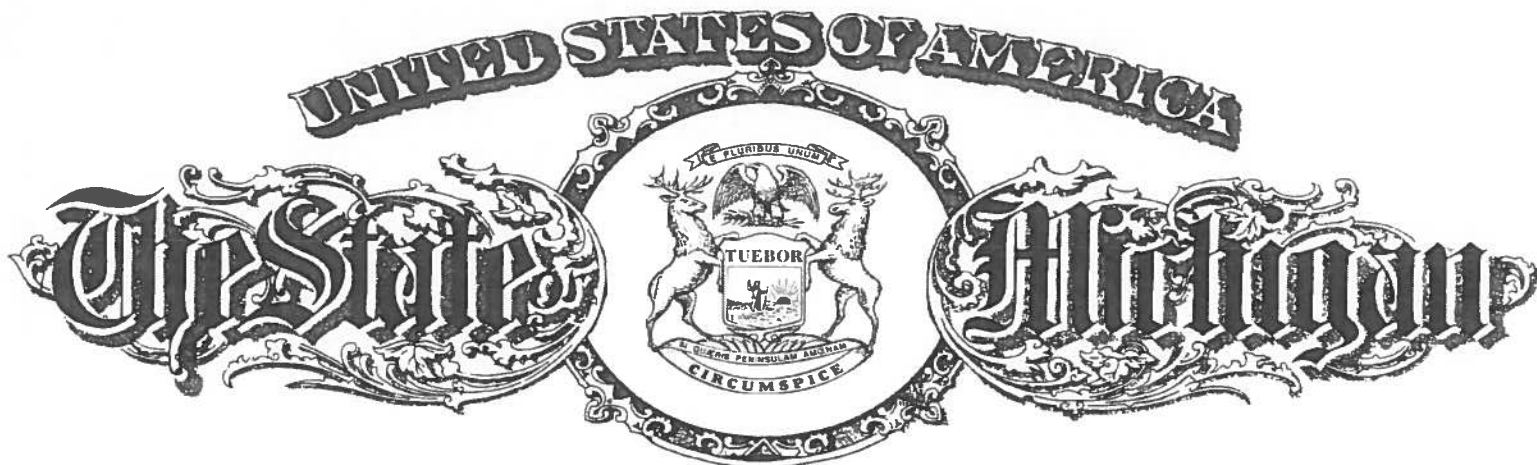
START DATE

END DATE

None

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
(517) 241-0199





Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

J&B PHARMACY SERVICES INC.

was validly incorporated on November 12, 2020 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: 21030612009

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of March, 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Owner is J&B Pharmacy Services Inc. Which is an S-Corp

Owners:

Mary E. Shaya (50%)

Fawzi B. Shaya (50%)

West Shore Drive, Orchard Lake, MI 48324

Pharmacists:

Kellie Vile, Pharm.D.

Jador Lane, Fenton, MI 48430

License: 5302038244 exp 8/15/2022

			STOCK LEDGER			
DATE	STOCK #	Share Holders	BOUGHT	SOLD	TOTAL SHARES	%
11/12/2020	1	Mary E. Shaya			1000	100%
11/12/2020			500	-500		
11/12/2020		Total			500	50%
	2	Dr. Fawzi B. Shaya				
11/12/2020			500		500	50%
11/12/2020		Total			500	50%
		Total			1000	100%

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 02890**)

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: Advanced Pharmacy Solutions, LLC (DBA Manifest Pharmacy)

Physical Address: 1018 S. Batesville Rd, Bldg #4-A

Mailing Address: _____

City: Greer State: SC Zip Code: 29650

Telephone: 866-912-0448 Fax: 866-995-7895

Toll Free Number: 866-912-0448 (Required per NAC 639.708)

E-mail: admin@manifestrx.com Website: www.manifest.pharmacy

Managing Pharmacist: Heather Alford License Number: 10733 (SC)

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 D. Olsen, PharmD

Print Name of Authorized Person

3/17/2021

Date

Page 2

Board Use Only

Date Processed: _____

Amount:

500

Check # 6702202434

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral _____ Limited XPartnership Name: Advanced Pharmacy Solutions, LLCMailing Address: 2221 Peachtree Road NE, Suite D-399City: Atlanta State: GA Zip Code: 30309Telephone Number: 404-395-0043 Fax Number: n/aContact Person: John D. Olsen, CEOList 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>Hunter Lipton, President</u>	<u>L</u>	<u>50%</u>
<u>John D. Olsen, CEO</u>	<u>L</u>	<u>50%</u>

List names of 4 largest partners and percentage of ownership:

Name: Hunter Lipton, President %: 50Name: John D. Olsen, CEO %: 50

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 8 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: _____

**STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

I, John D. Olsen, CEO

Responsible Person of Advanced Pharmacy Solutions, 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

John D. Olsen, CEO

Print Name of Authorized Person

3/19/21

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
 _____) ss.
 _____ COUNTY)

I, John Olsen, 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 APC dba Manifest 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.

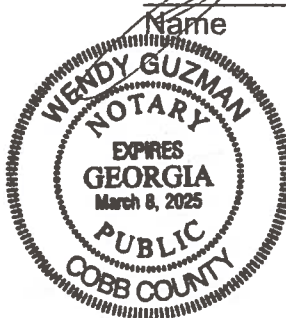
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, John Olsen, 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
19th day of March, 2021.

Wendy Guzman
 NOTARY PUBLIC



Control Number : 21028084

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

Advanced Pharmacy Concepts, LLC
a Domestic Limited Liability Company

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 : 20542885
Date Inc/Auth/Filed: 02/02/2021
Jurisdiction : Georgia
Print Date : 03/19/2021
Form Number : 211



A handwritten signature in cursive script that reads "Brad Raffensperger".

Brad Raffensperger
Secretary of State

PRC 1043036

PERMIT NO. 15019
DATE ISSUED: 07/01/2020

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Pharmacy Permit

2020-2021

Expires 06/30/2021

MANIFEST PHARMACY LLC
Permit Holder: **RONNIE TYSON**
1018 S BATESVILLE RD BLDG 4-A
GREER SC 29650

Addison Livingston
Addison Livingston, Board Chair

Robert Hubbard
Robert Hubbard, Vice Chair

RECEIVED

MAR 24 2021

SCLLR-OBS

RECEIVED

APR 07 2021

SCLLR-OBS

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: Manifest Pharmacy

Address: 1018 S. Batesville Rd, Bldg #4-A

City: Greer State: SC Zip: 29650

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

Signature of Applicant 

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
19980	Active	04/06/2021	06/30/2022

Has this license been
encumbered in any way?

☐ Yes ☒ No

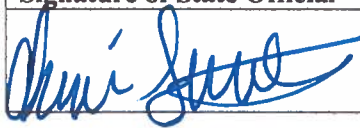
Type of Encumbrance: (if any)

☐ 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 Seal
	Administrative Coordinator I	SC	4/12/21	

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,8

☐ Partnership – Pages 1,2,6,8

☐ Non Publicly Traded Corporation – Pages 1,2,4,8

☒ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: NIXONA RX LLC

Physical Address: 1614 E MCDOWELL RD PHOENIX , AZ 85006

Mailing Address: 1614 E MCDOWELL RD

City: PHOENIX State: AZ Zip Code: 85006

Telephone: 480-493-0111 Fax: 480-493-0116

↓ Toll Free Number: 844-636-4566 (Required per NAC 639.708)

E-mail: NIXONA RX LLC Website: NA

Managing Pharmacist: DANNY YUGLAM License Number: S015805

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.

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

PATRICIA JONES

Print Name of Authorized Person

Date

03/08/21

Page 2

Board Use Only

Date Processed: _____

Amount:

500
check # 5302207510

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: PATRICIA JONES

Business Name: NIXONA RX LLC

Current Business Address: 1614 E MCDOWELL RD

City: PHOENIX State: AZ Zip Code: 85006

Telephone: 480-493-0111 Fax: 480-493-0116

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

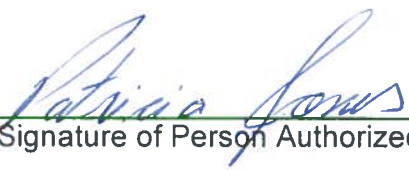
I, PATRICIA JONES

Responsible Person of NIXONA RX LLC

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

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

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


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

PATRICIA JONES

Print Name of Authorized Person

03/08/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Palm Beach) ss. COUNTY)

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

1. I am the OWNER for NIXONA (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, PATRICIA JONES, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this

8 day of March, 2021

NOTARY PUBLIC



Jeri A. McKernan
 Notary Public
 State of Florida
 Comm# GG984075
 Expires 5/4/2024

Arizona Corporation Commission Corporations Division

Website Entity Detail. <http://ecorp.azcc.gov/>

Entity Details

Entity Name:	NIXONA RX LLC	Entity ID:	23124089
Entity Type:	Domestic LLC	Entity Status:	Active
Formation Date:	8/27/2020	Reason for Status:	<u>In Good Standing</u>
Approval Date:	8/28/2020	Status Date:	
Original Incorporation Date:	8/27/2020	Life Period:	Perpetual
Business Type:	Retail Trade (44)	Last Annual Report Filed:	
Domicile State:	Arizona	Annual Report Due Date:	
Years Due:			

Statutory Agent Information

Name:	patricia jones	Appointed Status:	Active 8/28/2020
Attention:			
Address:	1614 E Mcdowell Rd, PHOENIX, AZ 85006, USA	Agent Last Updated:	8/28/2020
Attention:		Mailing Address:	1614 E Mcdowell Rd, PHOENIX, AZ 85006, USA
E-mail:	nixonarxaz@nixonarx.com	County:	Maricopa

Principal Information

Title	Name	Address	Date of Taking Office	Last Updated
Member	PATRICIA JONES	1614 E Mcdowell Rd, PHOENIX, AZ, 85006, Maricopa County, USA	8/27/2020	8/28/2020

Entity Known Place of Business

Address:	1614 E Mcdowell Rd, PHOENIX, AZ, 85006, USA	County:	Maricopa	Last Updated:	8/28/2020
----------	---	---------	----------	---------------	-----------

Entity Principal Office Address

Arizona Corporation Commission Corporations Division
Website Entity Detail. <http://ecorp.azcc.gov/>

Address:

County:

Last Updated:



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA PHARMACIST LICENSE FOR THE INDIVIDUAL LISTED BELOW :

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

Name :	Danny Younglam
License No :	S015805
Date Issued :	10/13/2006
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

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

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

Name :	NIXONA RX, LLC
Address :	1614 E McDowell Rd PHOENIX AZ 85006
License No :	Y008516
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	11/08/2020
Expiration Date :	10/31/2022
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 03/04/2021



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: 07/22/2020

Receipt Number: 202084659

Receipt Amount \$: 480.00

Pharmacy - Independent

Issued to :

PERMIT NO

Y008516

NIXONA RX, LLC

patricia jones

1614 E MCDOWELL RD

PHOENIX, AZ 85006

EXPIRES

10/31/2022

NIXONA RX, LLC

1614 E MCDOWELL RD

PHOENIX, AZ 85006

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 : patricia jones

LICENSE NUMBER : Y008516

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.

4G



RECEIVED
10/28/2020

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.

*Name change effective 11/02/2020

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH**PH02737)
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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Optum Frontier Therapies, LLC

Physical Address: 325 W Atherton Rd., Suite 1, Flint, MI 48507

Mailing Address: 325 W Atherton Rd., Suite 1

City: Flint State: Michigan Zip Code: 48507

Telephone: 855-768-9727 Fax: 866-991-9929

✓ Toll Free Number: 855-768-9727 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: https://envoyhealth.diplomat.is/

Managing Pharmacist: Katie Martin License Number: 5302036109(MI)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

**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.

Karen Peterson

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

Karen Peterson, Secretary

Print Name of Authorized Person

8/24/2020
Date

Page 2

Board Use Only

Date Processed: _____

Amount: *500.00*

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Entity is an LLC - Formed in MichiganParent Company if any: Optum Frontier Therapies Holdings, LLCMailing Address: 11000 Optum CircleCity: Eden Prairie State: MN Zip: 55344Telephone: 224 231 1514 Fax: 844 623 0424Contact Person: Aileen Warren

For any corporation non publicly traded, disclose the following:

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

a) No individual owners

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

2) Provide the number of shares issued by the corporation. N/A - entity is an LLC3) What was the price paid per share? N/A - entity is an LLC4) What date did the corporation actually receive the cash assets? N/A - entity is an LLC5) Provide a copy of the corporation's stock register evidencing the above information N/A - entity is an LLC

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 8 am 6 pmSaturday On call am On call pmSunday On call am On call pm24 Hours On callA 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, Karen Peterson

Responsible Person of Optum Frontier Therapies, 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

Karen Peterson, Secretary

Print Name of Authorized Person

8/24/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Michigan Illinois)
Genesee Cook) ss.
COUNTY)

I, Karen Peterson, 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 Optum Frontier Therapies, 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.

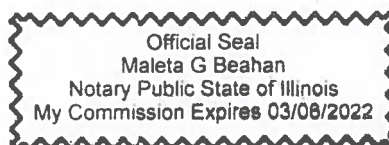
FURTHER AFFIANT SAYETH NOT.

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

Karen Peterson
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
24th day of August, 2020.

Maleta G. Beahan
NOTARY PUBLIC

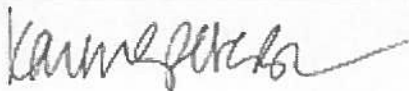


Disciplinary Action History

Optum Frontier Therapies, LLC (fka Envoy Health Management, LLC)

(Pharmacy) Maine Board of Pharmacy, 2018. Envoy Health Management, LLC failed to notify the Maine Board of Pharmacy of a Pharmacist-in-Charge change within the required 7 days in 2017. Envoy entered into a Consent Agreement with the Maine Board of Pharmacy and paid a fine of \$250.00. The effective date of the Consent Agreement was March 28, 2018. Envoy is currently in good standing with the Maine Board of Pharmacy.

(Wholesaler) California Board of Pharmacy, 2019. Allegation against facility regarding failure to notify the Board of a change in the representative-in-charge. The facility paid a non-disciplinary fine and the matter was resolved. Importantly, the matter was resolved in a non-disciplinary manner. Although the citation is not discipline, we are disclosing it out of an abundance of caution.

A handwritten signature in black ink, appearing to read "Kamela", with a long horizontal flourish extending to the right.

Optum Frontier Therapies, LLC**Officer & Manager List**

Name	Title
Michael Zeglinski	Manager, CEO & President
Jeffrey Grosklags	Manager, Executive Vice President
Peter Gill	Treasurer
Karen Peterson	Secretary
Timothy Langdon	Assistant Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary

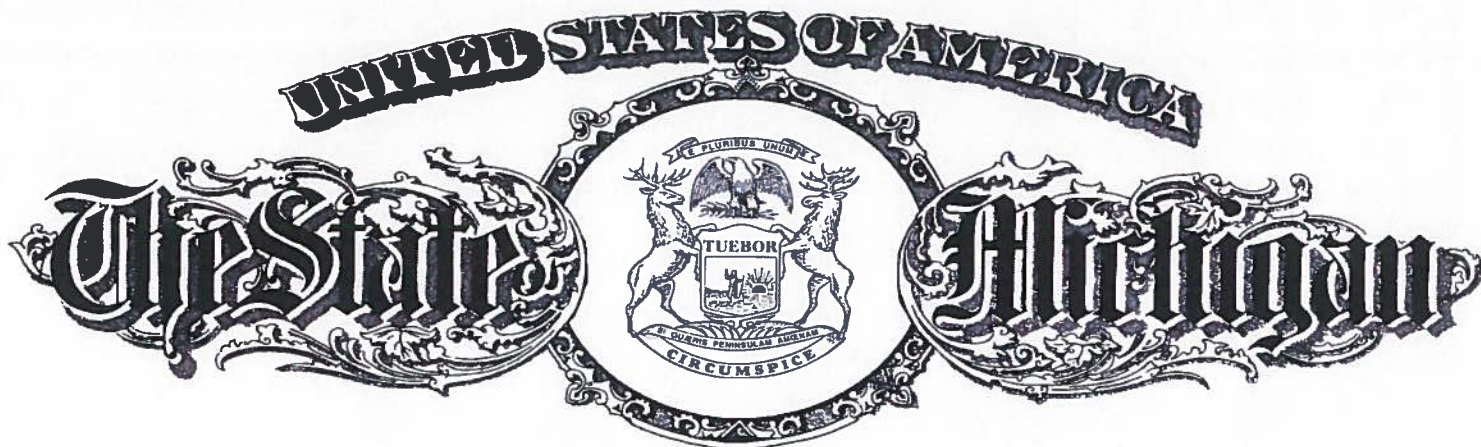
The facility is wholly owned by:

Optum Frontier Therapies, LLC

FEIN: 45-2301399

11000 Optum Circle

Eden Prairie, MN 55344



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

OPTUM FRONTIER THERAPIES, LLC

was validly authorized on May 16, 2011, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

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: 21050162308

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 7th day of May, 2021.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU

Date Received

10/13/2020 9:25

AC1

(FOR BUREAU USE ONLY)

\$125 MC CEPAS 20101308512769

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

FILED

OCT 13 2020

ADMINISTRATOR
CORPORATIONS DIVISION

Name

Address

9900 Bren Road East, AZ990-1000

City

Minnetonka

State

MN

ZIP Code

55353

EFFECTIVE DATE: 11/2/2020

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by Limited Liability Companies

(Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate of Amendment:

1. The present name of the limited liability company is:

Envoy Health Management, LLC

2. The identification number assigned by the Bureau is:

801595512

3. The date of filing the original Articles of Organization was: 05/16/2011

4. Article 1 of the Articles of Organization is hereby amended to read as follows:

The name of the limited liability company is: Optum Frontier Therapies, LLC

Article II is hereby amended to read as follows: The purpose or purposes for which the limited liability company is formed is to engage in activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan, including but not limited to operating a licensed pharmacy.

Article VIII of the Articles of Organization is hereby added to read: The principal address of the limited liability company is: 11000 Optum Circle, Eden Prairie, MN 55344

5. ☐ The amendment was approved by a majority in interest if an operating agreement authorizes amendment of the articles of organization by majority vote.

☒ The amendment was approved by unanimous vote of all the members entitled to vote.

6. The effective date shall be: November 2, 2020

This document is hereby signed as required by Section 103 of the Act.

10/9/2020

Signed this _____ day of _____, 2020

DocuSigned by:

By

John Prince

77092AF4FDF1438

(Signature of Member, Manager, or Authorized Agent)

John Michael Prince, Manager

(Type or Print Name and Capacity)





[Home](#) [Search](#) [+ New](#) [Help](#)

[Register for an Account](#) [Login](#)

NOTE: If you would like to Renew your license follow these instructions:

- You must use a desktop or laptop computer to complete the registration and renewal process.
- Login to MiPLUS.
- Click on the "Licenses" tab.
- Find your License Number under the "Record Number" column. Click on the "Renew License" link located under the "Action" column.

[Home](#) [Licenses](#) [Enforcement](#)

[Advanced Search](#)

Licensed Professional Information:
Pharmacy 5301008161

Licensee Detail

License Type: Pharmacy	License Number: 5301008161
Organization Name: ENVOY HEALTH MANAGEMENT LLC	DBA Trade Name:
License Issue Date: 04/28/2005	License Expiration Date: 04/28/2023
License Status: Active	County: Genesee

PHARMACIST IN CHARGE

Pharmacist License Number: 5302036109
Pharmacist Name: Katie Marie Martin
Start Date: 03/25/2019

CONTROLLED SUBSTANCE LIST

City: Flint
State or Province: Michigan
ZIP or Postal Code: 48507
CS Record Number: 5315022038
CS Status: Active
CS Expiration Date: 04/28/2023

[Click to view Public Documents](#)

Attachment List

Type	Name
No records found.	

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

OPTUM FRONTIER THERAPIES, LLC
325 W ATHERTON RD - SUITE 1
FLINT, MI 48507

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS BY EMAILING
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITNER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

OPTUM FRONTIER THERAPIES, LLC
325 W ATHERTON RD - SUITE 1
FLINT, MICHIGAN 48507

LICENSE NO.
5315022038

EXPIRATION DATE
4/28/2023

20308121137

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN



300 N. LaSalle Street
Suite 4000
Chicago, IL 60654-3406
312-715-5000
Fax 312-715-5155
www.quarles.com

Writer's Direct Dial: 312-715-5259
E-Mail: Anne.O'Brien@quarles.com

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

October 27, 2020

VIA UPS OVERNIGHT

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

**RE: Change of Name, Officers and Parent Company
Envoy Health Management LLC – Flint, MI
Pharmacy License No.: PH02737**

Dear Mr. Wuest:

This will follow-up on our October 6, 2020 notice letter. Please be advised that there will be an intracompany transfer regarding the above-referenced facility. As a result of the upcoming intracompany transfer, two corporate owners at the parent and grandparent level will be replaced with a new holding company. In addition, Envoy Health Management, LLC's legal name will change to Optum Frontier Therapies, LLC, and the facility will use that name. The enclosed organizational chart shows the ownership structure before and after the intracompany transaction.

Importantly, the same entity will continue to be the direct owner of the facility. The facility's tax identification number will not change. However, there will be a change in the facility's name and some of the officers. The facility will discontinue use of any and all DBAs. While not definitive, the anticipated effective date is on or about November 2, 2020.

The application, supporting documents, and fees are enclosed. A change application is processing with Michigan, the facility's home state. Should you have any questions or require additional information, please contact me at (312) 715-5259 or Anne.O'Brien@quarles.com. Thank you for your consideration.

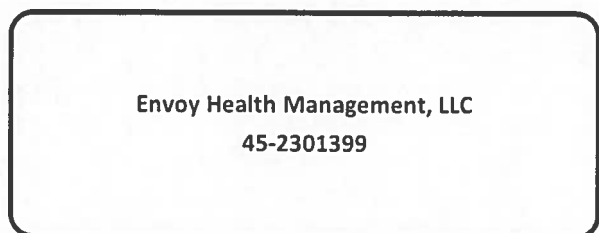
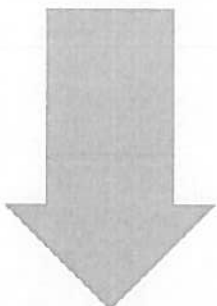
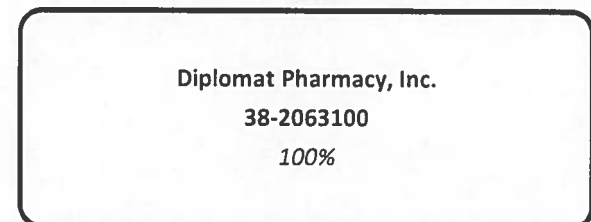
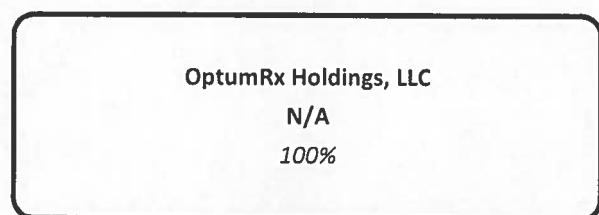
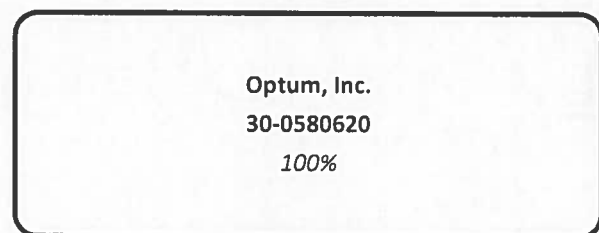
Very truly yours,

Anne O'Brien

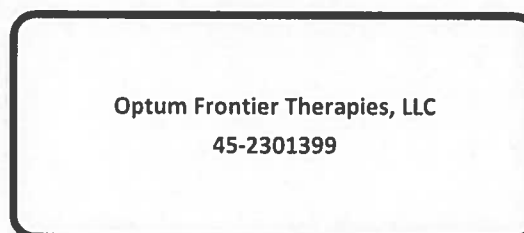
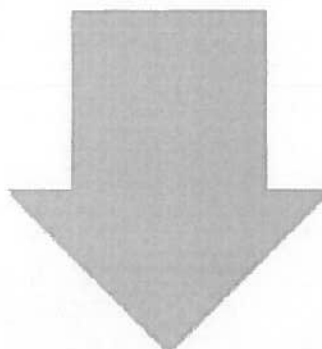
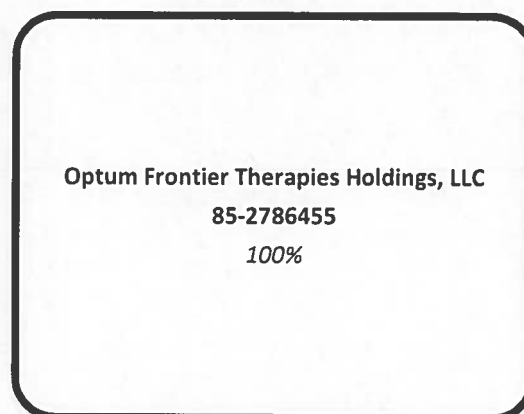
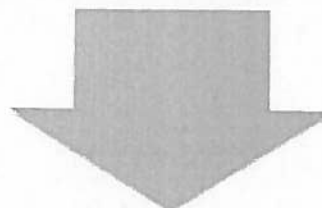
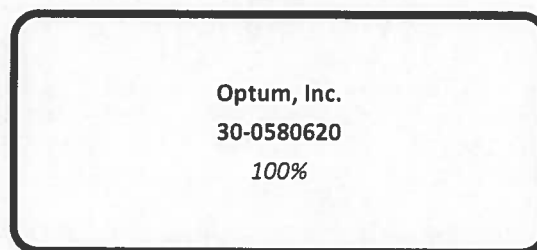
Enclosures

Intracompany Transfer

Before



After



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: Pyramids Infusion Center

Physical Address: 500 N Kobayashi Rd., Suite D, Webster, TX 77598

Mailing Address: 2656 South Loop West, Suite 255

City: Houston State: TX Zip Code: 77054

Telephone: 832.932.5836 Fax: 832.832.5936

✓ Toll Free Number: 855.889.9965 (Required per NAC 639.708)

E-mail: specialty@pyramidspharmacy.com Website: www.pyramidspharmacy.com

Managing Pharmacist: Rawad Nasr License Number: 64582

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

Osama Kasseb

Print Name of Authorized Person

03/19/2021

Date

Page 2

Board Use Only

Date Processed: _____

Amount:

500

Check # 1660034960

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: TexasParent Company if any: Sphinx Pharmacy Group Webster Inc. DBA Pyramids Infusion CenterMailing Address: 2656 South Loop West, Ste. 255City: Houston State: TX Zip: 77054Telephone: 713.360.6854 Fax: 713.513.5358Contact Person: Islam Abdelhamid / Pharmacy Development Manager

For any corporation non publicly traded, disclose the following:

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

a) Osama Kasseb, Crescent Cove Dr., Pearland, TX 77584

Name Address

b) Rasha Elmahdy, Ivory Creek Dr., Pearland, TX 77584

Name Address

c) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 10003) What was the price paid per share? No Par Value4) What date did the corporation actually receive the cash assets? 07/06/2012

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 8.30 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: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Osama Kasseb

Responsible Person of Sphinx Pharmacy Group Webster Inc. DBA Pyramids Infusion 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

Osama Kasseb

Print Name of Authorized Person

03/19/2021

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Harris COUNTY)

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

1. I am the Owner for Pyramids Infusion Center (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.

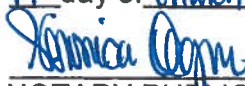
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

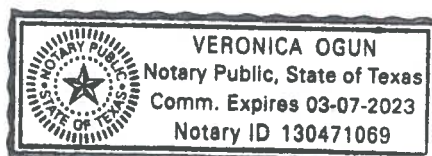
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Osama Kasseb, 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 March, 2021.

 NOTARY PUBLIC



List of Officers & Directors

[illegible]



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 Sphinx Pharmacy Group Webster Inc (file number 801621940), a Domestic For-Profit Corporation, was filed in this office on July 06, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 17, 2021.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State



TEXAS STATE BOARD OF PHARMACY

Re: Pyramids Infusion Center

Address: 500 North Kobayashi Road, Suite D
Webster, Texas 77598

License No.: 29199

Date Issued: April 10, 2014

Licensure Status: Active

Expiration Date: April 30, 2022

Type of Pharmacy: Community Sterile Compounding

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Pyramids Infusion Center (Texas Pharmacy License #29199) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

A handwritten signature in black ink that reads "Megan G. Holloway".

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



March 25, 2021
Date

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



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

License No. **29199**

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

Balances: **0**

**PYRAMIDS INFUSION CENTER
500 N KOBAYASHI RD STE D
WEBSTER TX 77598**



A handwritten signature in black ink, appearing to read "Allison", is written over a horizontal line.

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

41

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: Telecare Pharmacy LLC

Physical Address: 324 Peterson Rd. Libertyville, IL 60048

Mailing Address: 324 Peterson Rd.

City: Libertyville State: IL Zip Code: 60048

Telephone: 224-842-1200 Fax: 855-893-9513

 Toll Free Number: 866-396-0288 (Required per NAC 639.708)

E-mail: nasirs@telecarepharma.com Website: _____

Managing Pharmacist: Nasiredin Sadeghi License Number: 051.299092

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.

Annmarie B. Ghazvini

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

Annmarie B. Ghazvini

Print Name of Authorized Person

Date

3/25/21

Page 2

Board Use Only

Date Processed: _____

Amount:

500

check #91303 17745

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: ILParent Company if any: AMG Healthcare LLCMailing Address: 1516 Elmhurst Rd. Ste 2131City: Mount Prospect State: IL Zip: 60056Telephone: 847-340-4413 Fax: 855-893-9513Contact Person: Annmarie B. Ghazvini - Member Manager

For any corporation non publicly traded, disclose the following:

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

a) Annmarie B. Ghazvini - Member Manager 324 Peterson Rd. Libertyville, IL 60048
Name Addressb) N/A
Name Addressc) N/A
Name Addressd) N/A
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? 12/08/2020

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	<u>8:30</u> am	<u>5:30</u> pm	Saturday	<u>Closed</u> am	<u>Closed</u> pm
Sunday	<u>Closed</u> am	<u>Closed</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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Annmarie B. Ghazvini

Responsible Person of Telecare 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

Annmarie B. Ghazvini

Print Name of Authorized Person

3/25/21

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
Lake) ss.
COUNTY)

I, Annmarie B. Ghazvini, 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 Member Manager for Telecare 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.

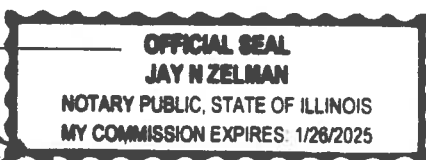
I, Annmarie B. Ghazvini, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

Annmarie B. Ghazvini

SUBSCRIBED AND SWORN TO
before me, a notary public this
25th day of MARCH, 2021.

NOTARY PUBLIC



Posted April 1, 2020

File Number

0901000-9



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

TELECARE PHARMACY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 28, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 21ST
day of JANUARY A.D. 2021 .

Jesse White

SECRETARY OF STATE



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

JB Pritzker
 Governor

Deborah Hagan
 Secretary

Cecilia Abundis
 Acting Director
 Division of Professional Regulation

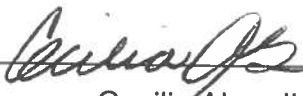
CERTIFICATION OF LICENSURE

To Whom It May Concern:

Licensee: Telecare Pharmacy LLC
 License Number: 054.021725
 Profession: LICENSED PHARMACY
 Date of Issuance: 12/08/2020
 Expiration Date: 03/31/2022
 License Status: ACTIVE
 License Method: NON-EXAM
 Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.




 Cecilia Abundis
 Acting Director
 Division of Professional Regulation

March 18, 2021
 Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
Telecare Pharmacy LLC	Libertyville, IL 60048	.

License

License Information

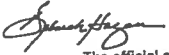
License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054021725	LICENSED PHARMACY	ACTIVE	12/08/2020	12/08/2020	03/31/2022	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
32*****96	LICENSED CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	12/08/2020	12/08/2020	03/31/2022	N

Generated on: 3/24/2021 3:17:05 PM

State of Illinois Department of Financial and Professional Regulation Division of Professional Regulation		EXPIRES 03/31/2022
LICENSE NO. 054.021725 051.299092	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: LICENSED PHARMACY COMMUNITY TELECARE PHARMACY LLC NASIREDDIN M SADEGHI 324 PETERSON RD LIBERTYVILLE, IL 60048-1008	
		
 DEBORAH HAGAN SECRETARY	 CECILIA ABUNDIS ACTING DIRECTOR	15367085
The official status of this license can be verified at www.idfpr.com		

Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4389383



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3554228



Cut on Dotted Line ✂

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
320.013396
054.021725

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.
03/31/2022

LICENSED CONTROLLED SUBSTANCE

II III IV V



TELECARE PHARMACY LLC
324 PETERSON RD
LIBERTYVILLE, IL 60048-1008



Deborah Hagan

DEBORAH HAGAN
SECRETARY

Cecilia Abundis

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

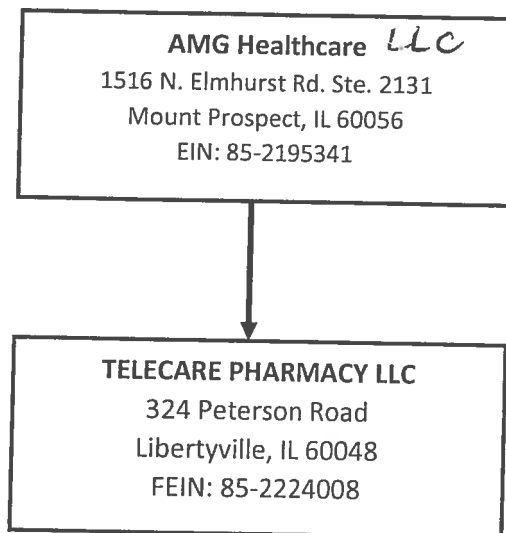
15367086

Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4389383

TELECARE PHARMACY, LLC

Ownership Structure



Owner		Percentage	Title
AMG Healthcare, LLC 1516 N. Elmhurst Rd. Ste. 2131 Mount Prospect, IL 60056 (847) 340-4413 EIN: 85-2195341	AnnMarie B Ghazvini / Stayton Lane Long Grove, IL 60047 (847) 340-4413 SS: t	100%	Single Member Manager Authorized Official

Form LLC-5.5	Illinois Limited Liability Company Act Articles of Organization	FILE # 09010009
Secretary of State Jesse White Department of Business Services Limited Liability Division www.cyberdriveillinois.com	Filing Fee: \$150 Approved By: <u>TLB</u>	FILED JUL 28 2020 Jesse White Secretary of State

1. Limited Liability Company Name: TELECARE PHARMACY, LLC
2. Address of Principal Place of Business where records of the company will be kept:
324 PETERSON ROAD
LIBERTYVILLE, IL 60048
3. The Limited Liability Company has one or more members on the filing date.
4. Registered Agent's Name and Registered Office Address:

STEVEN C. DOLINS
425 HUEHL RD BLDG 21
NORTHBROOK, IL 60062-2322
5. Purpose for which the Limited Liability Company is organized:
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."
6. The LLC is to have perpetual existence.
7. Name and business addresses of all the managers and any member having the authority of manager:

AMG HEALTHCARE, LLC #09004297
1516 N ELMHURST RD STE 2131
MOUNT PROSPECT, IL 60056

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: JULY 28, 2020

STEVEN C. DOLINS
425 HUEHL RD BLDG 21
NORTHBROOK, IL 60062

4J

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,8 ☐ Partnership - Pages 1,2,6,8
☐ Non Publicly Traded Corporation – Pages 1,2,4,8 ☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TIN RX CASTRO SAN FRANCISCO

Physical Address: 2175 MARKET ST #122

Mailing Address: _____

City: SAN FRANCISCO State: CA Zip Code: 94114

Telephone: 628-895-9508 Fax: _____

✓ Toll Free Number: 866-468-4679 (Required per NAC 639.708)

E-mail: CGARCIA@TINRX.COM Website: WWW.TINRX.COM

Managing Pharmacist: CHRISTINA GARCIA License Number: RPH 69275

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.

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

CHRISTINA GARCIA
Print Name of Authorized Person

2/5/2021
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500

Check # 3816513526

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CAParent Company if any: N/AMailing Address: 1390 MARKET ST #200City: SAN FRANCISCO State: CA Zip: 94102Telephone: 628-895-9508 Fax: _____Contact Person: PJ NACHMAN

For any corporation non publicly traded, disclose the following:

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

a) CHRISTINA GARCIA ASTER ST VACAVILLE CA 95688
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$ 14) What date did the corporation actually receive the cash assets? 1-14-19

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

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 6 pmSaturday CLOSED am CLOSED pmSunday 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: _____

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

CHRISTIN GARCIA - CEO / CFO / SECRETARY / DIRECTOR

PLEASE SEE ATTACHED STATEMENT OF INFORMATION
FOR LIST OF OFFICERS AND DIRECTORS.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: CHRISTINA GARCIA

Business Name: TIN RX CASTRO SAN FRANCISCO

Current Business Address: ~~1000~~ 2175 MARKET ST #122

City: SAN FRANCISCO State: CA Zip Code: 94114

Telephone: 628-895-9508 Fax: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, CHRISTINA GARCIA

Responsible Person of TIN RX CASTRO SAN FRANCISCO

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

CHRISTINA GARCIA
Print Name of Authorized Person

2/3/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CALIFORNIA)
) ss.
SAN FRANCISCO COUNTY)

I, CHRISTINA GARCIA, 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/CFO/OWNER/DIRECTOR for TIN RX CASTRO SAN FRANCISCO (the SECRETARY / PIC 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.

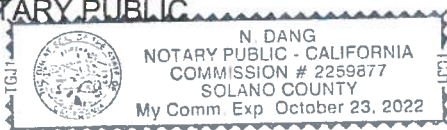
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, CHRISTINA GARCIA, 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
05 day of February, 2021.

NOTARY PUBLIC



Christina Garcia
 Name

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 Solano
 Subscribed and sworn to (or affirmed) before me on this 5 day of February
 2021 by Christina Garcia

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

Quiche

Posted April 1, 2020

[illegible]

Certificate No. 1 For 100 Share(s) From whom transferred Christina Garcia Received Certificate No.
 Issued to CHRISTINA GARCIA Dated January 14, 2019 for this day of ,
 NO. ORIGINAL CERTIFICATE NO. ORIGINAL SHARES SHARES TRANSFERRED

NUMBER 1 SHARES 100

INCORPORATED UNDER THE LAWS OF THE STATE OF CALIFORNIA
 JANUARY 14, 2019

TIN RX / Castro, San Francisco
 AUTHORIZED: 100 SHARES COMMON STOCK NO PAR VALUE

This Certifies that CHRISTINA GARCIA is the registered holder of One Hundred Shares of the above named Corporation transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 14th day of January 2019

Christina Garcia PRESIDENT
Christina Garcia SECRETARY



State of California Secretary of State

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

G325591

FILED

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

JAN-16 2019

This Space for Filing Use Only

1. CORPORATE NAME

TIN RX / CASTRO, SAN FRANCISCO

2. CALIFORNIA CORPORATE NUMBER

C4228065

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

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

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

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

	CITY	STATE	ZIP CODE
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 1390 MARKET STREET, #200, SAN FRANCISCO, CA 94102			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 1390 MARKET STREET, #200, SAN FRANCISCO, CA 94102			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4			

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

	ADDRESS	CITY	STATE	ZIP CODE
7. CHIEF EXECUTIVE OFFICER/ CHRISTINA GARCIA	1390 MARKET STREET, #200, SAN FRANCISCO, CA 94102			
8. SECRETARY CHRISTINA GARCIA	1390 MARKET STREET, #200, SAN FRANCISCO, CA 94102			
9. CHIEF FINANCIAL OFFICER/ CHRISTINA GARCIA	1390 MARKET STREET, #200, SAN FRANCISCO, CA 94102			

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

	ADDRESS	CITY	STATE	ZIP CODE
10. NAME CHRISTINA GARCIA	1390 MARKET STREET, #200, SAN FRANCISCO, CA 94102			
11. NAME				
12. NAME				

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

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

14. NAME OF AGENT FOR SERVICE OF PROCESS
PETER GREGOROVIC

	CITY	STATE	ZIP CODE
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 49 DISCOVERY, SUITE 240, IRVINE, CA 92618			

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
PHARMACY

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

01/16/2019	PETER GREGOROVIC	ATTORNEY	
DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE



Secretary of State Certificate of Status

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

Entity Name: TIN RX / CASTRO, SAN FRANCISCO
File Number: C4228065
Registration Date: 01/14/2019
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of December 29, 2020 (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 December 30, 2020.

A handwritten signature in black ink, reading "Alex Padilla".

ALEX PADILLA
Secretary of State

Certificate Verification Number: Z2QW64Y

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.

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 57421

NAME: TIN RX/ CASTRO, SAN FRANCISCO

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

2175 MARKET ST #122
SAN FRANCISCO CA 94114
SAN FRANCISCO COUNTY

ISSUANCE DATE

JULY 15, 2019

EXPIRATION DATE

JULY 1, 2021

CURRENT DATE / TIME

APRIL 1, 2021
9:07:15 AM

LICENSE RELATIONSHIPS

NAME: GARCIA, CHRISTINA GLEND TONGCO

LICENSE/REGISTRATION TYPE: REGISTERED
PHARMACIST

LICENSE NUMBER: 69275 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

4K

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

Physical Address: 7810 Eldorado Pkwy, Ste 200 McKinney, TX 75070

Mailing Address: Same

City: McKinney State: TX Zip Code: 75070

Telephone: 972-972-4700 Fax: 469-907-1197

Toll Free Number: 1-866-306-3046 (Required per NAC 639.708)

E-mail: david@beakerpharmacy.com Website: www.beakerpharmacy.com

Managing Pharmacist: David Damaski License Number: 32264

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.

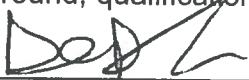
Within the last five (5) years:

- 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



Print Name of Authorized Person

3/4/21
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>500</u> mo# <u>19240946808</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas
 Parent Company if any: Aptek Rx
 Mailing Address: 7810 Eldorado Pkwy, Ste 200
 City: McKinney State: TX Zip: 75070
 Telephone: 972-972-4700 Fax: 469-907-1197
 Contact Person: David Damaske

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>David Damaske</u>	<u>Kerrville Dr, Allen, TX 75013</u>
	Name	Address
b)	<u>Avani Damaske</u>	<u>Kerrville Dr, Allen, TX 75013</u>
	Name	Address
c)	_____	_____
	Name	Address
d)	_____	_____
	Name	Address

2) Provide the number of shares issued by the corporation. 500

3) What was the price paid per share? \$100

4) What date did the corporation actually receive the cash assets? 2/18/18

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	<u>9</u> am <u>6</u> pm	Saturday	<u>on call</u> am _____ pm
Sunday	<u>N/A</u> am <u>N/A</u> pm	24 Hours	_____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David Damaske

Responsible Person of Beaker 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.

DDH

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

David Damaske

Print Name of Authorized Person

3/4/21

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
Collin COUNTY) ss.)

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

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

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

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

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

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

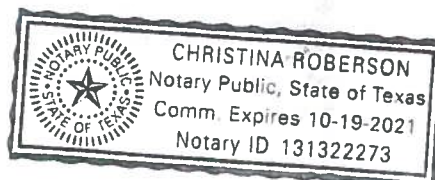
FURTHER AFFIANT SAYETH NOT.

I, David Damuske 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
15 day of March, 2021.

[Signature]
 NOTARY PUBLIC





I certify that the pharmacy named below is hereby licensed to operate as a
C pharmacy.

License No. **32264**

Expiration Date: **9/30/2022**

Balances: **1**

BEAKER PHARMACY
7810 ELDORADO PKWY STE 200
MCKINNEY TX 75070




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

MUST BE DISPLAYED IN FULL PUBLIC VIEW



TEXAS STATE BOARD OF PHARMACY

Re: Beaker Pharmacy

Address: 7810 El Dorado Parkway, Suite 200
McKinney, Texas 75070

License No.: 32264

Date Issued: September 26, 2018

Licensure Status: Active

Expiration Date: September 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. Beaker Pharmacy (Texas Pharmacy License #32264) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

A handwritten signature in cursive script that reads "Megan G. Holloway".

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



March 5, 2021
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.



Franchise Tax Account Status

As of : 03/10/2021 21:57:53

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

APTEEK RX, LLC

Texas Taxpayer Number 32066296156

Mailing Address 1308 KERRVILLE DR ALLEN, TX 75013-5350

② Right to Transact Business in ACTIVE
Texas

State of Formation TX

Effective SOS Registration Date 02/19/2018

Texas SOS File Number 0802939846

Registered Agent Name DAVID DAMASKE

Registered Office Street Address 1308 KERRVILLE DR ALLEN, TX 75013

4L

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: TRUECHOICE PHARMACY LLC (Riverside Pharmacy) DBA
 Physical Address: 2410 HWY 95
 Mailing Address: _____
 City: Bullhead city State: Arizona Zip Code: 86442
 Telephone: 928-219-4700 Fax: 928-299-2217
 Toll Free Number: 855-299-2217 (Required per NAC 639.708)
 E-mail: riversidepharmacy21@gmail.com Website: _____
 Managing Pharmacist: Sathish AriarraCariappa License Number: SO16571

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: Free home Delivery

****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

Sathish Ar. arara Cariappa
Print Name of Authorized Person

02/17/21
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Arizona
 Parent Company if any: Truechoice Pharmacy LLC (Riverside Pharmacy DBA)
 Corporation Name: _____
 Mailing Address: 2410 HWY 95
 City: Bullheadcity State: Arizona Zip: 86442
 Telephone: 928-219-4700 Fax: 928-299-2217
 Contact Person: Sathish Ariarra Cariappa

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: 01/23/2020
 Registration number issued: 23055524
 Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00am 6:00pm Saturday 8:00am 1:00pm
 Sunday closedam _____pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: None

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Sathish Ariarra Cariappa
 Business Name: Truechoice Pharmacy LLC (Riverside Pharmacy)
 Current Business Address: 2410 HWY 95 DBA
 City: Bullhead city State: Arizona Zip Code: 86442
 Telephone: 928-219-4700 Fax: 928-299-2217

List any physician shareholders and percentage of ownership.

Name: Sathish Ariarra Cariappa %: 100
 Name: _____ %: _____
 Name: _____ %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 6:00 pm Saturday 8:00 am 1:00 pm
 Sunday closed am _____ pm 24 Hours _____

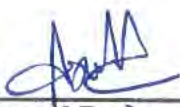
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: None

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Sathish Ariarra Cariappa
Responsible Person of Riverside Pharmacy DBA (Truechoice 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

Sathish Ariarra Cariappa
Print Name of Authorized Person

02/15/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
Mohave COUNTY) ss.)

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

1. I am the Owner/Manager for Riverside Pharmacy ^{DBA} (the True Choice Pharmacy LLC 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, Sathish Ariarra Cariappa, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Sathish Ariarra Cariappa
 Name

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

[Signature]
 NOTARY PUBLIC



**AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
TRUECHOICE PHARMACY, LLC**

Pursuant to A.R.S. §29-3202, et. seq., the undersigned states as follows:

I

The name of the limited liability company is:

TRUECHOICE PHARMACY, LLC

II

The initial Articles of Organization for the Company were filed with the Arizona Corporation Commission on January 23, 2020 and were amended by Amendment filed with the Arizona Corporation Commission on April 29, 2020.

III

Paragraph 9 of the Articles of Organization for the Company is modified to change the name of the Statutory Agent as follows:

The statutory agent's name, street address and mailing address is:

**Sathish Ariarracariappa
2410 Highway 95
Bullhead City, Arizona 86442**

IV

Paragraph 13 of the Articles of Organization for the Company is deleted and replaced with the following language:

Management of the limited liability company is vested in a Manager or Managers. The name and address of the Manager of the Company is as follows:

**Sathish Ariarracariappa
2532 Highland Trail
Bullhead City, Arizona 86442**

V

Paragraph 14 of the Articles of Organization for the Company is deleted and replaced with the following language:

The name and address of each member of the limited liability company who owns a twenty-percent (20%) or greater interest in the profits or capital of the limited liability company is as follows:

**Sathish Ariarracariappa
[REDACTED] Highland Trail
Bullhead City, AZ 86442**

VI

Except as amended herein, the original Articles of Organization of the Company shall remain in full force and effect.

IN WITNESS WHEREOF, executed this 27th day of November, 2020.

By: 
Sathish Ariarracariappa, Manager

CONSENT

I, Sathish Ariaracariappa, whose physical address and mailing address is 2532 Highland Trail, Bullhead City, Arizona 86442, having been designated to act as Statutory Agent for TRUECHOICE PHARMACY, LLC, hereby consent to act in that capacity until removal or resignation is submitted in accordance with the Arizona Revised Statutes.

DATED this 27th day of November, 2020.



Sathish Ariaracariappa



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

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

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

Name :	Riverside pharmacy
Address :	2410 Hwy 95 Bullhead city AZ 86442
License No :	Y008572
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	01/05/2021
Expiration Date :	10/31/2022
Status :	APPROVED - AWAITING INSPECTION
Discipline :	No

Kam Gandhi



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: 12/01/2020
Receipt
Number: 2020101624
Receipt Amount \$: 480.00

Pharmacy - Independent

Retail

Issued to :

PERMIT NO
Y008572
Riverside pharmacy
Sathish Ariarracariappa
2532 HIGHLAND TRL
BULLHEAD CITY, AZ 86442

EXPIRES
10/31/2022
Riverside pharmacy
2410 HWY 95
BULLHEAD CITY, AZ 86442

Sam Gardin
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 : Sathish Ariarracariappa
LICENSE NUMBER : Y008572
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.



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: 12/01/2020
Receipt
Number: 2020101624
Receipt Amount \$: 480.00

Pharmacy - Independent

Retail

Issued to :

PERMIT NO -
Y008572
Riverside pharmacy
Sathish Ariarracariappa
2532 HIGHLAND TRL
BULLHEAD CITY, AZ 86442

EXPIRES
10/31/2022

Riverside pharmacy
2410 HWY 95
BULLHEAD CITY, AZ 86442

Kam Gaudin
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 : Sathish Ariarracariappa
LICENSE NUMBER : Y008572
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.



Search Date and Time: 3/29/2021 9:20:52 AM

Entity Name: TRUECHOICE PHARMACY, LLC

Entity Type: Domestic LLC

Formation Date:

Approval Date: _____

Original Incorporation Date: 1/23/2020

Business Type: Retail Trade (44)

Domitio Stata: Arizona

Original Publish Date:

Statutory Agent Information

Name: SATHISH ARIARACAPPA

Attention:

Address: 2410 HIGHWAY 95 BULLHEAD CITY, AZ 86442, USA

Agent Last Updated: 12/21/2020

Attention:

County: Mohave

Appointed Status: Active 12/21/2020

E-mail:

Mailing Address: 2410 HIGHWAY 95, BULLHEAD CITY, AZ

86442, USA

Entity ID: 23066524

Entity Status: Active

Reason for Status:	In Good Standing
1. ☐ Not a member	
2. ☐ Not in good standing	
3. ☐ Not in good standing	
4. ☐ Not in good standing	
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99. ☐ Not in good standing	
100. ☐ Not in good standing	

Status Date: 1/23/2020

Life Period: Perpetual

Last Annual Report Filed:

Annual Report Due Date:

Years Due:

Principal Information

Title	Name	Attention	Address	Date of Taking Office
				1911-11-11

4M



RECEIVED
10/6/2020

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 1,2,3,7 ☒ 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: The Daily Dose Pharmacy

Physical Address: 4534 Westgate Blvd. Ste. 111

Mailing Address: 4534 Westgate Blvd. Ste. 111

City: Austin State: TX Zip Code: 78745

Telephone: 512-334-9697 Fax: 512-334-9698

✓ Toll Free Number: 855-866-0702 (Required per NAC 639.708)

E-mail: info@the-dailydoserx.com Website: www.the-dailydose-rx.com

Managing Pharmacist: Halvin Drummond License Number: 50236

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.

Halister J. Drummond
Original Signature of Person Authorized to Submit Application, no copies or stamps

Halister J. Drummond
Print Name of Authorized Person

9/16/2020
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: The Daily Dose LPMailing Address: 4534 Westgate Blvd., Ste. 111City: Austin State: TX Zip Code: 78745Telephone Number: 512.334.9697 Fax Number: 512.334.9698Contact Person: Kimberli WileyList 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>Asclepius Panacea GP LLC</u>	<u>G</u>	<u>99%</u>
<u>Asclepius Panacea LLC</u>	<u>L</u>	<u>1%</u>

List names of 4 largest partners and percentage of ownership:

Name: Kimberli Wiley %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 5 pmSaturday X am X pmSunday X am X pm24 Hours X

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, Halister Joseph Drummond
Responsible Person of The Daily 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.

Halister J. Drummond
Original Signature of Person Authorized to Submit Application, no copies or stamps

Halister J. Drummond
Print Name of Authorized Person

9/16/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
Travis COUNTY) ss.)

I, Halister J. Drummond, 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 The Daily Dose 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.

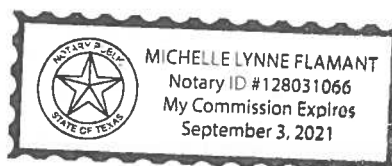
FURTHER AFFIANT SAYETH NOT.

I, Halister J. Drummond do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Halister J. Drummond
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
10 day of September, 2020.

Michelle Lynne Flamant
 NOTARY PUBLIC



4N

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: 220 Midland Court, McDonough, GA 30253

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

Mailing Address: 220 Midland Court

City: McDonough State: GA Zip Code: 30253

Telephone: 470-432-9881

Fax: _____

E-mail: Kerry.Armstead@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: Kerry Armstead

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

- | | |
|--|---|
| ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies | ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: <u>Devices - Ventilators and Supply Kits</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 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

3/4/21

Date

Board Use Only

Received: _____

Amount: ~~\$500~~ Check #853978

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Agiliti HoldCo., IncCorporation Name: Agiliti Health, Inc.Mailing Address: 6625 West 78th Street, Ste 300City: Minneapolis State: MN Zip: 55449Telephone: 952.893.3200

Fax: _____

Contact Person: Kerry Armstead

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. 1,6603) What was the price paid per share? 0.014) What date did the corporation actually receive the cash assets? Date unknown

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.

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

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 of Jeffrey W. Bullock in black ink, 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: 202441308

Date: 02-04-21



STATE OF GEORGIA
 Georgia Board of Pharmacy
 Third Party Distributor
 LICENSE NO. PHTPL000024 Status: Active

Agiliti Health Inc
 220 Midland Court
 McDonough GA 30253

Expires: 06/30/2021
 Issued: 10/27/2020

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Third Party Distributor** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address.



STATE OF GEORGIA
 Georgia Board of Pharmacy
 Third Party Distributor
 LICENSE NO. PHTPL000024 Status: Active
 Agiliti Health Inc
 220 Midland Court
 McDonough GA 30253

Expires: 06/30/2021
 Issued: 10/27/2020

Real-time license verification is available at gadch.mylicense.com/verification



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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Insurance of America</td> <td>25674</td> </tr> <tr> <td>INSURER C :</td> <td></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> </table>	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 :	
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INSURER E :															
INSURER F :															
INSURED Agiliti Health, Inc. 6625 W 78th Street, Suite 300 Minneapolis, MN 55439															

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 ☐ 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	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

CANCELLATION

Agiliti Health, Inc. 6625 West 78th Street Suite 300 Minneapolis, MN 55439	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. <i>Manashi Mukherjee</i>
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40

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

FACILITY INFORMATION

Facility Name: Agiliti Health, Inc.

Physical Address: 4400 S Mendenhall Rd, Suite 4, Memphis, TN 38141

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

Mailing Address: 4400 S Mendenhall Rd, Suite 4

City: Memphis State: TN Zip Code: 38141

Telephone: 901-490-6452

Fax: _____

E-mail: Kelita.gibbs@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: Kelita Gibbs

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

3/4/21

Date

Board Use Only

Received: _____

Amount: \$500 Check # 853976

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Agiliti HoldCo., IncCorporation Name: Agiliti Health, Inc.Mailing Address: 6625 West 78th Street, Ste 300City: Minneapolis State: MN Zip: 55449Telephone: 952.893.3200

Fax: _____

Contact Person: Kelita Gibbs

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. 1,0003) What was the price paid per share? 0.014) What date did the corporation actually receive the cash assets? Date unknown

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.

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

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 of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202441308

Date: 02-04-21

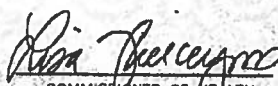
29236

 TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006281
EXPIRATION DATE: 02/28/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
THIRD PARTY LOGISTICS
AGILITI HEALTH INC


COMMISSIONER OF HEALTH

JOE CATES
AGILITI HEALTH, INC.
6625 WEST 78TH STREET, SUITE 300
MINNEAPOLIS MN

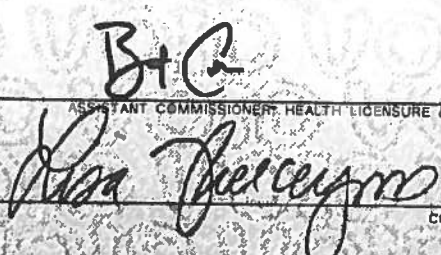
 State of Tennessee
Department of Health

12477025
29236

TENNESSEE BOARD OF PHARMACY
THIRD PARTY LOGISTICS
AGILITI HEALTH INC
4400 S MENDENHALL RD
STE 4
MEMPHIS TN 38118

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 0000006281
EXPIRATION DATE: 02/28/2023


ASSISTANT COMMISSIONER HEALTH LICENSURE & REGULATION
COMMISSIONER



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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Insurance of America</td> <td>25674</td> </tr> <tr> <td>INSURER C :</td> <td></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> </table>	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 :	
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INSURER E :															
INSURER F :															
INSURED Agiliti Health, Inc. 6625 W 78th Street, Suite 300 Minneapolis, MN 55439															

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			660-0R206923	06/01/2020	06/01/2021	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 10,000
	☐ POLICY ☐ PRO-JECT ☒ LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED ☐ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE ☐ OTH-ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

CANCELLATION

Agiliti Health, Inc. 6625 West 78th Street Suite 300 Minneapolis, MN 55439	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. <i>Manoshi Mukherjee</i>
---	---

4P

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: 1775 Corporate Drive, Ste. 100, Norcross, GA 30093
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1775 Corporate Drive, Ste. 100

City: Norcross, State: GA Zip Code: 30093

Telephone: 470-432-9881 Fax: _____

E-mail: tee.sharpe@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: Treasure Sharpe

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: <u>Devices - Ventilators and Supply Kits</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 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

3/4/21

Date

Board Use Only

Received: _____

Amount: \$500 Check # 853977

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Agiliti HoldCo., IncCorporation Name: Agiliti Health, Inc.Mailing Address: 6625 West 78th Street, Ste 300City: Minneapolis State: MN Zip: 55449Telephone: 952.893.3200

Fax: _____

Contact Person: Treasure Sharpe

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. 1,0003) What was the price paid per share? 0.014) What date did the corporation actually receive the cash assets? Date unknown

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

Include with the application for a non-publicly traded corporation*online register*

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.

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

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.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202441308

Date: 02-04-21



STATE OF GEORGIA
 Georgia Board of Pharmacy
 Third Party Distributor
 LICENSE NO. PHTPL000023 Status: Active

Agiliti Health Inc
 1775 Corporate Drive Ste 100
 Norcross GA 30093

Expires: 06/30/2021
 Issued: 10/27/2020

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Third Party Distributor** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address.



STATE OF GEORGIA
 Georgia Board of Pharmacy
 Third Party Distributor
 LICENSE NO. PHTPL000023 Status: Active
 Agiliti Health Inc
 1775 Corporate Drive Ste 100
 Norcross GA 30093

Expires: 06/30/2021
 Issued: 10/27/2020

Real-time license verification is available at gadch.mylicense.com/verification



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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Insurance of America</td> <td>25674</td> </tr> <tr> <td>INSURER C :</td> <td></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> </table>	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 :	
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INSURED Agiliti Health, Inc. 6625 W 78th Street, Suite 300 Minneapolis, MN 55439															

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	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

CANCELLATION

Agiliti Health, Inc. 6625 West 78th Street Suite 300 Minneapolis, MN 55439	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. <i>Manashi Mukherjee</i>
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4Q

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: 4475 West 700 South, Salt Lake City, UT, 84104

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

Mailing Address: 4475 West 700 South

City: Salt Lake City State: UT Zip Code: 84104

Telephone: 801-201-4526

Fax: _____

E-mail: elizabeth.duffin-korth@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: Elizabeth Duffin-Korth

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

3/4/21

Date

Board Use Only

Received: _____

Amount: \$500 Check # 853974

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Agiliti HoldCo., IncCorporation Name: Agiliti Health, Inc.Mailing Address: 6625 West 78th Street, Ste 300City: Minneapolis State: MN Zip: 55449Telephone: 952.893.3200

Fax: _____

Contact Person: Elizabeth Duffin-Korth

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. 1,0003) What was the price paid per share? 0.014) What date did the corporation actually receive the cash assets? Date unknown

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.

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



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

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 ☐ 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
CANCELLATION

Agiliti Health, Inc. 6625 West 78th Street Suite 300 Minneapolis, MN 55439	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. <i>Manoohi Mulkrajee</i>
---	---

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 of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202441308

Date: 02-04-21

STATE OF UTAH DEPARTMENT OF COMMERCE ACTIVE LIMITED LICENSE  Agiliti Health Inc EFFECTIVE 12/18/2020 EXPIRATION 09/30/2023		REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S) 11928272-1714 Pharmacy - Class E Business Third Party Logistics Provider 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.

AGILITI HEALTH INC
 4475 W 700 S
 SALT LAKE CITY UT 84104

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 LIMITED LICENSE EFFECTIVE DATE: 12/18/2020 EXPIRATION DATE: 09/30/2023 ISSUED TO: Agiliti Health Inc 4475 W 700 S Salt Lake City UT 84104		
REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S) 11928272-1714 Pharmacy - Class E Business Third Party Logistics Provider DBA: None Associated		

Details for Agiliti Health Inc

License Information

Name:	Agiliti Health Inc
City, State, Zip, Country:	Salt Lake City UT 84104 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class E Business
License Number:	11928272-1714
Obtained By:	Application
License Status:	Active
Original Issue Date:	12/18/2020
Expiration Date:	09/30/2023
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):	
Third Party Logistics Provider	

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.](#)

4R

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: American Medical Distribution, Inc.

Physical Address: 7300 124th Ave
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: Same

City: Largo State: FL Zip Code: 33773

Telephone: 866-327-9194 Fax: 888-920-9370

E-mail: alance@amdi.us Website: amdi.us

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30^A to 5:00^P Tue: 8:30^A to 5:00^P Wed: 8:30^A to 5:00^P Thu: 8:30^A to 5:00^P Fri:

8:30^A to 5:00^P Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Alicia Lance

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: Urology supplies - external catheters

**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:

<u>Medicare</u>	<u>6706890001</u>	_____
_____	_____	_____
_____	_____	_____

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>None</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

Marc Garofani
Print Name of Authorized Person

3/25/21
Date

Board Use Only

Received: _____

Amount: 500
check # 0124



July 29, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BIODERM, INC.
12320 73RD CT N
LARGO, FL 33773US

Re: Document Number L56837

The Articles of Amendment to the Articles of Incorporation for BIODERM, INC., a Florida corporation, were filed on July 28, 2020.

The certification requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H20000239788.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Claretha Golden
Regulatory Specialist II
Division of Corporations

Letter Number: 620A00014217



I certify the attached is a true and correct copy of the Articles of Amendment, filed on July 28, 2020, to Articles of Incorporation for BIODERM, INC., a Florida corporation, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H20000239788. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is L56837.

Authentication Code: 620A00014217-072920-L56837

-1/1



Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-ninth day of July, 2020


Secretary of State

((H20000239788 3)))

**ARTICLES OF AMENDMENT
TO THE
SECOND AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
BIODERM, INC.**

Pursuant to the Florida Business Corporation Act, **BIODERM, INC.**, a Florida corporation (the “Corporation”), hereby adopts the following Articles of Amendment to its Amended and Restated Articles of Incorporation, as amended:

FIRST: The name of the Corporation is:

BioDerm, Inc.

SECOND: Article IV.A. of the Amended and Restated Articles of Incorporation of the Corporation is hereby amended and restated in its entirety as follows:

Authorization of Stock. This corporation is authorized to issue two classes of stock to be designated, respectively, common stock and preferred stock. The total number of shares that this corporation is authorized to issue is One Hundred Million (100,000,000). The total number of shares of common stock authorized to be issued is Seventy Million (70,000,000), par value \$0.0001 per share (the “Common Stock”). The total number of shares of preferred stock authorized to be issued is Thirty Million (30,000,000), par value \$0.0001 per share (the “Preferred Stock”), of which One Million Two Hundred and Fifty Thousand (1,250,000) are designated as “Series A Preferred Stock” and of which Twenty-Five Million (25,000,000) are designated as “Series B Preferred Stock”.

THIRD: The foregoing amendment to the Corporation’s Second Amended and Restated Articles of Incorporation was adopted and approved by the Board of Directors of the Corporation by written consent effective as of the 10th of July 2020. The foregoing amendment to the Corporation’s Second Amended and Restated Articles of Incorporation does not require stockholder approval.

FOURTH: The foregoing amendment to the Corporation’s Second Amended and Restated Articles of Incorporation will become effective upon the filing of these Articles of Amendment to the Second Amended and Restated Articles of Incorporation with the Florida Department of State.

[Signatures on following page]

((H20000239788 3)))

American Medical Distribution, Inc
7300 124th Ave
Largo, FL 33773

Officers

Gaet Tyranski
President & CEO
12320 73rd Ct, Largo, FL 33773
727-5

Shawn Stone
VP of Operations
12320 73rd Ct, Largo, FL 33773
727-

Marc Garofani
CFO
12320 73rd Ct, Largo, FL 33773
727-

State of Florida

Department of State

I certify from the records of this office that AMERICAN MEDICAL DISTRIBUTION, INC is a corporation organized under the laws of the State of Florida, filed on December 1, 2008, effective December 1, 2008.

The document number of this corporation is P08000105215.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on March 3, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirtieth day of April, 2021*



Randy R. Lee
Secretary of State

Tracking Number: 4669925577CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

69BIODE

DATE (MM/DD/YYYY)

1/21/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

McGriff Insurance Services
12485 - 28th Street North
Saint Petersburg, FL 33716
727 327-7070

CONTACT NAME

Cyndi Ross

PHONE

(A/C, No, Ext): 727 803-8139

FAX

(A/C, No): 8886328451

E-MAIL

ADDRESS: cynthia.ross@mcgriff.com

INSURER(S) AFFORDING COVERAGE

NAIC

INSURER A: Travelers Property Casualty Co of Amer

25674

INSURER B: Phoenix Insurance Company

25623

INSURER C: Travelers Excess and Surplus Lines Co

29696

INSURER D: Travelers Indemnity Co of America

25666

INSURER E:

INSURER F:

INSURED

BioDerm, Inc. and its subsidiaries
American Medical Distribution, Inc.
7300 124th Ave
Largo, FL 33773

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 INSR 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 ☐ PROJECT ☐ LOC OTHER:		ZLP61N34549	11/14/2020	11/14/2021	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 - COM/PO/AGG \$0
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BA5R499636	11/14/2020	11/14/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ RETENTION \$10000		CUP5R509289	11/14/2020	11/14/2021	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
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 Y N/A	UB5R500295	11/14/2020	11/14/2021	☒ PER STATUTE OTHER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
C	Product Liab		ZPP91N35214	11/14/2020	11/14/2021	\$5,000,000 Each Occ \$5,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Products Liability Is Claims-Made, Retroactive Date 03/17/2003 Bodily Injury & Property Damage Deductibles: \$10,000 Each Occurrence / \$50,000 Aggregate Deductible. The Umbrella does not extend over the Products Liability policy.

CERTIFICATE HOLDER

Board
Certification/Accreditation
International
10451 Mill Run Circle Ste. 1250
Owings Mills, MD 21117

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





PROSURE GROUP
BONDING TOGETHER . BUILDING TOGETHER

7217 Benjamin Road
Tampa, FL 33634

☎ (813) 243-1110
☎ (813) 243 -1109 fax
✉ commercialbonds@prosuregroup.com
🌐 www.prosuregroup.com

CONTINUATION CERTIFICATE

The **International Fidelity Insurance Company** (hereinafter called the Company) hereby continues in force -with no lapse in coverage - its Bond No. **0579011** in the sum of **Fifty Thousand U.S. Dollars (\$50,000.00)**, on behalf of **American Medical Distribution, Inc.** in favor of **Centers for Medicare & Medicaid Services** for the (extended) term beginning on **February 16, 2021**, and ending on **February 16, 2022**, subject to all the covenants and conditions of said Bond.

This Continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the sum of **Fifty Thousand U.S. Dollars (\$50,000.00)**.

IN WITNESS WHEREOF, the Company has caused this instrument to be signed by its officers proper for the purpose and its corporate seal to be hereto affixed this January 6, 2021.

International Fidelity Insurance Company
(Surety)

Witness:

[Signature]

By:

Brandy L. Bai



Brandy L. Baich, Attorney-In-Fact and
Licensed FL Resident Agent #W214175
(Title)

SURETY BONDS

Performance Bonds | Contract Bonds | License Bonds | Court Bonds



4S

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

FACILITY INFORMATION

Facility Name: AMSR LLC

Physical Address: 15055 E. Hinsdale Drive, Centennial, CO 80112
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 15055 E. Hinsdale Drive

City: Centennial State: CO Zip Code: 80112

Telephone: 303-483-7149 Fax: 303-483-7136

E-mail: jhopkins@amsrco.com Website: www.oxygenconcentratorstore.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 8pm Tue: 7am to 8pm Wed: 7am to 8pm Thu: 7am to 8pm Fri: 7am to 7pm
 Sat: 7am to 7pm Sun: 8am to 7pm Holidays: 8am to 7pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jennifer Hopkins

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: Jennifer Hopkins Telephone: 303-562-6002

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.


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

Jennifer Hopkins
Print Name of Authorized Person

3/30/21
Date

Board Use Only

Received: _____

Amount: \$500 check #14922

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: AMSR, LLCMailing Address: 15055 E. Hinsdale DriveCity: Centennial State: CO Zip: 80112Telephone: 303-483-7156 Fax: 303-483-7136Contact Person: Jennifer Hopkins

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>CCP1, LLC</u>	<u>G</u>	<u>60%</u>
<u>Brenda Wesener</u>	<u>L</u>	<u>40%</u>

List names of 4 largest partners and percentage of ownership:

Name: CCP1, LLC (Mark Hopkins & Jennifer Hopkins) %: 60Name: Brenda Wesener %: 40

Name: _____ %: _____

Name: _____ %: _____

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

AMSR, LLC

is a

Limited Liability Company

formed or registered on 11/11/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091595265 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/07/2021 that have been posted, and by documents delivered to this office electronically through 04/08/2021 @ 14:05:58 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/08/2021 @ 14:05:58 in accordance with applicable law. This certificate is assigned Confirmation Number 13083266 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

CERTIFICATE of ACCREDITATION



ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

AMSR, LLC
CENTENNIAL, COLORADO

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: --

--DMEPOS

Home/Durable Medical Equipment Services

FROM September 12, 2018 THROUGH September 11, 2021



[Signature]
CHIEF EXECUTIVE OFFICER

[Signature]
CHAIRMAN OF THE BOARD OF COMMISSIONERS



CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0007788801

DATE (MM/DD/YYYY)

03/31/2021

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 PHARMACISTS MUTUAL INSURANCE COMPANY 808 HIGHWAY 18 W PO BOX 370 ALGONA IA 50511-0370		CONTACT NAME: PHONE (A/C, No. Ext): 800-247-5930 FAX (A/C, No): E-MAIL ADDRESS:	
INSURED AMSR LLC 15055 E HINSDALE DR CENTENNIAL CO 80112-4257		INSURER(S) AFFORDING COVERAGE INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY NAIC # 13714 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 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			BOP 0108877 12 Includes- Hired Auto Liability Non-Owned Auto Liability	12/16/2020	12/16/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 WATER LEGAL LIABILITY \$ 50,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 DESCRIPTIONS OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

See Remarks for Additional Named Insureds

See Remarks for Location Schedule

CERTIFICATE HOLDER

CANCELLATION

FOR EVIDENCE ONLY

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

GAIL T. WOLFE, CISR, API

Darlene Nases

From: Michelle Hattasch <mhattasch@amsrco.com>
Sent: Wednesday, May 12, 2021 8:27 AM
To: Darlene Nases
Cc: Jennifer Hopkins
Subject: RE: MDEG License Application - ASMR LLC - Need more information
Attachments: Home State Licensure Information - AMSR, LLC.pdf

Hello Darlene,

Our home state of Colorado does not require a license for our business as we do not bill Medicare or Medicaid. Attached is some additional information including the applicable statute and correspondence with the Secretary of State's office.

Please let us know if you have any further questions. Thank you!

Michelle Hattasch | mhattasch@amsrco.com
 Accountant | American Medical Sales & Rentals

Office Phone: 303-483-7149

15055 E. Hinsdale Drive
 Centennial, CO 80112



From: Darlene Nases <dnases@pharmacy.nv.gov>
Date: Tuesday, May 11, 2021 at 4:42 PM
To: Jennifer Hopkins <jhopkins@amsrco.com>
Cc: "Mark I. Sedar" <msedar@pharmacy.nv.gov>
Subject: MDEG License Application - ASMR LLC - Need more information

Hello Jennifer,

We were reviewing your MDEG application that you submitted for ASMR LLC.
 I wanted to know if you had a copy of your Home State License that we can attach to your application. Please let us know.

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.

The information contained in this e-mail is legally privileged and confidential information intended only for the use of the individual or entity to whom it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any viewing, dissemination, distribution, or copy of this e-mail message is strictly prohibited. If you have received and/or are viewing this e-mail in error, please immediately notify the sender by reply e-mail, and delete this e-mail from your system. Thank you.

AMSR, LLC
 7032 South Revere Parkway,
 Suite 320
 Centennial, CO 80112

HOME STATE LICENSURE INFORMATION

Department of Regulatory Agencies:

In the state of Colorado, *Durable Medical Equipment* is regulated by the *Secretary of State*. Please check the screenshot below from the following webpage of Colorado's Department of Regulatory Agencies:

Secure <https://www.colorado.gov/pacific/dora/node/100206>

D

- ✚ [Day Care Facilities](#)
- ✚ [Death Certificates](#)
- ✚ [Developmentally Disabled Services](#)
- ✚ [Drivers Licenses](#)
- ✚ [Durable Medical Equipment](#)

Durable medical equipment is regulated by the [Secretary of State](#).

E

- ✚ [Elderly Services](#)

Link: <https://www.colorado.gov/pacific/dora/node/100206>

Secretary of State:

Per DME Statute, 24-21-115 a DME Supplier is defined as the following:

24-21-115. Durable medical equipment supplier license - definition - rules

(1) As used in this section:

(a) "Durable medical equipment supplier" means a person or entity that:

(I) Currently bills or plans to bill the medicare program for services or products listed in the centers for medicare and medicaid durable medical equipment, prosthetics, orthotics, and supplies competitive bid product categories in this state in the current calendar year; or

(II) Intends to bid for services or products listed in the centers for medicare and medicaid durable medical equipment, prosthetics, orthotics, and supplies competitive bid product categories in this state in the current calendar year.

https://www.sos.state.co.us/pubs/info_center/laws/Title24/Title24Article21Part1.html

Email from DME Specialist:

Kathleen Wallace @

March 15, 2018 at 3:19 PM



RE: DME license question

Details

To: Sanket Jain, Durable Medical Equipment, Cc: Alberta Bennett

Dear Mr. Jain,

Thank you for the clarification.

Based on what you have told me, I do not think you fall under the jurisdiction of the Colorado DME statute and therefor do not require a license through the Secretary of State.

You may want to check with other local regulating agencies to determine if they might require a license. For example, you may choose to contact the Colorado Department of Regulatory Agencies (DORA) or the Colorado Department of Health Care Policy and Financing (HCPIF). I have included contact information for both, below.

DORA: <https://www.colorado.gov/pacific/dora/contact-dora>

HCPIF: https://www.google.com/search?q=HCPIF&rlz=1C1GGRV_enUS765US765&oq=HCPIF&aqs=chrome..69j57j0l5.2256j0j7&sourceid=chrome&ie=UTF-8

You may also want to consider any Federal Laws or requirements under which your practice may be subject.

Please feel free to contact us with any additional questions or concerns.

Yours Truly,

Kathleen Wallace

Kathleen Wallace | Legal Analyst/DME Specialist
 Colorado Secretary of State's Office
 1700 Broadway, Ste. 200, Denver, CO. 80290
 Office: 303.860.6971
 Email: Kathleen.Wallace@SOS.STATE.CO.US

Therefore, the state of Colorado doesn't have any licensing requirement for us.

Yours truly,

Jennifer Hopkins
 CEO
 AMSR, LLC

4T

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>MP01439</u>)
☐ 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: BioTel INR, LLC

Physical Address: 400 Oyster Point Boulevard, Suite 339, South San Francisco, CA 94080
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1000 Cedar Hollow Road, Suite 102

City: Malvern State: PA Zip Code: 19355

Telephone: 800-780-0675 Fax: 610-828-8048

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00 Fri: 8:00 to 5:00
 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Raymond Hart

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: Durable Medical Equipment (patient meters & test strips for home PT/INR monitoring)

**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: Raymond Hart

Telephone: 510-788-9200

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 IN – 258200

Medicaid IA - 1083880447

Pennsylvania Medicaid – 0014199110004

Medicaid AZ – 690611

Medicaid MN – 1083880447

Tennessee Medicaid – Q022950

Medicaid IN - 201408300A

CA Medicare FQ013A

New Jersey Medicare - 236589

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

Cody Cowper

Print Name of Authorized Person

2/16/21

Date

Board Use Only

Received: _____

Amount: 500

Check # 1305181

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: CardioNet, LLC

Corporation Name: BioTel INR, LLC

Mailing Address: 1000 Cedar Hollow Road, Suite 102

City: Malvern State: PA Zip: 19355

Telephone: 610-729-0216 Fax: 610-828-8048

Contact Person: Tahirah Bolger

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

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

a) 100 % owned by CardioNet, LLC

Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

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

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

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

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.

EXHIBIT A**LIST OF OFFICERS AND DIRECTORS**
OF BIOTELEMETRY, INC.**Officers****(and Board of Directors of BioTel INR, LLC)**

Joseph Capper
President/CEO
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Heather Getz
Treasurer/CFO
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Cody Cowper
Secretary/COO
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Board of Directors
of BioTelemetry Inc.

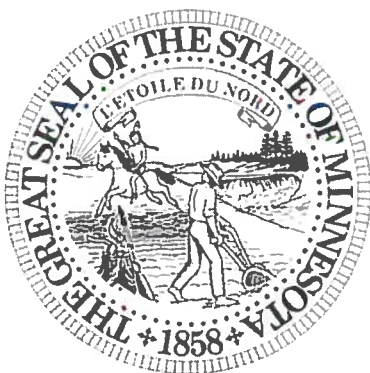
Kirk E. Gorman (Chairman)
Joseph Capper
Anthony J. Conti
Laura N. Dietch
Joseph A. Frick
Colin Hill
Tiffany Olson
Stephan Rietiker
Rebecca Rimel
Robert J. Rubin, M.D.

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	BioTel INR, LLC
Date Filed:	06/23/2020
File Number:	1164596800046
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/15/2021



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
12/29/2020

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 Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:														
INSURED BioTel INR, LLC 400 Oyster Point Boulevard, Ste 339 South San Francisco CA 94080 USA	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER B: Hartford Insurance Company of Illinois</td> <td>38288</td> </tr> <tr> <td>INSURER C: Great Northern Insurance Co.</td> <td>20303</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: Federal Insurance Company	20281	INSURER B: Hartford Insurance Company of Illinois	38288	INSURER C: Great Northern Insurance Co.	20303	INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 570085445071 **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												
C	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER			35764140	05/31/2020	05/31/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS - COMPROP AGG</td><td style="text-align: right;">Excluded</td></tr> </table>	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 - COMPROP AGG	Excluded
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A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			7350-28-85	05/31/2020	05/31/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
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BODILY INJURY (Per accident)																			
PROPERTY DAMAGE (Per accident)																			
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION			79807640	05/31/2020	05/31/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$15,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$15,000,000</td></tr> </table>	EACH OCCURRENCE	\$15,000,000	AGGREGATE	\$15,000,000								
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A	Products Liab			35983281 Claims Made	05/31/2020	05/31/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Occ/Agg</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>Agg/Ded</td><td style="text-align: right;">\$325,000</td></tr> <tr><td>Occ/Ded</td><td style="text-align: right;">\$50,000</td></tr> </table>	Occ/Agg	\$1,000,000	Agg/Ded	\$325,000	Occ/Ded	\$50,000						
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Occ/Ded	\$50,000																		

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

Primary Professional Liability, Insurer: Chubb Custom Insurance Company, Policy #79931979, Policy Period: 5/31/20 to 5/31/21, Limit: \$1,000,000 Each Wrongful Act/Aggregate, Deductible: \$50,000 Each Event/\$125,000 Aggregate. 1st Excess Product/Professional Liability policy, Insurer: Federal Insurance Company, Policy #93646766, Policy Period: 5/31/20 to 5/31/21, Limit: \$9,000,000 excess of \$1,000,000. 2nd Excess Product/Professional Liability policy, Insurer: Ironshore Specialty Ins. Co., Policy #003624800, Policy Period: 5/31/20 to 5/31/21, Locations: 601 DNA Way, Unit A, South San Francisco, CA 94080, 9115 Hague Road, Building B, Suite 100, Indianapolis, IN 46256 and 400 Oyster Point Boulevard, Suite 339, South San Francisco, CA 94080. Evidence of Insurance.

CERTIFICATE HOLDER

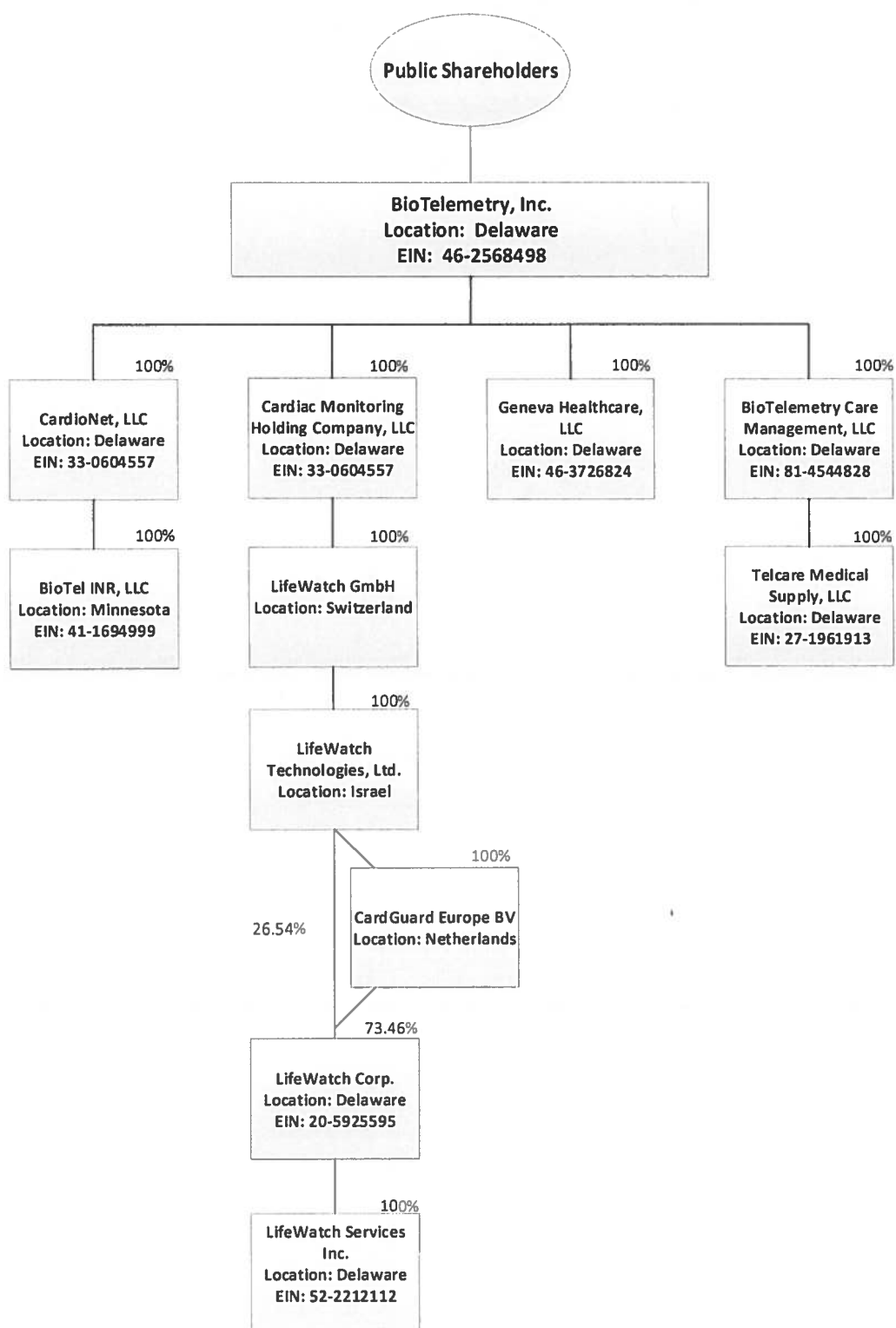
CANCELLATION

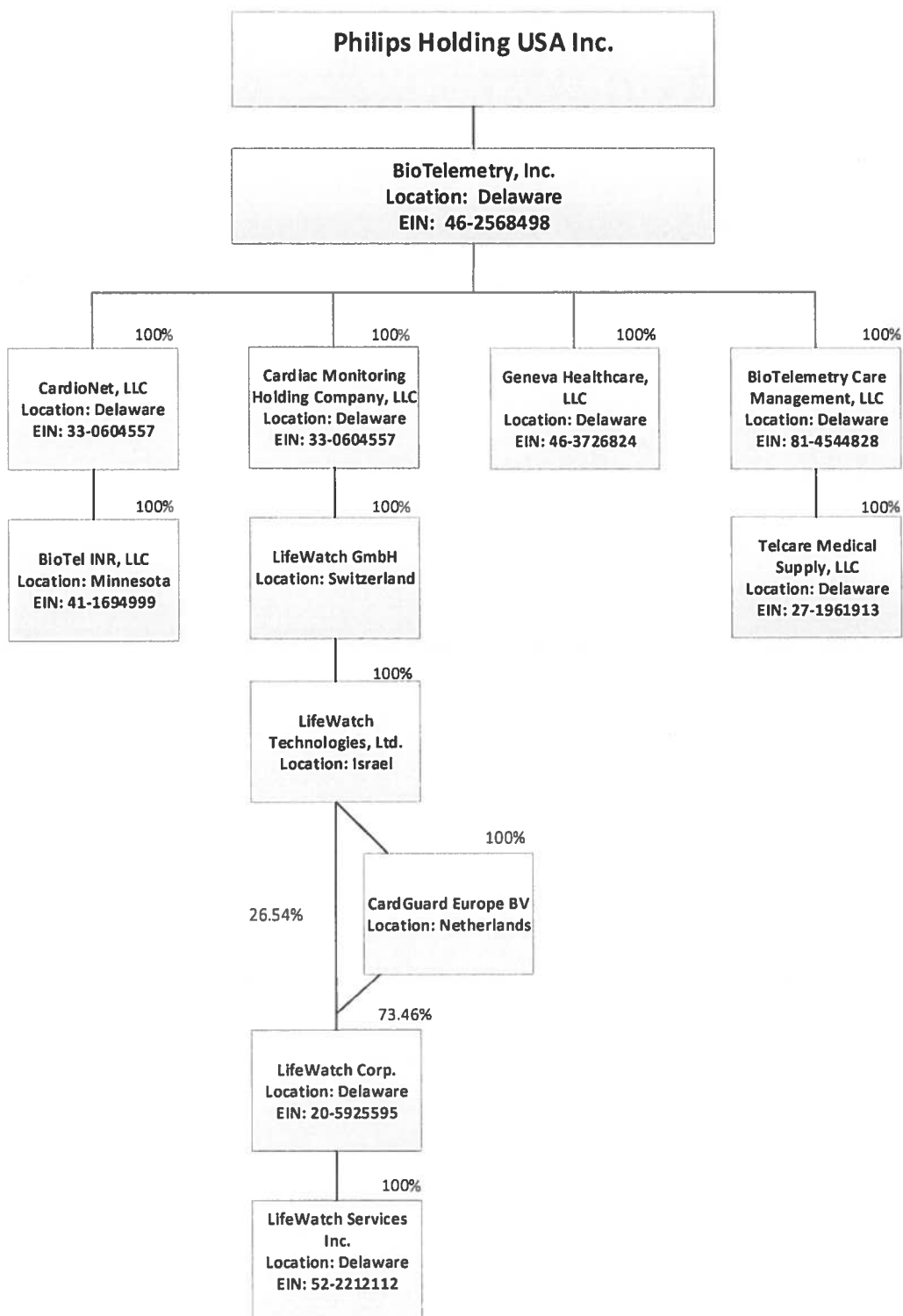
BioTel INR, LLC 400 Oyster Point Boulevard, Suite 339 South San Francisco CA 94080 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central, Inc</i>
--	---

Holder Identifier :

570085445071

Certificate No :





4U

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(Check only) Application must be printed legibly or typed

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

☒ New MDEG	☐ Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5	☒ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Calmed Medical Supplies & Repair, Inc.

Physical Address: 24123 Greenfield Rd. STE 100
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: N/A

City: Southfield State: MI Zip Code: 48075

Telephone: 248-440-6069 Fax: 248-499-1942

E-mail: Bassie@CalmedMed.com Website: CalmedMedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 5 Tue: 10 to 5 Wed: 10 to 5 Thu: 10 to 5 Fri: 10 to 2
Sat: N/A to _____ Sun: N/A to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Esther Oseroff

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: tracheostomy, G-tomy, urological

**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: _____

usual care.
Enteral feeds

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 # 4957680001

Medicaid NY 04567713

Medicaid MI 41577478

Medicaid NJ 0586366

Medicaid IL 383682752001

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

Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 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.

Esther Oseroff

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

Esther Oseroff

Print Name of Authorized Person

4/21/21

Date

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: Meyer Bentzion Oseroff

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: Los Angeles State: CA Country: _____

Citizenship: USA ☒ other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: _____ Jeanette City: Southfield

State: MI Zip Code: 48075 Telephone Number: 248- Fax Number: _____

Previous address (last 5 years):

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: Calmed Medical Supplies & Repair, Inc.

Current Business Address: 24123 Greenfield Rd. STE 100

City: Southfield State: MI Zip Code: 48075

Telephone Number: 248-440-6069 Fax Number: 248-497-1942

Previous Employment (last 5 years):

Name: _____ Address: _____

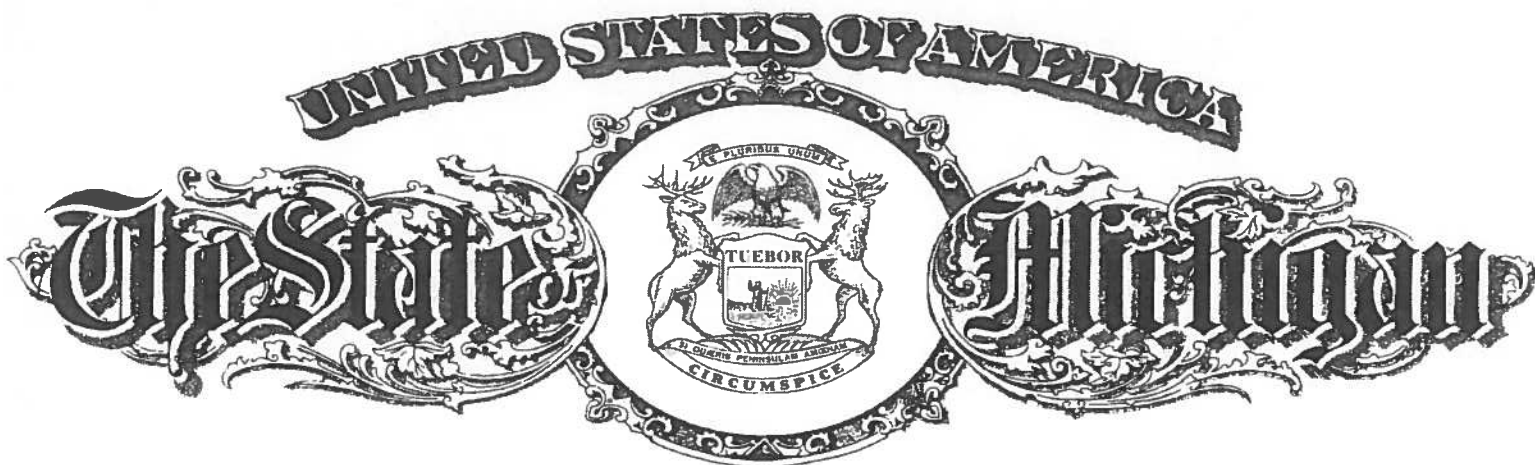
City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

CALMED MEDICAL SUPPLIES & REPAIR, INC.

was validly incorporated on June 5 , 2003 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: 21040715305

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of April , 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF PHARMACY
VERIFICATION OF LICENSURE AS OF 04/22/2021

NAME: Calmed Medical Supplies & Repair Inc
ADDRESS: 24123 Greenfield Rd Ste 100
Southfield, MI 48075

BIRTH YEAR:
STATUS: Active

LICENSE TYPE: Wholesale Distributor License

ORIGINAL DATE: 02/02/2012
EXPIRATION DATE: 02/02/2023
SPECIALTY:

LICENSE NUMBER: 5306003547

None

EXAM DATE

EXAM TYPE

EXAM RESULTS

None

OPEN FORMAL COMPLAINTS

No

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
(517) 241-0199



PROPERTY COVERAGE**LIMIT OF INSURANCE**

The following deductible applies unless a separate deductible is shown on the Schedule of Locations and Coverage.

Deductible: \$1,000

Business Income and Extra Expense Coverage
Business Income and Extra Expense

12 Months Actual Loss Sustained

Business Income and Extra Expense - Dependent Properties \$10,000

Employee Dishonesty \$25,000

Forgery and Alteration \$25,000

LIABILITY COVERAGE**LIMIT OF INSURANCE**

Liability and Medical Expense Limit - Each Occurrence \$2,000,000

Medical Expense Limit -- Per Person \$10,000

Personal and Advertising Injury \$2,000,000

Products/Completed Operations Aggregate \$4,000,000

General Aggregate \$4,000,000

Damage To Premises Rented To You \$1,000,000

Employee Benefits Liability
Each Employee Deductible \$1,000
Each Employee \$2,000,000
Aggregate \$4,000,000

Employment Practices/Fiduciary Liability Retroactive Date: 02/23/2011 \$10,000
EPLI Deductible: \$0

Hired Auto Liability \$1,000,000

Nonowned Auto Liability \$1,000,000

CRIME COVERAGE**LIMIT OF INSURANCE**

Welfare and Pension Plan ERISA Compliance \$75,000

POLICY NUMBER
B 4024470207

INSURED NAME AND ADDRESS
CALMED MEDICAL SUPPLY & REPAIR INC
24123 GREENFIELD RD STE 100
SOUTHFIELD, MI 48075

279

SCHEDULE OF LOCATIONS AND COVERAGE

LOCATION 1 **BUILDING** 1

24123 GREENFIELD RD STE 100
SOUTHFIELD, MI 48075

Construction: Joisted Masonry

Class Description: MEDICAL, HOSPITAL, SURGICAL SUPPLY STORES

Inflation Guard 3%

PROPERTY COVERAGE

LIMIT OF INSURANCE

Accounts Receivable	\$25,000
Building	Not Covered
Business Personal Property	\$102,000
Electronic Data Processing	\$50,000
Equipment Breakdown	\$102,000
Fine Arts	\$25,000
Ordinance or Law - Demolition Cost, Increased Cost of Construction	\$25,000
Seasonal Increase: 25%	
Sewer or Drain Back Up	\$25,000
Valuable Papers & Records	\$25,000



4V

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>MP00967</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: CardioNet, LLC

Physical Address: 2476 Swedesford Road, Suite 350, Malvern, PA 19355
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1000 Cedar Hollow Road, Suite 102

City: Malvern State: PA Zip Code: 19355

Telephone: 888-312-2328 Fax: 610-828-8048

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24/7 to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____ Fri: _____
 _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michele Sowa

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: <u>Durable Medical Equipment – patient meters and test strips for home PT/INR monitoring</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: Michele Sowa Telephone: (610)729-0259

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 Provider List - Attachment D

_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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

Cody Cowper

Print Name of Authorized Person

2/16/21

Date

Board Use Only

Received: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: BioTelemetry, Inc.

Corporation Name: CardioNet, LLC

Mailing Address: 1000 Cedar Hollow Road, Suite 102

City: Malvern State: PA Zip: 19355

Telephone: 610-729-7000 Fax: 610-828-8048

Contact Person: _____

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

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) 100 % owned by Philips Holding USA Inc.

Name	Address
------	---------
 - b) _____

Name	Address
------	---------
 - c) _____

Name	Address
------	---------
 - d) _____

Name	Address
------	---------
- 2) Provide the number of shares issued by the corporation. N/A ownership is an LLC
- 3) What was the price paid per share? N/A ownership is an LLC
- 4) What date did the corporation actually receive the cash assets? N/A ownership is an LLC
- 5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

EXHIBIT A**LIST OF OFFICERS AND DIRECTORS**
OF BIOTELEMETRY, INC.**Officers****(and Board of Directors of CardioNet, LLC)**

Joseph Capper
President/CEO

1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Heather Getz
Treasurer/CFO

1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Cody Cowper
Secretary/COO

1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Board of Directors
of BioTelemetry Inc.

Kirk E. Gorman (Chairman)

Joseph Capper

Anthony J. Conti

Laura N. Dietch

Joseph A. Frick

Colin Hill

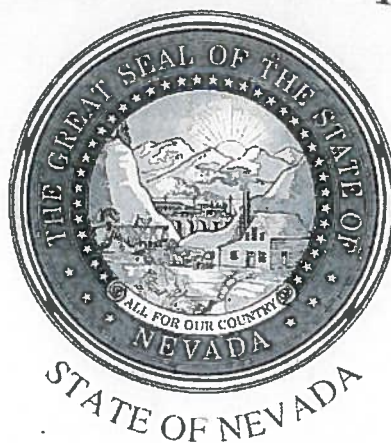
Tiffany Olson

Stephan Rietiker

Rebecca Rimel

Robert J. Rubin, M.D.

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, **CARDIONET, LLC**, as a **FOREIGN LIMITED-LIABILITY COMPANY** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/18/2008, 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: B202102151430513

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



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
12/15/2020

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
Aon Risk Services Central, Inc.
Philadelphia PA Office
One Liberty Place
1650 Market Street
Suite 1000

CONTACT
NAME:
PHONE
(A/C. No. Ext): (866) 283-7122 FAX
(A/C. No.): 800-363-0105
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
CardioNet, LLC
1000 Cedar Hollow Road, Suite 102
Malvern PA 19355-2300 USA

INSURER A: Federal Insurance Company 20281
INSURER B: Hartford Insurance Company of Illinois 38288
INSURER C: Great Northern Insurance Co. 20303
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 570085202044

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 shown are as requested
C	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER			35764140	05/31/2020	05/31/2021	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 Excluded
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			7350-28-85	05/31/2020	05/31/2021	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			79807640	05/31/2020	05/31/2021	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000
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 N	N/A	39WEAD2EVY	05/31/2020	05/31/2021	☒ PER STATUTE ☐ OTH 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			35983281 Claims Made	05/31/2020	05/31/2021	Occ/Agg \$1,000,000 Agg/Ded \$325,000 Occ/Ded \$50,000

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

Primary Professional Liability. Insurer D. Insurance Company: Chubb Custom Insurance Company. Policy #79931979. Policy Period: 5/31/20 to 5/31/21. Limit: \$1,000,000 Each Wrongful Act/Aggregate. Deductible: \$50,000 Each Event/\$325,000 Aggregate. 1st Excess Product/Professional Liability policy. Insurer B. Policy #93647866. Policy Period: 5/31/20 to 5/31/21. Limit: \$9,000,000 excess of \$1,000,000. 2nd Excess Product/Professional Liability policy. Insurer E. Policy #003623800. Policy Period: 5/31/20 to 5/31/21. Limit: \$5,000,000 excess of \$10,000,000. Locations: (1) 1000 Cedar Hollow Road, Suite 102, Malvern, PA 19355 (2) 1 Electronics Drive, Mercerville, NJ 08619 (3) 456 Montgomery Street, Suite 600, San Francisco, CA 94104 (4) 2476 Swedesford Road, Suite 350, Malvern, PA 19355. CardioNet, LLC is a subsidiary company.

CERTIFICATE HOLDER

CANCELLATION

CardioNet, LLC
1000 Cedar Hollow Road, Suite 102
Malvern PA 19355 USA

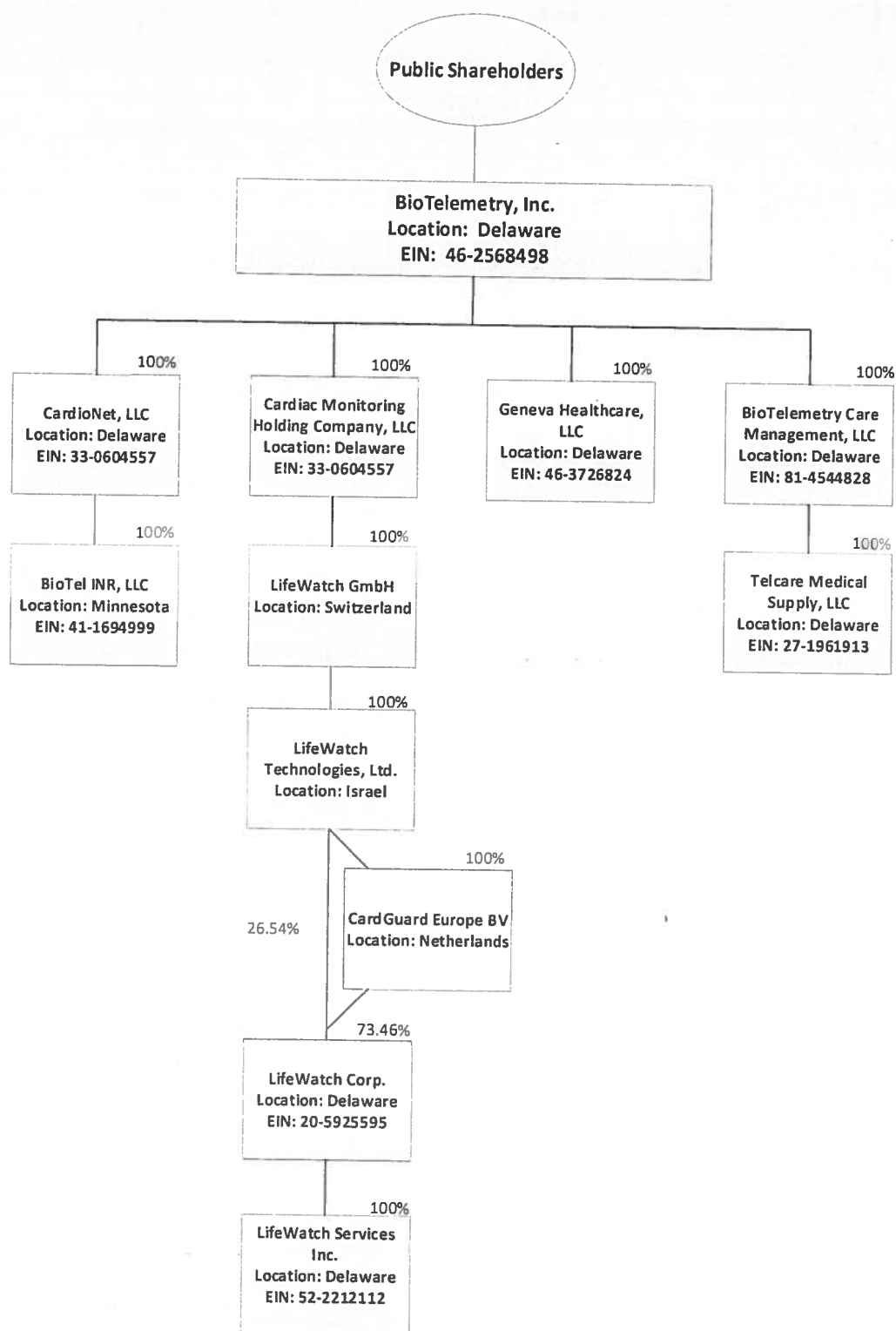
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

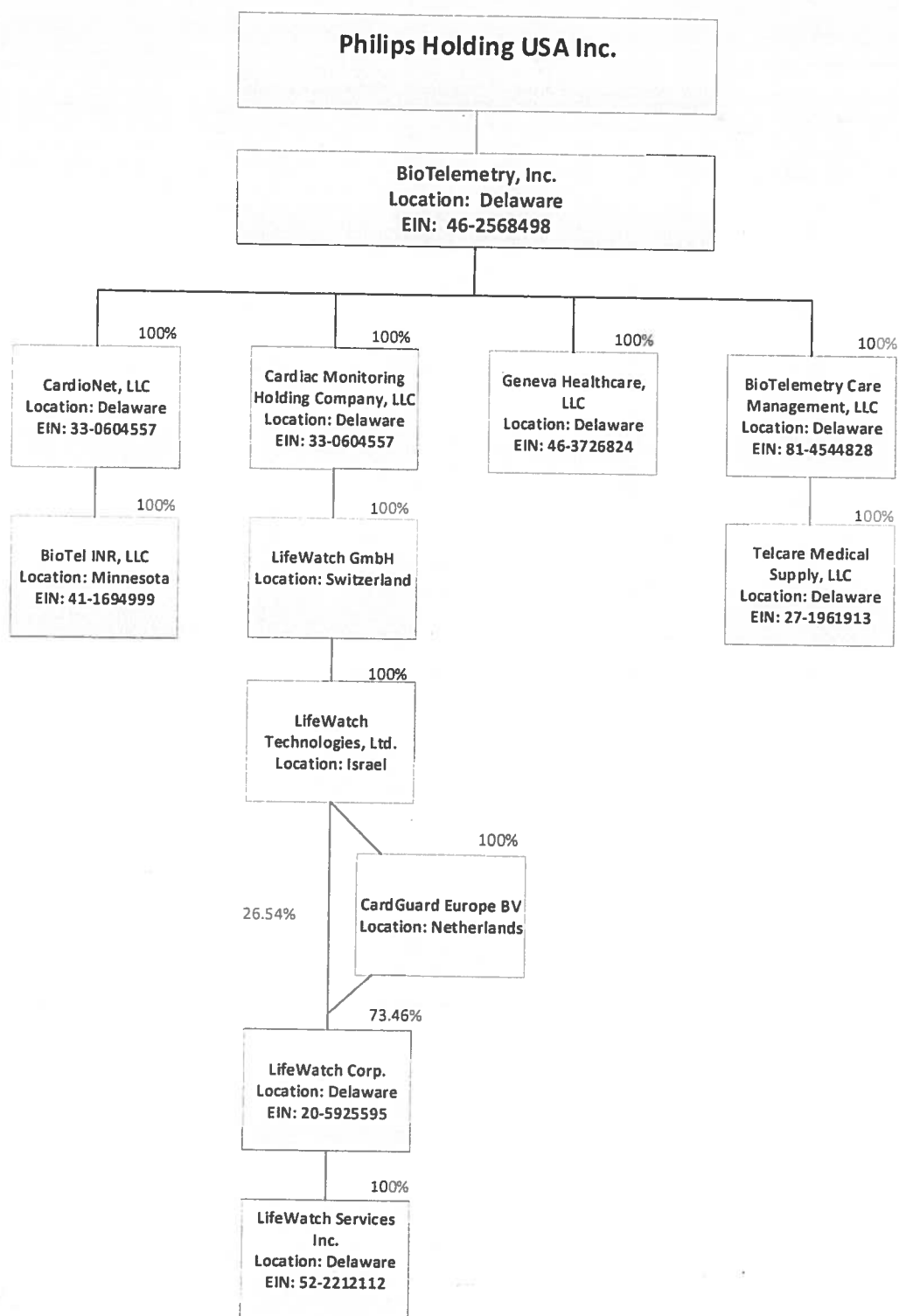
AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc

Holder Identifier:

Certificate No: 570085202044





4W

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(Check only) Application must be printed legibly or typed

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

☐ New MDEG	☒ Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00982</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: CardioNet, LLC

Physical Address: 456 Montgomery Street, 6th Floor, San Francisco, CA 94104
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1000 Cedar Hollow Road, Suite 102

City: Malvern State: PA Zip Code: 19355

Telephone: 888-312-2328 Fax: 610-828-8048

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24/7 to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____ Fri: _____
 _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Neal La Guardia

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: <u>Durable Medical Equipment – patient meters and test strips for home PT/INR monitoring</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: Neal La Guardia Telephone: 610-729-7262

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 Provider List - Attachment D

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Cody Cowper

Print Name of Authorized Person

2/16/21

Date

Board Use Only

Received: _____

Amount: 500
Check # 1305178

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: BioTelemetry, Inc.

Corporation Name: CardioNet, LLC

Mailing Address: 1000 Cedar Hollow Road

City: Malvern State: PA Zip: 19355

Telephone: 610-729-7000 Fax: 610-828-8048

Contact Person: Neal La Guardia

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

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) 100 % owned by Philips Holding USA Inc.

Name	Address
------	---------
 - b) _____

Name	Address
------	---------
 - c) _____

Name	Address
------	---------
 - d) _____

Name	Address
------	---------
- 2) Provide the number of shares issued by the corporation. N/A ownership is an LLC
- 3) What was the price paid per share? N/A ownership is an LLC
- 4) What date did the corporation actually receive the cash assets? N/A ownership is an LLC
- 5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

Provider Entity	State	Status	Full Legal Name (if different)
CardioNet, LLC	Arizona	Complete	CARDIONET INC
CardioNet, LLC	Arizona	Complete	
CardioNet, LLC	California	Complete	
CardioNet, LLC	Georgia	Complete	CARDIONET
CardioNet, LLC	Indiana	Complete	CARDIONET LLC
CardioNet, LLC	Iowa	Complete	CARDIONET LLC
CardioNet, LLC	Iowa	Complete	CARDIONET LLC
CardioNet, LLC	Kentucky	Complete	CARDIONET LLC
CardioNet, LLC	Kentucky	Complete	CARDIONET LLC
CardioNet, LLC	Maryland	Complete	CARDIONET, LLC
CardioNet, LLC	Maryland	Complete	CARDIONET, LLC
CardioNet, LLC	Michigan	Complete	CARDIONET LLC
CardioNet, LLC	Minnesota	Complete	CARDIONET LLC
CardioNet, LLC	Minnesota	Complete	CARDIONET LLC
CardioNet, LLC	Mississippi	Complete	CARDIONET INC
CardioNet, LLC	New Jersey	Complete	CARDIONET INC
CardioNet, LLC	New Mexico	Complete	CARDIONET LLC
CardioNet, LLC	New Mexico	Complete	CARDIONET, LLC
CardioNet, LLC	Ohio	Complete	CARDIONET, LLC
CardioNet, LLC	Oklahoma	Complete	CARDIONET, LLC
CardioNet, LLC	Pennsylvania	Complete	CARDIONET LLC
CardioNet, LLC	Pennsylvania	Complete	CARDIONET LLC
CardioNet, LLC	South Carolina	Complete	CARDIONET LLC
CardioNet, LLC	South Carolina	Complete	CARDIONET LLC
CardioNet, LLC	Tennessee	Complete	CARDIONET LLC.
CardioNet, LLC	Texas	Complete	CARDIONET, LLC
CardioNet, LLC	Texas	Complete	CARDIONET, LLC
CardioNet, LLC	Vermont	Complete	CARDIONET LLC
CardioNet, LLC	Virginia	Complete	CARDIONET LLC
CardioNet, LLC	Washington	Complete	CARDIONET, LLC
CardioNet, LLC	Washington	Complete	CARDIONET, LLC

Business Location Address
1000 Cedar Hollow Rd. Suite 102, Malvern, PA 19355-2300
*
456 Montgomery St Ste 600, San Francisco, CA 94104-1239
1000 Cedar Hollow Rd. Suite 102, Malvern, PA 19355-2300
1000 Cedar Hollow Rd. Suite 102, Malvern, PA 19355-2300
1000 Cedar Hollow Rd. Suite 102, Malvern, PA 19355-2300
456 Montgomery St Ste 600, San Francisco, CA 94104-1239
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1000 Cedar Hollow Rd. Suite 102, Malvern, PA 19355-2300
1000 Cedar Hollow Rd. Suite 102, Malvern, PA 19355-2300
456 Montgomery St Ste 600, San Francisco, CA 94104-1239

* CardioNet CA left blank where no letter on file, we only ever had the

Letter on file	State Location	Provider # for State Location	Eff Date	Recred Date Note
Yes	PA	504735		unknown
No	CA	911829		unknown
Yes	CA	Medicare GG343A		
Yes	PA	003104408c (PA) and 003158844a	5/10/2019	5/09/2024
Yes	PA	300022602 (under PA NPI)		1/7/2024
Yes	PA	0707773 (under PA NPI)	11/1/2015	12/21/2020
Yes	CA	2707773 (under CA NPI)	11/1/2015	12/21/2020
Yes	PA	7100634220	7/1/2019	6/30/2024
Yes	CA	7100636090 (under CA NPI)	7/1/2019	
Yes	PA	422277600 (under PA NPI)	7/18/2019	07/18/2024 (PA)
Yes	CA	422278400 (under CA NPI)	2/13/2020	03/13/2025 (CA)
Yes	PA	1790869402	12/4/2018	11/30/2023
Yes	PA	1790869402	11/30/2010	02/01/2021
Yes	CA	1427320399	10/1/2016	
Yes	PA	05137558 (under PA NPI)	10/29/2019	10/28/2024
Yes	PA	Medicare 817055		
Yes	PA	42201021 (under PA NPI)	10/3/2019	no ending contract
No	CA	96827556 (under CA NPI)	1/31/2014	
Yes	PA	0148400 (under PA NPI)	10/29/2014	10/28/2024
No	PA	waiting for letter	10/28/2020	10/27/2025
Yes	PA	007789348 0003 (under PA NPI)	2/8/2014	09/20/2021 (PA)
No	CA	1427320399 and Medicare 055135	11/16/2016	07/28/2021 (CA)
Yes	PA	PL0126 (under PA NPI)	2/2/2019	11/20/2024
Yes	CA	PL0110 (under CA NPI)	1/12/2014	
Yes	PA	4490740	12/13/2005	02/11/2022
Yes	PA	354535201 (under PA NPI)	2/1/2002	3/19/2021 (PA)
Yes	CA	354614501 (under CA NPI)	2/22/2012	3/21/2021 (CA)
Yes	PA	6705178	10/28/2020	10/27/2025
Yes	PA	Medicare J557		
Yes	PA	2070261 (under PA NPI)	11/17/2016	11/16/2021
Yes	CA	2070199 (under CA NPI)	11/17/2016	

indicates a correction was made since last info was provided

Notes

CMO only

REVALIDATION IN PROCESS

REVALIDATION IN PROCESS

EFT enrollment may still be needed

Unsure if CA enrollment is active, the date here is older than 5 years, so it may have lapsed. PA is still active
CA address enrolled as second address to PA NPI

no letter on file for CA site, I suspect the CA NPI is not the provider ID, so highlighted red

EXHIBIT A**LIST OF OFFICERS AND DIRECTORS**
OF BIOTELEMETRY, INC.**Officers****(and Board of Directors of CardioNet, LLC)**

Joseph Capper
President/CEO
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

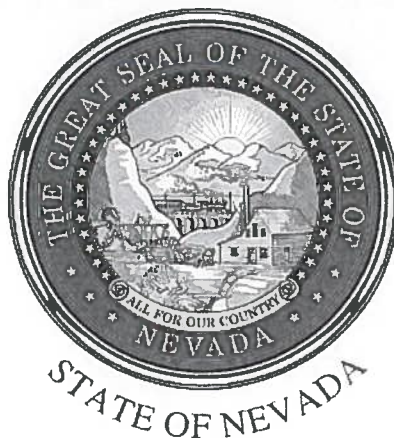
Heather Getz
Treasurer/CFO
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Cody Cowper
Secretary/COO
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Board of Directors
of BioTelemetry Inc.

Kirk E. Gorman (Chairman)
Joseph Capper
Anthony J. Conti
Laura N. Dietch
Joseph A. Frick
Colin Hill
Tiffany Olson
Stephan Rietiker
Rebecca Rimel
Robert J. Rubin, M.D.

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, **CARDIONET, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/18/2008, 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: B202102151430513

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



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
12/15/2020

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
Aon Risk Services Central, Inc.
Philadelphia PA Office
One Liberty Place
1650 Market Street
Suite 1000

CONTACT
NAME:
PHONE (A/C No. Ext): (866) 283-7122 FAX (A/C No.): 800-363-0105

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
CardioNet, LLC
1000 Cedar Hollow Road, Suite 102
Malvern PA 19355-2300 USA

INSURER A: Federal Insurance Company 20281
INSURER B: Hartford Insurance Company of Illinois 38288
INSURER C: Great Northern Insurance Co. 20303
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 570085202044

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
C	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER			35764140	05/31/2020	05/31/2021	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 - COMPI/OP AGG Excluded
A	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			7350-28-85	05/31/2020	05/31/2021	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			79807640	05/31/2020	05/31/2021	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000
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 N	N/A	39WEAD2EVY	05/31/2020	05/31/2021	☒ PER STATUTE ☐ OTH 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			35983281 Claims Made	05/31/2020	05/31/2021	Occ/Agg \$1,000,000 Agg/Ded \$325,000 Occ/Ded \$50,000

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

Primary Professional Liability. Insurer D. Insurance Company: Chubb Custom Insurance Company. Policy #79931979. Policy Period: 5/31/20 to 5/31/21. Limit: \$1,000,000 Each Wrongful Act/Aggregate. Deductible: \$50,000 Each Event/\$325,000 Aggregate. 1st Excess Product/Professional Liability policy. Insurer B. Policy #93647866. Policy Period: 5/31/20 to 5/31/21. Limit: \$9,000,000 excess of \$1,000,000. 2nd Excess Product/Professional Liability policy. Insurer E. Policy #003623800. Policy Period: 5/31/20 to 5/31/21. Limit: \$5,000,000 excess of \$10,000,000. Locations: (1) 1000 Cedar Hollow Road, Suite 102, Malvern, PA 19355 (2) 1 Electronics Drive, Mercerville, NJ 08619 (3) 456 Montgomery Street, Suite 600, San Francisco, CA 94104 (4) 2476 Swedesford Road, Suite 350, Malvern, PA 19355. CardioNet, LLC is a subsidiary company.

CERTIFICATE HOLDER

CardioNet, LLC
1000 Cedar Hollow Road, Suite 102
Malvern PA 19355 USA

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.

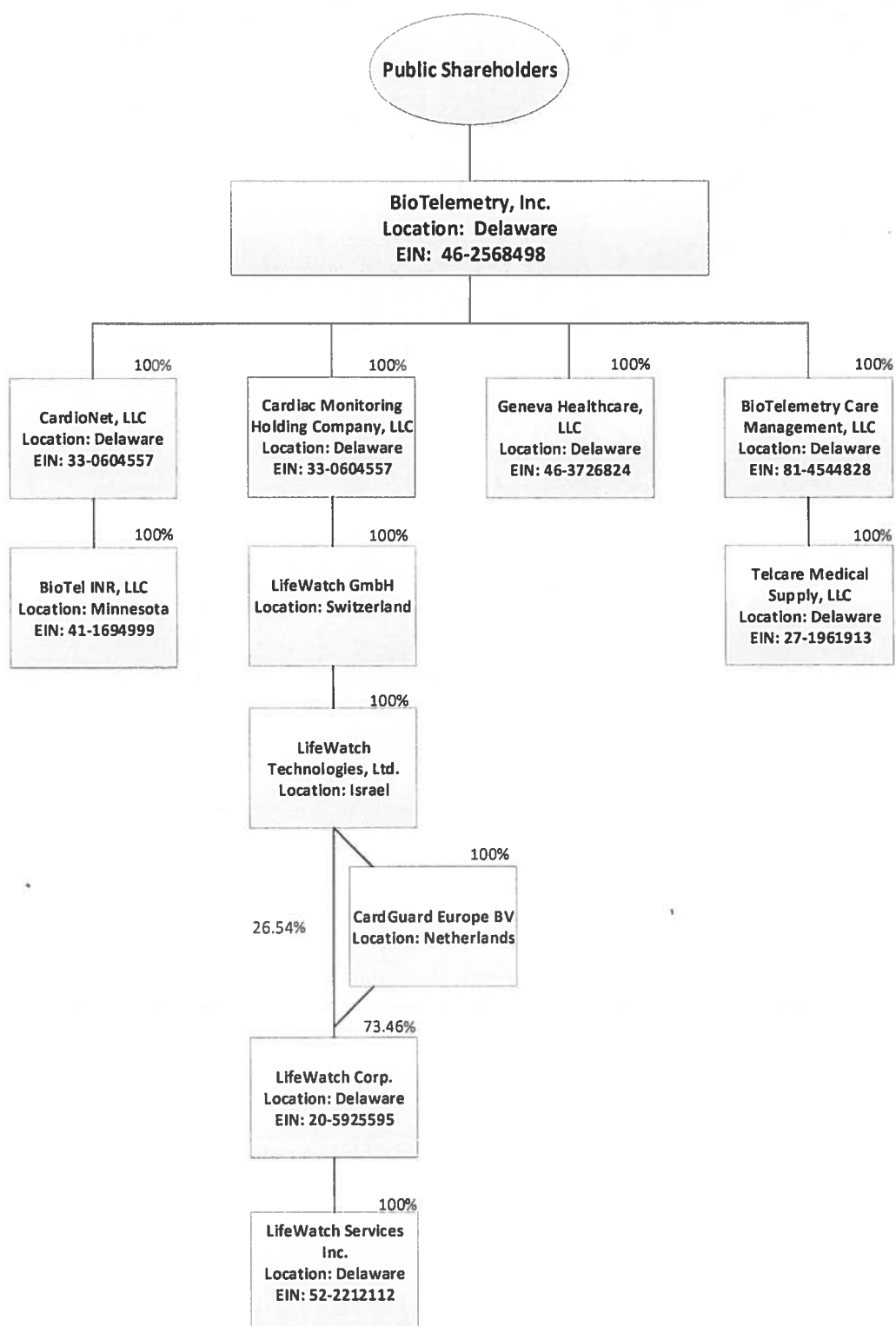
AUTHORIZED REPRESENTATIVE

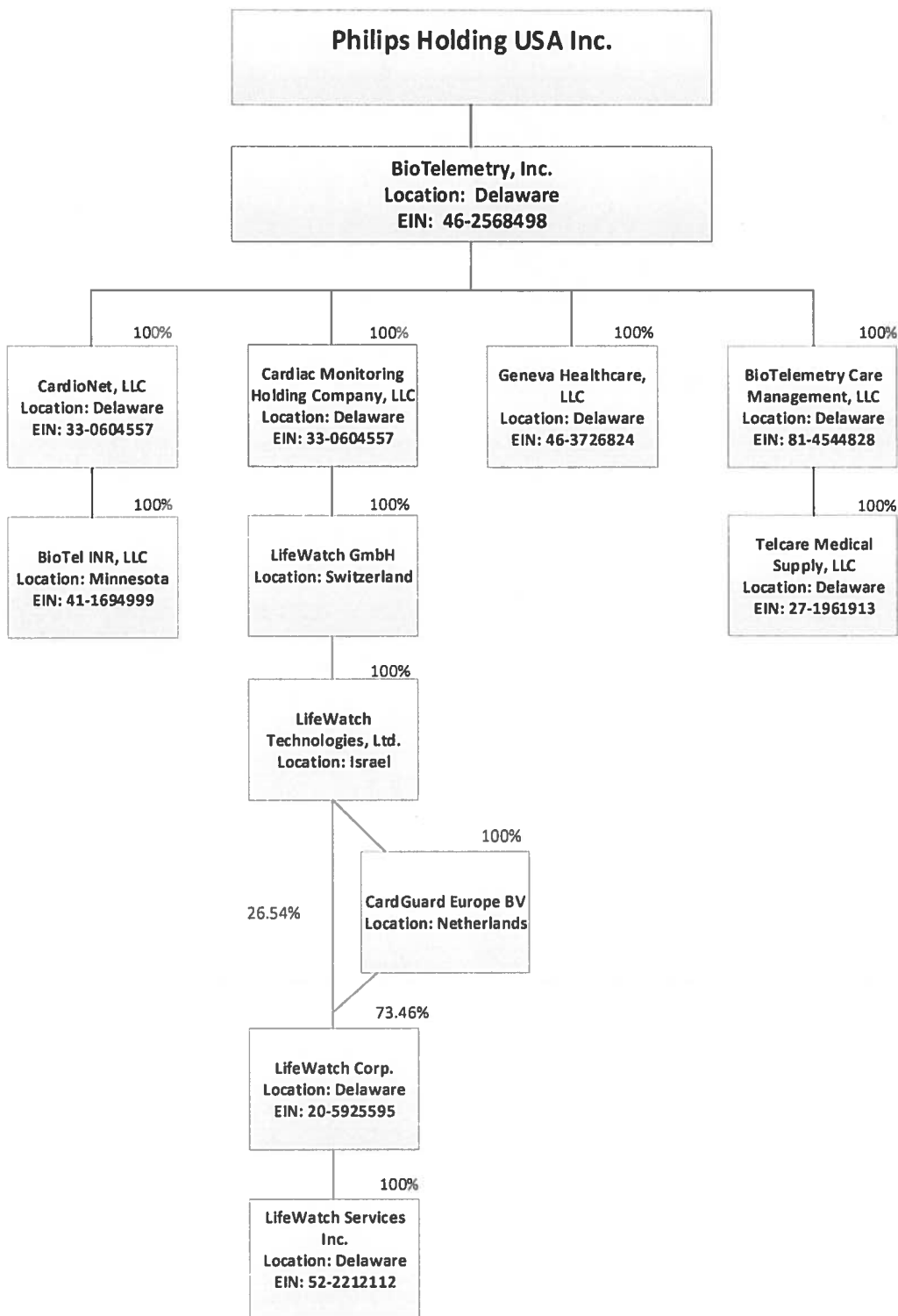
Aon Risk Services Central, Inc.

Holder Identifier :

570085202044

Certificate No :





4X

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 ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Ownership Change (Please provide current license number if making changes: MP or MW _____) ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Cerotto Inc

Physical Address: 1660 Chicago Ave Suite M-9 Riverside, CA 92507
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1660 Chicago Ave, Suite M-9

City: Riverside State: CA Zip Code: 92507

Telephone: 951-777-1335 Fax: 855-916-1980

E-mail: andolino@cerottoinc.com Website: www.Cerottoinc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

PST Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4 Fri: 10 to 4
 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nick Andolino

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 Prosthetics |
|--|---|

→ Other: Surgical Dressings (only)

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

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare PTAN# → 7875220001 State Lic # 1260629
 TIN 85-3484248 NPI 1922609106
 Accreditation → H7GQ1PP1Z → 3yrs 12/31/2020

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.



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

Nicholas Andolino

Print Name of Authorized Person

3/22/21

Date

Board Use Only

Received: _____

Amount: 500

check # 1015

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: California

Parent Company if any: _____

Corporation Name: Cerotto IncMailing Address: 1660 Chicago Ave Suite M-9City: Riverside State: CA Zip: 92507Telephone: 951-777-1335 Fax: 855-916-1980Contact Person: Nick Andolino

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

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

a) Nicholas Andolino P.O. Box ^, Lake Arrowhead CA
Name Address 92352b) Samuel Ball Paseo Aliso, Carlsbad, CA 92009
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 100,0003) What was the price paid per share? \$1.004) What date did the corporation actually receive the cash assets? 10/12/2020

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.See attached Documents



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: CEROTTO, INC.
File Number: C4652326
Registration Date: 10/12/2020
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of March 21, 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 March 22, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

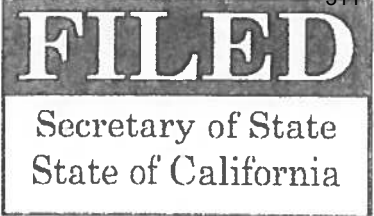
SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RPMA26R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <http://ebizfile.sos.ca.gov/certification/index>.



California Secretary of State Electronic Filing



311

General Stock Corporation - Articles of Incorporation

Entity Name: Cerotto, Inc.
Entity (File) Number: C4652326
File Date: 10/12/2020
Entity Type: General Stock Corporation
Jurisdiction: California

Detailed Filing Information

1. Corporate Name: Cerotto, Inc.
2. Business Addresses:
 - a. Initial Street Address of Corporation: 8012 Paseo Aliso
Carlsbad, California, 92009
United States of America
 - b. Initial Mailing Address of Corporation: 8012 Paseo Aliso
Carlsbad, California, 92009
United States of America
3. Agent for Service of Process:
Individual Agent: William H. Sauls
3033 Fifth Avenue Suite 400
San Diego, California, 92103
United States of America
4. Shares: 100,000
5. Purpose Statement: The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

The incorporator affirms the information contained herein is true and correct.

Incorporator: William H. Sauls

Dated effective October 12, 2020

William H. Sauls, Incorporator

The Temporary Chairman advised that the Incorporator having completed the necessary steps in organizing the Corporation now wished to submit his resignation.

The undersigned Incorporator herewith tendered his resignation:

William H. Sauls, Incorporator

ELECTION OF OFFICERS

The meeting then proceeded to the election of Officers. The following were duly elected to the offices indicated after the names of each:

Nicholas A. Andolino III President, Treasurer/Chief Financial Officer

Samuel J. Ball Vice-President, Secretary

The Officers so elected being present accepted their offices, and thereafter, the President presided at the meeting as Chairman, and the Secretary acted as Secretary of the meeting.

CORPORATE SEAL

The Secretary presented for approval of the meeting a proposed seal of the Corporation, consisting of two concentric circles with the name of the Corporation in one circle and the words and figures "Incorporated" and "California" in the form and figures as follows:

(SEAL)

On motion duly made and unanimously carried, the following resolution was adopted:

RESOLVED: That the corporate seal, in the form, words and figures presented to this meeting, is hereby adopted as the seal of this Corporation.

the Corporation; the Temporary Secretary is further directed to certify another copy of said Bylaws to be kept at the principal office of the Corporation where they shall be open to inspection by the Shareholders at all reasonable times during office hours.

ELECTION OF DIRECTORS

The Temporary Chairman stated that the Bylaws adopted by the Corporation provide that the number of Directors shall be two (2).

He advised that the Incorporator on motion and by unanimous vote had elected the following persons as the first Directors of the Corporation to serve until successors are duly elected pursuant to the Bylaws, or until resignation or removal, as the case may be, and effective upon their acceptance of their position, to exercise the powers of further organization and direction of the Corporation. The newly elected Directors signified acceptance:

Director's Name

Signature

Nicholas A. Andolino III



Samuel J. Ball



CERTIFICATION AND RESIGNATION OF INCORPORATOR AND WAIVER OF NOTICE

The Temporary Chairman announced that the meeting was held pursuant to written Waiver of Notice and Consent thereto and was signed by all of the participants and upon motion made and unanimously carried, was made a part of the records of the meeting, and now precedes the minutes of this meeting in the Minute Book of the Corporation.

The undersigned, having completed the initial organization of the Corporation and having named one or more Directors to carry on the functions of Directors as required by law, hereby executes this organizational certificate recording the actions so taken and declares that the Corporation's Minute Book containing the Corporation's Articles, Bylaws, and the original of these Minutes, has been delivered to the Directors named herein.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2020

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 CIF Insurance Agency 21168 Beach Blvd Huntington Beach CA 92648		CONTACT NAME: Don Ariosto PHONE (A/C, No, Ext): (714) 960-4700 E-MAIL: don@cifmail.com ADDRESS:		INSURER(S) AFFORDING COVERAGE INSURER A: Western World Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC #
INSURED Cerroto Inc 1660 CHICAGO AVE RIVERSIDE CA 92507						

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	Y	NPP8569219	11/01/2020	11/01/2021	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	\$ Inc
								\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ 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	N/A				PER STATUTE	OTH-ER
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$

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

JS MCA Hunter Park LP is named as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

JS MCA Hunter Park LP 1600 Chicago Ave R-1 Riverside CA 92507	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 Don Ariosto
---	--

4Y

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 ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Ownership Change (Please provide current license number if making changes: MP or MW _____) ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
---	---

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

FACILITY INFORMATION

Facility Name: Emily Corporation dba DDP Medical Supply

Physical Address: 11800 28th St. N. St. Petersburg FL 33716
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone: 727-572-4288 Fax: 800-571-9444

E-mail: lgorbet@ddpmedical.com Website: www.ddpmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30a to 5:30p Tue: 8:30a to 5:30p Wed: 8:30a to 5:30p Thu: 8:30a to 5:30p Fri: 8:30a to 5:30p
 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brian O'Neill

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: _____ |

**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:

<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

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	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.

Linda M. Garbet
Original Signature of Person Authorized to Submit Application, no copies or stamps

Linda M. Garbet
Print Name of Authorized Person

3/12/2021
Date

Board Use Only

Received: _____

Amount:

500
check # 42810

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
 Parent Company if any: Emily Corporation
 Corporation Name: Emily Corporation
 Mailing Address: 11800 28th St. N.
 City: St. Petersburg State: FL Zip: 33716
 Telephone: 727-572-4288 Fax: 800-571-9444
 Contact Person: Linda Gorbet

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>Joseph W. DiFabio</u>	<u>11800 28th St. N.</u>
	Name	Address
b)	<u>Brian T. O'Neill</u>	<u>11800 28th St. N.</u>
	Name	Address
c)	<u>Glen E. Geiger</u>	<u>11800 28th St. N.</u>
	Name	Address
d)	<u>John W. Oberding</u>	<u>11800 28th St. N.</u>
	Name	Address

- 2) Provide the number of shares issued by the corporation. 1,100

- 3) What was the price paid per share? \$ 6.12182

- 4) What date did the corporation actually receive the cash assets? See Attached

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

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.



Emily Corporation
dba DDP Medical Supply
11800 28th St. N.
St. Petersburg, FL 33716

State of Incorporation: Florida

Corporate Officers:

Joseph W. DiFabio
Title: President/CEO

Brian T. O'Neill
Title: V.P. of Sales

Glen E. Geiger
Title: Shareholder

John W. Oberding
Title: Shareholder



11800 28th St. N. St. Petersburg, FL 33716
727-572-4288 800-437-4455 FAX: 800-571-9444

EMILY CORPORATION D/B/A DDP MEDICAL SUPPLY
COMMON STOCK REGISTER OF SHARES OUTSTANDING

CERTIFICATE HOLDER	CERTIFICATE NUMBER	ISSUANCE DATE	NUMBER OF SHARES	PERCENTAGE OF OUTSTANDING	AGGREGATE PERCENTAGE	STATED CAPITAL
JOSEPH W. DIFABIO	11	7/8/2003	500.00	45.455%		3,060.91
JOSEPH W. DIFABIO	16	1/31/2009	50.00	4.545%	50.000%	306.09
BRIAN T. O'NEILL	14	1/29/2008	250.00	22.727%		1,530.46
BRIAN T. O'NEILL	17	1/31/2009	25.00	2.273%	25.000%	153.05
GLEN E. GEIGER	4	12/1/1997	125.00	11.364%		765.23
GLEN E. GEIGER	6	12/31/2001	42.50	3.864%		260.18
GLEN E. GEIGER	19	1/31/2009	16.67	1.515%	16.743%	102.05
JOHN W. OBERDING	7	12/31/2001	82.50	7.500%		505.05
JOHN W. OBERDING	18	1/31/2009	8.33	0.757%	8.257%	50.99
TOTAL OUTSTANDING			1,100.00	100.000%	100.000%	6,734.00

SUMMARY OF SHARES HISTORY

STATUS	CERTIFICATE NUMBER
NOT ISSUED	1
CANCELLED	2
CANCELLED	3
CANCELLED	5
CANCELLED	8
CANCELLED	9
NOT ISSUED	10
CANCELLED	12
CANCELLED	13
CANCELLED	15
NOT ISSUED	20

State of Florida

Department of State

I certify from the records of this office that EMILY CORPORATION is a corporation organized under the laws of the State of Florida, filed on November 5, 1997.

The document number of this corporation is P97000095001.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 16, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eighth day of January, 2021*



Randy R.
Secretary of State

Tracking Number: 2061891722CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/02/2020

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 Jack Rice Insurance 13080 S Belcher Rd Ste. H Largo FL 33773	CONTACT NAME: Commercial Lines Division PHONE (A/C, No, Ext): (727) 530-0684 FAX (A/C, No): (727) 532-9602 E-MAIL ADDRESS: cl@jackriceinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Great American E&S Ins. Co.	
INSURER B: Owners Insurance Co.	
INSURER C: Transportation Ins. Co.	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL204265988 **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	☒ COMMERCIAL GENERAL LIABILITY		PL 3288828	03/31/2020	03/31/2021	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	Deductible per Claim \$2,500					MED EXP (Any one person) \$ 1,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC					PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY		5113630000	03/31/2020	03/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☒ ANY AUTO					BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
	☒ HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						PIP-Basic \$ 10,000
A	UMBRELLA LIAB ☒ OCCUR		XS 3288829	03/31/2020	03/31/2021	EACH OCCURRENCE \$ 9,000,000
	☒ EXCESS LIAB ☐ CLAIMS-MADE					AGGREGATE \$ 9,000,000
	DED \$ RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE ☐ OTH-ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N ☐ N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
C	INLAND MARINE TRANSPORTATION-750,000 Any One Motor Vehicle		B2092846837	03/31/2020	03/31/2021	LIMIT: 150,000/300,000 DEDUCTIBLE: 1,000

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

CERTIFICATE HOLDER

CANCELLATION

Emily Corporation 11800 28th St. N. St. Petersburg FL 33716	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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4Z

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 _____)	☐ Partnership - Pages 1,2,3,6 ☒ Sole Owner - Pages 1,2,3,7
☒ 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.

FACILITY INFORMATION

Facility Name: Developed Medical, LLC

Physical Address: 300 Craig Road, Ste 215, Manalapan, NJ 07726

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

Mailing Address: 300 Craig Road, Ste 215

City: Manalapan State: NJ Zip Code: 07726

Telephone: 732-301-5070

Fax: _____

E-mail: robert@developedmed.com

Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 am to 6 pm Tue: 10 am to 6 pm Wed: 10 am to 6 pm Thu: 10 am to 6 pm Fri: _____

10 am to 6 pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Rondinella

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: Off the Shelf Orthoses

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

Name: _____

Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare	7789870001	

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

Name: _____
Name: _____
Name: _____
Name: N/A
Name: _____
Name: _____
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

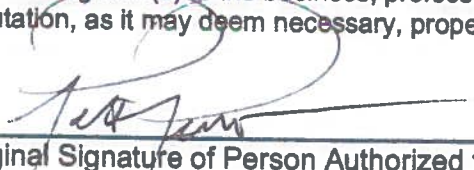
This page must be submitted for all types of ownership.

- 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

Robert Rondinella
Print Name of Authorized Person

3/31/21
Date

Board Use Only

Received: _____

Amount: 500

check # 116

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: Robert Rondinella

List all previous names: N/A

Social Security Number:

Date of Birth:

Place of Birth: City: New York Cit State: New York Country: USA

Citizenship: USA ☒ other ☐

If applicable, list Naturalization Number: Passport Number:

Current residence address: Windswept Lane City: Freehold

State: NJ Zip Code: 07728 Telephone Number: 732- Fax Number:

Previous address (last 5 years):

Address: 160 Llo d Road City: Aberdeen State: NJ Zip Code: 07747

Address: City: State: Zip Code:

Address: City: State: Zip Code:

Address: City: State: Zip Code:

Business Name: Developed Medical, LLC

Current Business Address: 300 Craig Road, Ste 215

City: Manalapan State: NJ Zip Code: 07726

Telephone Number: 732-301-5070 Fax Number:

Previous Employment (last 5 years):

Name: Dinella Imports, Inc Address: 183 East Kenned Blvd

City: Lakewood State: NJ Zip Code: 08701

Name: Address:

City: State: Zip Code:

Name: Address:

City: State: Zip Code:



DEVEL-1

OP ID: JG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/02/2020

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 Colonial Insurance Mgmt Inc Po Box 1 Keyport, NJ 07735- John A. Babnew	CONTACT NAME: Joseph Vincent Pace Jr PHONE (A/C, No, Ext): 732-203-1200 FAX (A/C, No): 732-203-1250 E-MAIL: ADDRESS:
732-203-1200	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Pharmacists Mutual Ins Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
 Developed Medical LLC
 300 Craig Rd., Suite 215
 Manalapan, NJ 07726

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	☒ COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE ☒ OCCUR		BOP 0166431	11/18/2020	11/18/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:					
A	☐ AUTOMOBILE LIABILITY					
	☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		BOP 0166431	11/18/2020	11/18/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB	☐ OCCUR ☐ CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y ☒ N / A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	300 Craig Rd., Ste. 215,		BOP 0166431	11/18/2020	11/18/2021	Contents 7,500 Ded. 1,000

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

CERTIFICATE HOLDER

NSCPO-1

NSC
 PO Box 100142
 Columbia, SC 29202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 John A. Babnew

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**DEVELOPED MEDICAL LLC
0450563827**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 06, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**ROBERT RONDINELLA
172 WINDSWEPT LANE
FREEHOLD, NJ 07728**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
31st day of March, 2021*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6117362838

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

4AA

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	☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: DEXCOM, INC

Physical Address: 8046 EAST RAY ROAD, MESA, AZ 85212
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 6340 SEQUENCE DRIVE

City: SAN DIEGO State: CA Zip Code: 92121

Telephone: 858-900-5817 Fax: 858-333-8210

E-mail: QUALITYCOMPLIANCE@DEXCOM.COM Website: WWW.DEXCOM.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8A to 5P Tue: 8A to 5P Wed: 8A to 5P Thu: 8A to 5P Fri: 8A to 5P
 Sat: 8A to 2P Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JAMES KASSELMANN

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: <u>MEDICAL DEVICE - CONTINUOUS GLUCOSE MONITORING</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 - NO PHYSICAL LOCATION IN NEVADA 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 PTAN: 6683790001

AZ Medicaid # 312575

CA Medicaid (Medi - Cal) # 1235312695

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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

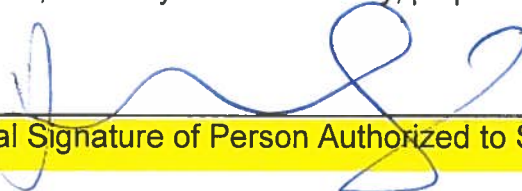
This page must be submitted for all types of ownership.

- 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

KATRINA MORGERA
Print Name of Authorized Person

01/29/21
Date

Board Use Only

Received: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: _____

Corporation Name: DEXCOM, INC.

Mailing Address: 6340 SEQUENCE DRIVE

City: SAN DIEGO State: CA Zip: 92121

Telephone: 858 - 200-0200 Fax: 858-333-8210

License Contact Person: MELISSA RUSSELL, COMPLIANCE SPECIALIST

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. <u>SEE ATTACHED</u>	%: _____
2. _____	%: _____
3. _____	%: _____
4. _____	%: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 1999

Registration number issued: 000-51222

Stock Exchange: DXCM

Include with the application for a publicly traded corporation

List of officers and directors. - ATTACHED

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 "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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202540670

Date: 02-18-21

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
----------------	--	--



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 Gardlin
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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/2/2021

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 License # 0L48969
C3 Risk & Insurance Services
404 Camino Del Rio S. STE 410
San Diego, CA 92108

CONTACT NAME: Bree Schuman

PHONE (A/C, No, Ext): (619) 396-2009 116

FAX (A/C, No):

E-MAIL ADDRESS: bree@c3insurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Federal Insurance Company

20281

INSURER B : Chubb Custom Insurance Company

38989

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Dexcom, Inc.
8046 East Ray Road
Mesa, AZ 85212

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			36055926	10/11/2020	10/11/2021	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 \$ Excluded
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Products Liability*			35756248	10/11/2020	10/11/2021	\$20,000,000 Occ/Agg
B	Professional Liab.			79939877	10/11/2020	10/11/2021	3M Agg/1M Limit

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

*Products liability including Clinical Trials; \$250,000 Each Claim.

RE: Evidence of coverage for location at 8046 East Ray Road, Mesa, AZ 85212.

CERTIFICATE HOLDER

Evidence

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

4BB

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: Gaboro Medical Supply

Physical Address: 140 N. 2nd St. unit 3 Stroudsburg, PA 18360-2528
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 140 N. 2nd St. unit 3

City: Stroudsburg State: PA Zip Code: 18360-2528

Telephone: (570) 984-4700 Fax: (866) 379-5580

E-mail: info@gaboromed.com Website: gaboromed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 AM to 4 PM Tue: 10 AM to 4 PM Wed: 10AM to 4PM Thu: 10 AM to 4 PM Fri: 10 AM to 4 PM
 Sat: X to X Sun: X to X Holidays: X to X

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Flannelly

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: _____ |

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

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare 7804360001

PA Medicaid 1036733830001

NJ Medicaid 0743569

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

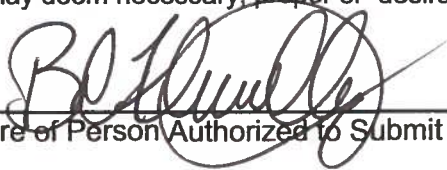
This page must be submitted for all types of ownership.

- 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.



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

Robert Flannelly

Print Name of Authorized Person

3-22-2021

Date

Board Use Only

Received: _____

Amount: 500

check # 035

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral _____ Limited XPartnership Name: Gaboro Medical SupplyMailing Address: 140 N 2nd St unit 3City: Stroudsburg State: PA Zip: 18360-2528Telephone: (570) 984-4700 Fax: (866) 379-5580Contact Person: Robert Flannelly

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>Robert Flannelly</u>	<u>L</u>	<u>33.3</u>
<u>Robert Robinson</u>	<u>L</u>	<u>33.3</u>
<u>Gabor Szilagyi</u>	<u>L</u>	<u>33.3</u>

List names of 4 largest partners and percentage of ownership:

Name: <u>Robert Flannelly</u>	%: <u>33.3</u>
Name: <u>Robert Robinson</u>	%: <u>33.3</u>
Name: <u>Gabor Szilagyi</u>	%: <u>33.3</u>
Name: _____	%: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/09/2021

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 Global Indemnity Insurance Agency, Inc. 20 Highland Avenue Metuchen NJ 08840	CONTACT NAME: Su Wolin, ACSR PHONE (A/C, No, Ext): (732) 632-2790 FAX (A/C, No): (732) 632-2779 E-MAIL ADDRESS: swolin@globalindemins.com INSURER(S) AFFORDING COVERAGE INSURER A: Continental Casualty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Gaboro Medical Supply, Inc. 140 N 2nd St Stroudsburg PA 18360-2528	NAIC # 20443

COVERAGES

CERTIFICATE NUMBER: 20/21

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 (NSD) 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 ☐ PROJECT ☐ LOC OTHER:		B6025406178	10/30/2020	10/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employment Practices \$ 10,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☒ OCCUR ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000		B6025406181	10/30/2020	10/30/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ PER STATUTE ☐ OTH-ER ☐
	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/A				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)

OPERATIONS OF THE NAMED INSURED

CERTIFICATE HOLDER

CANCELLATION

National Supplier Clearinghouse PO 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
--	---

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GABORO
MEDICAL SUPPLY

Gaboro Medical Supply, LLC

Robert
Robinson
Chief of Operations
Performance
Improvement
Partner

33.3%
Ownership
LLC Managing
Member

Robert Flannelly
President
Compliance Officer
Partner

33.3%
Ownership
LLC Managing
Member

Gabe Szilagyi
Chief Financial Officer
Partner

33.3%
Ownership
LLC Member

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/08/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Gaboro Medical Supply 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

A handwritten signature in black ink, reading "Neeraj W. Desai".

Acting Secretary of the Commonwealth

Certification Number: TSC210408080249-1

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

4CC

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

FACILITY INFORMATION

Facility Name: Henry Schein Inc.

Physical Address: 3701 Litsey Road, Fort Worth, TX 76177
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: Henry Schein Inc.

City: Melville State: NY Zip Code: 11747

Telephone: 631-843-5500 Fax: _____

E-mail: licensure@henryschein.com Website: https://www.henryschein.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: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dennis McKee

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: <u>PPE (Gloves, Gowns, Masks, N-95 Masks, etc.)</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 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:

Not Applicable

_____	_____	_____
_____	_____	_____
_____	_____	_____

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? Henry Schein Inc. Distribution Centers

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? Henry Schein Inc. Distribution Centers

Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name. N/A

☒ 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.

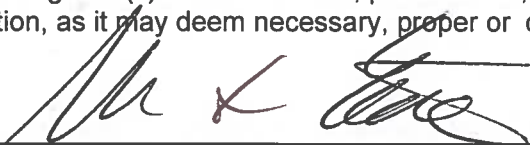
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action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

Michael Ettinger

Print Name of Authorized Person

3/18/21

Date

Board Use Only

Received: _____

Amount: 500

Check # 01574774

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: Delaware

Parent Company if any: _____

Corporation Name: Henry Schein Inc.Mailing Address: 135 Duryea RoadCity: Melville State: NY Zip: 11747Telephone: 631-843-5500 Fax: _____License Contact Person: Gary Tiamsic

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.**Section 1:** List the corporations four largest shareholders:
(Name and percentage of ownership)

- | | |
|---|------------------|
| 1. <u>The Vangaurd Group</u> | %: <u>12.23%</u> |
| 2. <u>Longview Partners, LLP</u> | %: <u>10.40%</u> |
| 3. <u>Generation Investment Management, LLP</u> | %: <u>7.19%</u> |
| 4. <u>BlackRock Institutional Trust Company, N.A.</u> | %: <u>5.49%</u> |

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____ See Attached Document for URL to 10-K

Registration number issued: _____

Stock Exchange: _____

Include with the application for a publicly traded corporation**List of officers and directors.****Certificate of Corporate status** (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
03/09/2021

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 E-MAIL ADDRESS:														
INSURED Henry Schein, Inc., Subsidiaries & Affiliates 135 Duryea Road Melville NY 11747 USA	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Noetic Specialty Insurance Co</td> <td>17400</td> </tr> <tr> <td>INSURER B: Liberty Mutual Fire Ins Co</td> <td>23035</td> </tr> <tr> <td>INSURER C: National Union Fire Ins Co of Pittsburgh</td> <td>19445</td> </tr> <tr> <td>INSURER D: Berkshire Hathaway Specialty Ins Company</td> <td>22276</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Noetic Specialty Insurance Co	17400	INSURER B: Liberty Mutual Fire Ins Co	23035	INSURER C: National Union Fire Ins Co of Pittsburgh	19445	INSURER D: Berkshire Hathaway Specialty Ins Company	22276	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 570086310653

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	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			TB2621093363030	06/01/2020	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 \$1,000,000 PRODUCTS - COM/POP AGG Excluded
		AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ 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	N/A				PER STATUTE OTH E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A		Products Liab			N19NY380025 Claims Made	06/01/2019	06/01/2021	Each 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)

CERTIFICATE HOLDER

CANCELLATION

Nevada Board of Pharmacy 431 W. Plumb Lane Reno NV 89509 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
--	---

Holder Identifier :

570086310653

Certificate No :

AGENCY CUSTOMER ID: 570000025511

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Henry Schein, Inc.,	
POLICY NUMBER See Certificate Number: 570086310653			
CARRIER See Certificate Number: 570086310653	NAIC CODE 	EFFECTIVE DATE 	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.
 Ace Surgical Supply Company, Inc.
 All Star Orthodontics
 BIOHORIZONS IMPLANT SYSTEMS, INC.
 Camlog
 Dental Instrument Sales & Service, LLC
 Dentrux Dental Systems
 Exan Enterprises
 G.I.V. Inc.
 General Injectibles & Vaccines, Inc.
 HF Acquisition Co. LLC
 Hand Piece Parts & Repair, Inc.
 Henry Schein and Schvavent
 Henry Schein Dental, Inc.
 Henry Schein Global Sourcing, Inc.
 Henry Schein Medical
 Henry Schein Practice Solutions
 Henry Schein, Supply
 HealthFirst
 Impromed, LLC.
 Insource, Inc.
 Ortho Organizers, Inc.
 Ortho Technology, Inc.
 RXWORKS, INC.
 Southern Anesthesia & Surgical
 The Custom Milling Center, Inc.
 Zahn Dental Company, Inc.
 Zahn/Darby Lab
 Edge Endo
 Henry Schein Professional Practice Transitions
 North American Rescue LLC and NAR Medical Depot, LLC
 NAR Training
 Lighthouse 360, Inc.
 Hayes Handpiece Franchises, Inc.
 Henry Schein One, LLC
 US Endodontics
 TDSC, Inc.



GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

Henry Schein, Inc. most recent Annual Report and 10-K Filing for fiscal year 2020 can be located on the Investor Relations section of the company website at <https://investor.henryschein.com/financial-information/sec-filings> or by visiting the direct link at <https://investor.henryschein.com/node/22616/html>



GENERAL BUSINESS: 1-631-843-5500
 FAX: 1-631-843-5680
 www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595

Officers:

Stanley M. Bergman	Chief Executive Officer	UN Plaza, Apartment New York, NY 10017
		Date of Birth: Drivers License # Home Phone #
James P. Breslawski	Vice Chairman and President Henry Schein Inc.	Pheasant Run St. James, NY 11780
		Date of Birth: Drivers License # Home Phone #
Steven Paladino	Executive Vice President Chief Financial Officer	Tammi Court Kings Park, NY 11754
		Date of Birth: Drivers License # Home Phone #
Mark E. Mlotek	Executive Vice President Chief Strategic Officer	First Ave, Apt 34L New York, NY 10016
		Date of Birth: Drivers License # Home Phone #
Michael S. Ettinger	Senior Vice President Corporate and Legal Affairs Secretary	Elm Street Woodbury, NY 11797
		Date of Birth: Drivers License # Home Phone #

Incorporated Delaware 12/23/1992



GENERAL BUSINESS: 1-831-843-5500
FAX: 1-831-843-5680
www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595

Board of Directors:

Stanley M. Bergman
Barry J. Alperin
Gerald A. Benjamin
James P. Breslawski
Paul Brons
Shira Goodman
Joseph L. Herring
Kurt P. Kuehn
Philip A. Laskawy
Anne H. Margulies
Mark E. Mlotek
Steven Paladino
Carol Raphael
E. Dianne Rekow, DDS, Ph.D.
Bradley T. Sheares, Ph.D.

Incorporated Delaware 12/23/1992

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 "JB", 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

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

5/3/2021

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 New MDEG applicant, distributing PPE (masks, gloves, gowns, swabs, etc.)

Nature of MDEG

Henry Schein Inc., 3701 Litsey Road, Fort Worth, TX 76177

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:

Juckem
Last Name

Alan
First Name

Joseph
Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Open Range Drive, Fort Worth, TX 76177		
Present Residence Address-Street or RFD	City	State/Zip

3701 Litsey Road
Present Business Address

Dates 4/26/2021

City Fort Worth, TX 76177

State/Zip

OPERATIONS MANAGER Dates 4/26/2021
Present Position with the MDEG

Phone: TBD Fax: N/A

Email address: alan.juckem@henryschein.com

Date of Birth _____ Place of Birth (City, County, State) MILWAUKEE, WI

46
Age

Social Security Number or ITIN

M
Sex

<u>BLU</u> Color of Eyes	<u>BRO</u> Color of Hair	<u>178</u> Weight	<u>5' 10"</u> Height
-----------------------------	-----------------------------	----------------------	-------------------------

Scars, tattoos or distinguishing marks and/or characteristics Tribal arm band on right upper arm, Mickey Mouse left upper thigh

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.

July 2012 - Current	HENRY SCHEIN, INC.	18,200+
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
PROD. SUPERVISOR	OVERSEE PICK/PAK, SHIPPING	S. HUTTON
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------



I have ☒ I have not ☐ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☒ I have not ☐ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
3. I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents. N/A

- 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 explanation and/or documents. N/A

.....



Date of photograph 5/2/2021

PHOTOGRAPH

IN LAST

RE

AS

I, Alan Juckem, 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

4DD

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: <u>MP</u> or MW <u>00074</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 Delivery Incontinent Supplies Co.

Physical Address: 9385 Dielman Industrial Drive
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 9385 Dielman Industrial Drive

City: St. Peters State: MD Zip Code: 103132

Telephone: 314 9978 771 Fax: 314 997 0997

E-mail: Michelle.Rogers@hdis.com Website: www.hdis.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5 Fri: 8:30 to 5
Sat: NA to NA Sun: NA to NA Holidays: NA to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mark Nedvin

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>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: N/A

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 for Medicaid numbers

<u>Medicare:</u>	<u>0677400001</u>	<u>0677400002</u>
<u>0677400003</u>	<u>0677400004</u>	<u>0677400005</u>

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
- ☐ 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.

- 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.

Jennifer Hendricks

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

Jennifer Hendricks

Print Name of Authorized Person

3/19/21

Date

Board Use Only

Received: _____

Amount: 500

check #181189

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Missouri

Parent Company if any: Journey DPC Corp

Corporation Name: Home Delivery Incontinent Supplies Co

Mailing Address: 9385 Dielman Industrial Drive

City: Olivette State: MO Zip: 63132

Telephone: 3149978771 Fax: 3149970997

Contact Person: Michelle Rogers

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

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.

Other State Medicaid Programs

<u>Program</u>	<u>State</u>	<u>Date</u>	<u>Provider Number</u>
Medicaid	AL Alabama	1/22/2015	139045
Medicaid	AR Arkansas	4/26/1989	118720716
Medicaid	AZ Arizona	9/6/2012	476920
Medicaid	CA California	7/10/2019	800302852
Medicaid	CO Colorado	2/17/1988	98013006
Medicaid	FL Florida	10/18/1995	018578500
Medicaid	IA Iowa	9/23/2010	543678
Medicaid	ID Idaho	7/12/1995	8055236300
Medicaid	IL Illinois	6/26/2000	431511171001
Medicaid	IN Indiana	2/9/1988	100013540A
Medicaid	KS Kansas	3/1/1988	100346790A
Medicaid	KY Kentucky	8/1/2013	900003609
Medicaid	LA Louisiana	8/3/2006	1559334
Medicaid	MD Maryland	4/28/1990	117002300
Medicaid	MA Massachuttes	6/3/2020	110161664A
Medicaid	MI Michigan	3/1/2015	1649383084
Medicaid	MN Minnesota	2/9/1988	535063800
Medicaid	MO Missouri	7/18/1990	1841487980
Medicaid	MS Mississippi	7/1/2012	3133811
Medicaid	NC North Carolina	10/1/2019	1427606110
Medicaid	NE Nebraska	3/6/2002	43151117154
Medicaid	NH New Hampshire	10/29/2009	3108178
Medicaid	NJ New Jersey	12/28/1995	548618
Medicaid	NM New Mexico	1/1/2014	1277367
Medicaid	NY New York	11/30/1999	02056201
Medicaid	OH Ohio	12/3/1991	0190649
Medicaid	OK Oklahoma	2/17/2013	200488780A
Medicaid	OR Oregon	6/27/1996	500646577
Medicaid	PA Pennsylvania	7/31/2012	1027490930001
Medicaid	RI Rhode Island	9/1/2013	1649383084
Medicaid	SC South Carolina	6/1/2013	DM1459
Medicaid	SD South Dakota	7/8/2012	1649383084
Medicaid	TX Texas	3/17/1988	330741501
Medicaid	UT Utah	2/1/2013	1019444
Medicaid	VA Virginia	4/20/2000	2016029703
Medicaid	WA Washington	2/9/1988	9028242
Medicaid	WI Wisconsin	8/11/1992	81866300

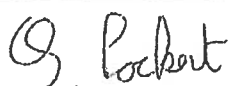
.CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER: DOMTINC-2020-U098		REVISION NUMBER 1	
NAME AND ADDRESS TO WHOM ISSUED		NAME AND ADDRESS OF INSURED	
		HDIS 9385 Dielman Industrial Dr., Olivette, MO 63132 115 E. Granada Blvd., Suite 6, Ormond Beach, FL 32176 4613 Parkway Dr., Suite A, Texarkana, AR 71854 1029 Old Creek Road, Greenville, NC 27834	
This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the Policy (ies) below. This is to certify that the Policy of Insurance listed below has 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 policy described herein is subject to all terms, exclusions and conditions of such policy. The limit shown may have been reduced by paid claims.			
TYPE OF INSURANCE	POLICY NUMBER / INSURER	EFFECTIVE DATE	EXPIRY DATE
COMMERCIAL GENERAL LIABILITY	USL00131220 Allianz Global Risks US Insurance Company (Chicago, IL)	01-Dec-2020	01-Mar-2022
LIMITS \$2,000,000 each occurrence \$100,000 damage to rented premises, each occurrence \$5,000 any one person, medical expense \$2,000,000 personal & advertising injury \$2,000,000 general aggregate \$2,000,000 products & completed operations aggregate			

With respect to policy no. USL00131220 issued by Allianz Global Risks US Insurance Company, Willis North Carolina is the Broker of Record. Willis Canada is only acting as a consultant in this regard.

Re: Evidence of Insurance

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

ISSUE DATE: December 10, 2020	Authorized Representative  SYLVIA POCKERT
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STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

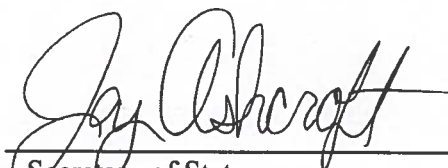
I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

HOME DELIVERY INCONTINENT SUPPLIES CO.

00326094

A Missouri entity was created under the laws of this State on 3/23/1989, and in Good Standing, 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 8th day of April, 2021.


Secretary of State

Certification Number: CERT-IN74233



HDIS Officers:

Name: Mark Nedvin

Title: President

Address: 9385 Dielman Industrial Drive, Olivette, MO 63132

Name: Jennifer Hendricks

Title: Vice President - Human Resources

Address: 9385 Dielman Industrial Drive, Olivette, MO 63132

4EE

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: Horizon Medical Solutions, Inc

Physical Address: 101 Access Rd, Suite 1A, Norwood, MA 02062

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

Mailing Address: 101 Access Rd, Suite 1A

City: Norwood State: MA Zip Code: 02062

Telephone: 508-570-2304 Fax: 508-275-9488

E-mail: davidnostro1990@gmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm Fri: 9am to 5pm
 Sat: X to _____ Sun: X to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Nostro

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: _____ |

**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: David Nostro

Telephone: 508-570-2304

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

David Nostro
Print Name of Authorized Person

02/21/2021
Date

Board Use Only

Received: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: David Nostro

List all previous names: N/A

Social Security Number: _____

Date of Birth: (_____

Place of Birth: City: Boston State: MA Country: United States

Citizenship: USA Yes other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: 5 Lantern Lane City: Wrentham

State: MA Zip Code: 02093 Telephone Number: 508- Fax Number: 508-

Previous address (last 5 years):

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: Horizon Medical Solutions, Inc

Current Business Address: 101 Access Rd, Suite 1A

City: Norwood State: MA Zip Code: 02062

Telephone Number: 508-570-2304 Fax Number: 508-275-9488

Previous Employment (last 5 years):

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

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).

Norwood MA 02062

INSURER F:

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.

SR _____

Retail of Durable Medical Supplies

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



HORIZON MEDICAL SOLUTIONS INC
913 HIGH ST # WESTWOOD
WESTWOOD MA 02090-2736

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, HORIZON MEDICAL SOLUTIONS INC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 9:00 a.m. to 4:00 p.m..

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau

4FF

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

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☒ 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: LifeSure LLC

Physical Address: 3151 Executive Way, Suite 2B, Miramar, FL 33025-3953

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

Mailing Address: 3151 Executive Way, Suite 2B

City: Miramar State: FL Zip Code: 33025-3953

Telephone: 954-585-0184 Fax: 954-585-0154

E-mail: compliance@lifesurellc.com Website: www.lifesureaed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00 Fri: 9:00 to 5:00
 Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Lawrence Franchetti, CEO

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: <u>Defibrillators (see enclosed letter)</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: see enclosed letter

Telephone: see enclosed letter

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 # 7468430001

CA Medicaid # 1558745745

CT Medicaid # 1558745745

FL Medicaid # 104464300

GA Medicaid 003238766A

IL Medicaid # 464913482001

IN Medicaid # 300043811

MD Medicaid # 666223400

MI Medicaid # 1558745745

MN Medicaid # 1558745745

NJ Medicaid # 0744310

OH Medicaid # 1558745745

OK Medicaid # 200709780A

PA Medicaid # 1031056620002

SC Medicaid # DM1660

VA Medicaid # 1558745745

WA Medicaid # 2059226

WI Medicaid # 100081225

NE Medicaid # 10026717200

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: _____

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.

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- 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

LAWRENCE FRANCHETTI

Print Name of Authorized Person

3-25-2021

Date

Board Use Only

Received: _____

Amount: 500

Check # 2352

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: N/A

Corporation Name: LifeSure LLC

Mailing Address: 3151 Executive Way, Suite 2B

City: Miramar State: FL Zip: 33025-3953

Telephone: 954-585-0184 Fax: 954-585-0154

Contact Person: Lawrence Franchetti, CEO

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

- 1) List top 4 persons to whom the shares were issued by the corporation?
 100% ownership:
 a) One Beat CPR Learning Center LLC; 3151 Executive Way, Miramar, FL 33025-3953
 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

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.

Lawrence Franchetti, CEO
 Emily Drag, CFO

Darlene Nases

From: Compliance LifeSure <compliance@lifesurellc.com>
Sent: Friday, April 2, 2021 9:14 AM
To: Darlene Nases
Subject: Re: Out of State MDEG Application - Need more information

Hello Darlene,

Thank you for your email.

On page 5 of the application, the following officers/directors for LifeSure were listed as follows:

List of officers and directors:

Lawrence Franchetti, CEO

Emily Drag, CFO

Should you require additional information, let me know.

Thank you, again.

Lawrence Franchetti, CEO

LifeSure LLC

3151 Executive Way

Suite 2B

Miramar, FL 33025-3952

compliance@lifesurellc.com

From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Friday, April 2, 2021 10:57 AM
To: Compliance LifeSure <compliance@lifesurellc.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Out of State MDEG Application - Need more information

To whom it may concern:

I was reviewing your Out of State MDEG application and noticed that we are missing the below information.
 Can you please provide? I can attach it to your application.

- List of Officers and Directors

Regards,

Darlene Nases

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

dnases@pharmacy.nv.gov



TO: Nevada State Board of Pharmacy
985 Damonte Ranch Pkway, Ste 206
Reno, NV 89521

FROM: LifeSure LLC
3151 Executive Way, Suite 2B
Miramar, FL 33025-3953

RE: LifeSure LLC Medical Equipment/Device License Application
EIN #: 46-4913482

March 25, 2021

Please note, Debra Kephart of LifeSure LLC consulted with Nevada State Board of Pharmacy's Chief Operating Officer regarding LifeSure's unique national medical device provision.

LifeSure was selected to supply and provide instruction for the only FDA approved home automatic external defibrillator for infant and pediatric/child patients across the United States. Instruction on the use and care of the defibrillator is provided virtually to caregivers (e.g. parents, teachers, family members over the age of 18 years). Part of the instructional training emphasizes the requirement to call 911 should a cardiac episode occur and when the defibrillator is used. Additionally, the caregiver is instructed to call the patient's cardiac physician to inform them about the episode, as well as LifeSure so that our company can resupply appropriate pads. Please note: LifeSure overnights supplies to patients and, additionally as a precaution, always maintains extra pad supplies with every patient.

LifeSure maintains system records on each patient which notifies staff when battery and pad replacements are required. Please note that the defibrillator batteries last at least 4 years and the defibrillator provides a beeping sound 1 month prior to a defibrillator battery needing a replacement. Therefore, there are a number of checks to ensure the defibrillator's battery is replaced prior to its depletion. LifeSure also provides 24/7 on call service, which provides basic technical solutions. However, if there are any unresolved issues with the defibrillator, a new defibrillator is shipped immediately overnight to the patient either from our office or delivered by the manufacturer who has representatives located nationally. Therefore, no in-state special contact is needed for LifeSure's operations.

You are welcome to contact Debra Kephart via email address dkephart@lifesurellc.com or via her cell phone # [REDACTED] and me via compliance@lifesurellc.com should you have any questions.

Thank you.

A handwritten signature in blue ink, appearing to read "Lawrence Franchetti".

Lawrence Franchetti, CEO

State of Florida

Department of State

I certify from the records of this office that LIFESURE LLC is a limited liability company organized under the laws of the State of Florida, filed on February 21, 2014.

The document number of this limited liability company is L14000030164.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on January 8, 2021, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-sixth day of February,
2021*



Ronald R. DeSantis
Secretary of State

Tracking Number: 4068168138CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
10/06/2020

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 Robin Lewis Insurance 13713 W Sunrise Blvd., Suite 207 Sunrise, FL 33323	CONTACT NAME: Kristen Domzalski PHONE (A/C No. Ext.): (954)271-7900 FAX (A/C No.): (954)436-9936 E-MAIL ADDRESS: kdomzalski@rio.com INSURER(S) AFFORDING COVERAGE INSURER A: Underwriters at Lloyd's London INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED LifeSure, LLC 3151 Executive Way #2B Miramar, FL 33025	NAIC #

COVERAGES
CERTIFICATE NUMBER: 00008062-1001982
REVISION NUMBER: 5

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:		W2955B190101	10/11/2020	10/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 Ded \$ 2,500 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$					
	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/A				
A	Professional Liab		W2955B190101	10/11/2020	10/11/2021	3,000,000
A	Professional Liab		W2955B190101	10/11/2020	10/11/2021	1,000,000

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

CERTIFICATE HOLDER
CANCELLATION

LifeSure, LLC 3151 Executive Way #2B Miramar, FL 33025	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 (KDO)
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: 00008062

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Robin Lewis Insurance		NAMED INSURED LifeSure, LLC	
POLICY NUMBER W2955B190101			
CARRIER Underwriters at Lloyd's London	NAIC CODE	EFFECTIVE DATE: 10/11/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

A. Professional Liability Tower

1. Each Claim including Claims Expenses \$1,000,000

But sublimited to:

i. Sexual/Physical Misconduct Each Claim including Claims Expenses \$100,000

2. Professional Liability Term Aggregate including Claims Expenses \$3,000,000

But sublimited to:

i. Sexual/Physical Misconduct Aggregate including Claims Expenses \$300,000

C. Products/ Completed Operations Liability Tower

1. Each Claim including Claims Expenses \$1,000,000

2. Products/ Completed Operations Liability Term Aggregate including Claims Expenses \$3,000,000

D. Information Security & Privacy Liability, Regulatory Defense

and Penalties and PCI Fines, Expenses and Costs Tower

Limit of Liability, Insuring Agreements, I.F., I.H., and, I.L.:

1. Aggregate including Claims Expenses \$1,000,000

But sublimited to:

i. Aggregate sublimit of liability applicable to Insuring Agreement I.H. \$1,000,000

ii. Aggregate sublimit of liability applicable to Insuring Agreement I.L. \$100,000

F. Beazley Breach Response Services Tower

Limit of Liability, Insuring Agreement, I.G.

1. Notified Individuals Limit of Coverage 25,000 Notified

Individuals in the

aggregate.

2. Aggregate Limit of Coverage for all Computer Expert Services,

Legal Services and Public Relations and Crisis Management

Expenses combined: \$100,000

The Limits of Liability shall apply separately from each tower. Under no circumstances shall any one Claim trigger multiple towers.

Deductible(s):

A. Insuring Agreements I.A., I.B., I.C., I.D., I.F., I.H., I.L. and I.J.

Each Claim (including each Claim in the form of a Regulatory

Proceeding) including Claims Expenses

\$2,500

B. Insuring Agreement I.E. Each Claim \$1,000

C. Insuring Agreement I.G., Threshold and Deductible

Each incident, event or related incidents or events giving rise to an

obligation to provide Privacy Breach Response Services:

i. Notification Services, Call Center Services and

Breach Solution and Mitigation Services for each

incident involving at least:

100 Notified Individuals

ii. Deductible applicable to Computer Expert Services,

Legal Services and Public Relations and

Crisis Management Expenses:

\$2,500 combined, but one-half (1/2) of the amount shown herein for Legal Services (which

deductible is part of and not in addition to the combined deductible)

4GG

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: Comfort Medsource Corp DBA Lincoln Health Supply

Physical Address: 1975 E Sunrise Blvd, Ste 616, Fort Lauderdale, FL 33301
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1975 E Sunrise Blvd, Ste 616

City: Fort Lauderdale State: FL Zip Code: 33301

Telephone: 877-760-3332 Fax: 888-700-4806

E-mail: jeremy@lincolnhealthsupply.com Website: www.lincolnhealthsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jeremy Schaffel

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: _____ |

**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:

7757590001

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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

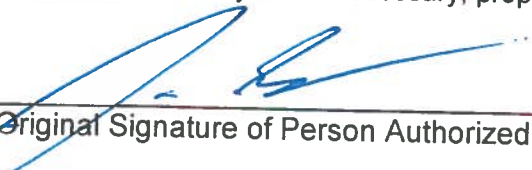
This page must be submitted for all types of ownership.

- 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

Jeremy Schaffel
Print Name of Authorized Person

2-17-2021
Date

Board Use Only

Received: _____

Amount: 500
check #1169

State of Incorporation: Florida

Parent Company if any: NA

Corporation Name: Comfort Medsource Corp DBA Lincoln Health Supply
Mailing Address: 1945 E. ...

Mailing Address: 1975 E Sunrise Blvd, Ste 616

City: Fort Lauderdale State: FL Zip: 33304

Telephone: 887-760-3332 Fax: 888-700-4806

Contact Person: Jeremy Schaffel - 305-308-4254

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

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

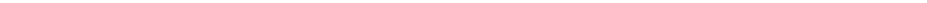
a) Vladimir Kovacsik Nw Sharpe St, Port St Lucie, FL 34983
Name Address

b)

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

c)

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

d) 

- 2) Provide the number of shares issued by the corporation. 100 NA
- 3) What was the price paid per share? NA
- 4) What date did the corporation actually receive the cash assets? NA
- 5) Provide a copy of the corporation's stock register evidencing the above information

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.

Disclosure of Ownership, Business Transactions & Exclusions Statement for Providers

I. Instructions

This statement must be submitted by the deadline set by the managed care organization (MCO). A new statement must be submitted when any information in your statement has changed.

You should complete this form in conjunction with review of the requirements for disclosure of ownership, business transactions and exclusions of individuals and entities from government programs as provided in the MCO's administrative requirements.

This statement must be completed whether or not you have any information to report. If more space is needed, please attach additional information.

For assistance in completing this statement, please reference the "Definitions" on page 5.

II. Identifying Information

Legal Name According to the IRS: Comfort Medsource Corp

DBA: Lincoln Health Supply

Address: 1975 E Sunrise Blvd Ste 616 NPI: 1053978601

City: Fort Lauderdale State: FL Zip Code: 33304

Office Phone Number: 877-760-3332

Federal Employer ID (FEIN): 84-1769869 Tax ID: _____

III. Structure

Check the entity that describes your structure:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Liability Corporation
- ☐ Non-Profit
- ☐ Other Partnership (i.e, LP, LLP, LLLP)

IV. Ownership & Control Interests

- A. Please provide the following information for each Person with an Ownership or Control Interest in you as a Provider, or in any Subcontractor in which you as a Provider have direct or indirect ownership of 5% or more. If no such ownership exists, please indicate this with an "N/A."

No.	Full Legal Name	Address	% of	SSN	Drivers License	Relationship
-----	-----------------	---------	------	-----	-----------------	--------------

			Owner Interest	or FEIN	No.	
1.	Vladimir Kovacsik	1975 E Sunrise Blvd Ste 616 Fort Lauderdale, FL 33304	100			Owner
2						
3						

- B. If any Person with an Ownership or Control Interest listed in subsection IV (A) is related to another Person with an Ownership or Control Interest listed in section A as a spouse, parent, child or sibling, please complete the following section. If no such relationship exists, please indicate this with an "N/A."

No.	Full Legal Name	Address	% of Owner Interest	SSN or FEIN	Drivers License No.	Relationship
1.	N/A					
2						
3						

- C. For each Person with an Ownership or Control Interest listed in subsection IV(A) who also has an ownership or control interest in an organization other than those indicated in section A, please provide the following information. If no such ownership exists, please indicate this with an "N/A."

No.	Full Name of Business or Organization	Name of Other Organization	Address	SSN or FEIN	% of Ownership Interest
1.	N/A				
2					
3					

V. Significant Business Traction

- A. Please report your ownership of any Subcontractor with whom you as a Provider have had business transactions totaling more than twenty-five thousand dollars (\$25,000) during the previous twelve (12) month period ending on the date of this request. If no such ownership exists, please indicate this with an "N/A."

No.	Name of Subcontractor	Address	SSN or FEIN	% of Owner Interest
1.	N/A			
2				
3				

- B. Please report any Significant Business Transactions between you as a Provider and any Wholly Owned Supplier, or between you as a Provider and any Subcontractor, during the previous five (5) year period ending on the date of this request. If no such business transactions exist, please indicate this with an "N/A."

No.	Name of Wholly-Owned Supplier	Address	SSN or FEIN	Nature of Business Transaction
1.	N/A			
2				
3				

V. Excluded Individuals or Entities

- A. Are there any Persons with an Ownership or Control Interest in you as a Provider, or any of your Managing Employees, Agents or Subcontractors who have ever:

Been convicted of a criminal offense related to that person's involvement in Medicare, Medicaid, or other federally funded government health care programs in accordance with Sections 1128 and 1128A of the Social Security Act?

- ☐ Yes
☐ No

Been excluded from participation in Medicare, Medicaid, or other federally funded government health care programs in accordance with Sections 1128 or 1128A of the Social Security Act?

- ☐ Yes
☐ No

- B. Do you as a Provider have any agreements for the provisions of items or services related to the health plan's obligations under its contract with the Department of Human Services or the Centers for Medicare and Medicaid Services with an individual or entity who has been excluded from participation in Medicare, Medicaid, or other federally funded government health care programs in accordance with Sections 1128 or 1128A of the Social Security Act?

- ☐ Yes
☐ No

If you answered "Yes" to any of the above questions, list the name and social security number or Tax ID of the individual or entity, and reason for answering "Yes" (i.e., conviction of a criminal offense related to involvement in or exclusion from participation in Medicare, Medicaid, or other federally funded government health care programs in accordance with Sections 1128 or 1128A of the Social Security Act).

No.	Full Legal Name	Address	SSN or FEIN	Reason
1.				
2				

VI. Certification

I certify that the above information is true and correct. I will notify the MCO of any changes to this information.

Name: Vladimir Kovacsik **Title:** Owner / President

Signature: _____ **Date:** _____

Email Address: _____

For the purposes of this statement, the following definitions apply:

1. **Agent** means any person who has been delegated the authority to obligate or act on behalf of the Provider.
2. **Managing Employee** means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of the Provider.
3. **Ownership Interest** means the possession of equity in the capital, the stock, or the profits of the Provider.
4. **Person with an Ownership or Control Interest** means a person or corporation that: A) has an Ownership Interest, directly or indirectly, totaling five percent (5%) or more in the Provider; B) has a combination of direct and indirect Ownership Interests equal to five percent (5%) or more in the Provider; C) owns an interest of five percent (5%) or more in any mortgage, deed of trust, note, or other obligation secured by the Provider, if that interest equals at least five percent (5%) of the value of the property or assets of the Provider; or D) is an officer or director of the Provider (if organized as a corporation) or is a partner in the Provider (if organized as a partnership).
5. **Provider** means an individual or entity that has entered into an agreement with any of the health plans listed on page 4 of this statement and is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers the services.
6. **Significant Business Transaction** means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5% of the Provider's total operating expenses.
7. **Subcontractor** means an individual, agency, or organization to which the Provider has contracted or delegated some of its management functions or responsibilities of providing medical care to patients.
8. **Wholly Owned Supplier** means a supplier (i.e., an individual, agency, or organization from which a Medicaid provider purchases goods and services used in carrying out its responsibilities under Medicaid) whose total ownership interest is held by a Medicaid provider or by a person, persons, or other entity with an ownership or control interest in a Medicaid provider.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/18/2021

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 LIABILITY 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 Inna Shine Insurance Services CA Lic # 0D54722 4656 E Ardmore St Anaheim CA 92807		CONTACT NAME: Inna PHONE (A/C, No, Ext.): 9496501475 E-MAIL: innashine5@hotmail.com ADDRESS:		FAX (A/C, No):
INSURED Comfort Medsource Corp., dba Lincoln Health Supply 1975 E. Sunrise Blvd #616 Port Lauderdale FL 33304		INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC #

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY CLAIMS MADE ☒ OCCUR		3AA390981	03/23/2020	03/23/2021	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 LIMIT APPLIES PER ☒ POLICY ☐ PROJECT ☐ LOC					GENERAL AGGREGATE \$ 3,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS Hired AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	☐ OCCUR ☐ CLAIMS MADE				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 ☐ N/A				WC STATUTORY LIMITS E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

Comfort Medsource Corp., dba Lincoln Health Supply 1975 E Sunrise Blvd #616 Port Lauderdale FL 33304	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 (2010/05)

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404
Confirmed on website:
4/16/21



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
LINCOLN HEALTH SUPPLY INC

Filing Information

Document Number P19000052009

FEI/EIN Number N/A

Date Filed 06/19/2019

Effective Date 06/20/2019

State FL

Status ACTIVE

Principal Address

1975 E SUNRISE BLVD
STE 616

FORT LAUDERDALE, FL 33304

Changed: 03/11/2020

Mailing Address

1975 E SUNRISE BLVD
STE 616
FORT LAUDERDALE, FL 33304

Changed: 03/11/2020

Registered Agent Name & Address

KOVACSIK, VLADIMIR
1975 E SUNRISE BLVD
STE 616
FORT LAUDERDALE, FL 33304

Address Changed: 03/11/2020

Officer/Director Detail

Name & Address

Title P

KOVACSIK, VLADIMIR
1975 E SUNRISE BLVD STE 616
FORT LAUDERDALE, FL 33304

Annual Reports

Report Year	Filed Date
2020	03/11/2020
2021	01/13/2021

Document Images

[03/11/2020 – ANNUAL REPORT](#)[View Image in PDF format](#)[06/19/2019 – Domestic Profit](#)[View Image in PDF format](#)

4HH

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 ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Ownership Change (Please provide current license number if making changes: MP or MW _____) ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
---	---

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

FACILITY INFORMATION

Facility Name: MED-EL Corporation

Physical Address: 2645 Meridian Parkway Ste 100 Durham, NC 27713

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

Mailing Address: 2645 Meridian Parkway Ste 100

City: Durham State: NC Zip Code: 27713-4232

Telephone: 919-572-2222 Fax: 919-314-3009

E-mail: reimbursement@medel.com Website: WWW.MEDEL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5:30 Tue: 8 to 5:30 Wed: 8 to 5:30 Thu: 8 to 5:30 Fri: 8 to 5:30
 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: John Joyce

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: <u>DME-Cochlear Implants</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 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:

2776859- Medicare

5133300001-Medicare

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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.

Eric Bartolotto

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

Eric Bartolotto

Print Name of Authorized Person

2/12/2021

Date

Board Use Only

Received: _____

Amount: 500

Check # 47251

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: Massachusetts

Parent Company if any: _____

Corporation Name: MED-EL CorporationMailing Address: 2645 Meridian Parkway Ste 100City: DurhamState: NCZip: 27713Telephone: 919-572-2222Fax: 919-314-3009Contact Person: Melanie Coleman

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

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

a) Ingeborg Hochmire Furstenweg Innsbruck, 6020 Austria
Name Addressb) Erwin Hochmire Furstenweg Innsbruck, 6020 Austria
Name Addressc) _____
Name Addressd) _____
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

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.

Darlene Nases

From: Reimbursementcontracts <Reimbursementcontracts@medel.com>
Sent: Monday, April 5, 2021 11:40 AM
To: Darlene Nases
Subject: RE: Out of State MDEG Application - Need more information

Hi Darlene,

Our officers include Raymond Gamble – CEO/President and John Joyce- VP of Finance/Secretary

Please let me know if you need anything else.

Thanks,

Melanie

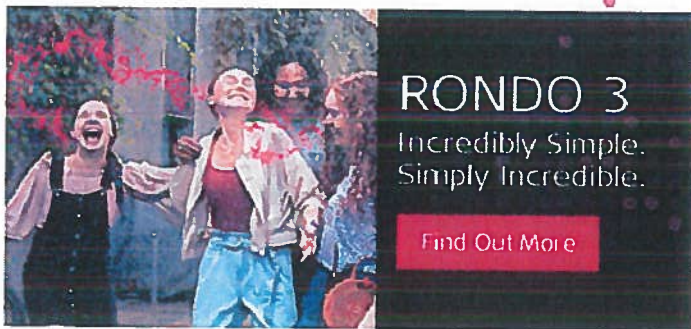
Melanie Coleman

Reimbursement Accounts Receivable Specialist

MED-EL

MED-EL Corporation, USA
 2645 Meridian Parkway
 Suite 100
 Durham, NC 27713
 Tel +19193143026
 Fax +19193143009

www.medel.com



CONFIDENTIALITY NOTICE: This email and any attachments contained in this transmission may contain privileged and confidential information, including patient health information protected by federal and state privacy laws. If you are not the intended recipient, any reproduction, review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you received this email in error, please notify the sender immediately by reply email and forward the email to privacy.us@medel.com. Please destroy all copies in all email folders. Thank you in advance for your cooperation.

♻️ Please consider the environment before printing this e-mail

From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Thursday, April 1, 2021 7:20 PM
To: USA reimbursement <reimbursement@medel.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: Out of State MDEG Application - Need more information



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: February 10, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,

MED-EL CORPORATION

is a domestic corporation organized on **July 20, 1994** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 21020316850

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: Bod



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2020

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 Jake A Parrott Insurance Agency Inc 2508 N HERRITAGE STREET PO BOX 3547 KINSTON NC 28502	CONTACT NAME: Sherry Whaley, AAI, CRIS PHONE (A/C, No, Ext): (252) 523-1041 FAX (A/C, No): (252) 523-0145 E-MAIL ADDRESS: swahaley@parrottins.com														
INSURED MED-EL CORPORATION 2645 MERIDIAN PKWY DURHAM NC 27713	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: SENTINEL INSURANCE CO, LTD</td> <td>11000</td> </tr> <tr> <td>INSURER B: HARTFORD CASUALTY INS. CO.</td> <td>29424</td> </tr> <tr> <td>INSURER C: RATED BY MULTIPLE COMPANIES</td> <td>00914</td> </tr> <tr> <td>INSURER D: PHILADELPHIA INDEMNITY INS CO</td> <td>18058</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: SENTINEL INSURANCE CO, LTD	11000	INSURER B: HARTFORD CASUALTY INS. CO.	29424	INSURER C: RATED BY MULTIPLE COMPANIES	00914	INSURER D: PHILADELPHIA INDEMNITY INS CO	18058	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** FULL 2020-2021 UPDATE**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			22UUNZW7602	10/08/2020	10/08/2021	EACH OCCURRENCE	\$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	☒ PRODUCTS & PROFESSIONAL						MED EXP (Any one person)	\$ 10,000
	☒ ARE EXCLUDED COVERAGES						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	☒ POLICY ☐ PROJECT ☐ LOC						PRODUCTS - COMP/OP AGG	\$ NOT COVERE
	OTHER							\$
A	AUTOMOBILE LIABILITY			22UUNZW7602	10/08/2020	10/08/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	\$
	☒ OWNED AUTOS ONLY	☐ SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	☒ HIRED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
B	☒ UMBRELLA LIAB			22RHUB00175	10/08/2020	10/08/2021	EACH OCCURRENCE	\$ 15,000,000
	☐ EXCESS LIAB	☐ OCCUR					AGGREGATE	\$ 15,000,000
	☐ DED ☒ RETENTION \$ 10,000	☐ CLAIMS-MADE						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			22WBEL8015	10/08/2020	10/08/2021	☒ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	CYBER SECURITY POLICY			PHSD1098448	11/24/2020	11/24/2021	Network Security Limit	\$5,000,000
							POLICY AGGREGATE	\$5,000,000
							POLICY DEDUCTIBLE	\$25,000

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

CERTIFICATE HOLDER**CANCELLATION**

NSC PO BOX 100142 COLUMBIA SC 29202	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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411

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>MP02981</u>)	☐ 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: Pathema DME LLC

Physical Address: 4300 N University Dr STE C101 Lauderhill FL 33351-6243
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 4300 N University Dr STE C101

City: Lauderhill State: FL Zip Code: 33351-6243

Telephone: (754) 200-9639 Fax: (877) 890-7464

E-mail: credential@pathemadme.com Website: www.pathemadme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 11:00Am to 05:00 Pm Tue: 11:00Am to 05:00 Pm Wed: 11:00Am to 05:00 Pm Thu: 11:00Am to 05:00 Pm Fri: 11:00Am to 05:00 Pm
 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jack Avera

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: <u>Orthosis Off the Shelf</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 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# 7764230001	Medicaid SC# DM1644	_____
Medicaid VT# 6702674	_____	_____
_____	_____	_____

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.

Christopher Eaves

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

Christopher Eaves - Chief Information Officer

Print Name of Authorized Person

3/6/2021
Date

Board Use Only

Received: _____

Amount:

500
check # 1020

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Pathema Group LLC

Corporation Name: Pathema Group LLC

Mailing Address: 250 Ed English Dr BLDG 03 STE E

City: Shenandoah State: TX Zip: 77385

Telephone: 281 645 0292 Fax: _____

Contact Person: Christopher Eaves

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

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

a)	Pathema Group LLC	250 Ed English Dr BLDG 03 STE E Shenandoah TX 77385
	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? _____
- 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

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.



4300 N University Dr, C101
Lauderhill, FL 3335
Ph: 754-200-9639
Fax: 877-890-7464

03/03/2021

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

Re: Organization structure for Pathema DME, LLC.

To, Concerned Licensing authority,

Pathema DME LLC is a Non Publicly traded / Closely held for profit organization incorporated with the Florida Secretary of State. The sole owner of the organization is Pathema Group LLC, which is a Texas incorporated LLC. Below listed the Organization and ownership structure to support the out of state DME permit application.

Christopher Eaves - Cheif Information Officer

SSN -

DOB:

Office address: 4300 N University Dr Ste C101 Lauderhill FL 33351

Resident address: ' NW McCready Dr. Bend OR 97703-8650 Ph: (916)

Jack Avera - Chief Information Officer

SSN -

DOB:

Office address: 4300 N University Dr Ste C101 Lauderhill FL 33351

Resident address:) Dunbar Creek PTSaint Simons Island, GA 31522

Continued,

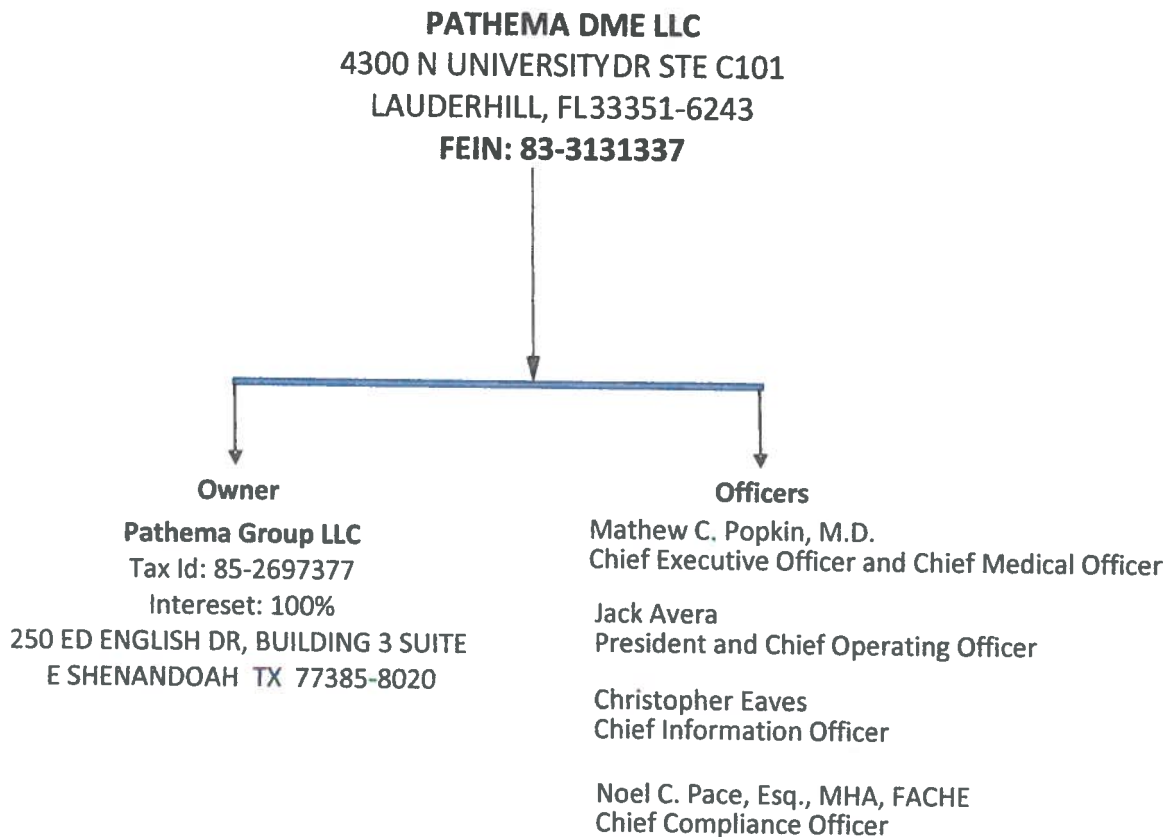


4300 N University Dr, C101
 Lauderhill, FL 3335
 Ph: 754-200-9639
 Fax: 877-890-7464

February 15, 2021

Effective date of change: February 02, 2021.

Current Business ownership organizational chart of Pathema RX, LLC



Thank you,
Christopher Eaves | Chief Information Officer
PathemaDME
 4300 N University Dr STE C101
 Lauderhill FL 33351 6243
 Phone: (916) 716-7117 | Fax: (877) 890-7464

CITY OF LAUDERHILL ANNUAL CERTIFICATE OF USE

To engage in or manage the business occupation listed below
From October 1, 2020 expires September 30, 2021
www.lauderhill-fl.gov

Name of Business

Business Number
24866

PATHEMA DME LLC
4300 N UNIVERSITY DRIVE # C101
LAUDERHILL, FL 33319

Business Classes

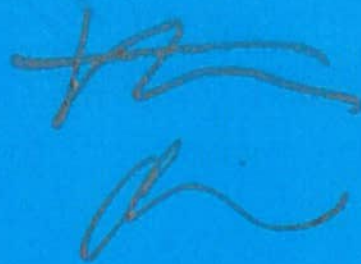
Description	Current	Total
PROCESSING FEE	52.50	0.00
BUSINESS DEVELOPMENT FEE	27.56	0.00
OFFICE SPACE - BUSINESS USE ONLY	201.02	0.00

Business Address: 4300 NW 76 AVE BAY C101

All-America City

It is your responsibility to renew your Certificate of Use on or before Sept. 30th of each year. This certificate of use must be conspicuously displayed to the public view inside (near cash register or entrance) at the business location, except for rental units which do not have an on-site business office.

BUS. OFFICE/MAIL
ORDER MED SUPPLIES
NO CUSTOMER PICK-UP
NO OUTDOOR STORAGE




DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI, OH 45999

In reply refer to: 0241590225
Feb. 20, 2019 LTR 147C 0
83-3131337 000000 00 000
00001
BODC: SB

FATHEMA DME LLC
CHRISTOPHER EAVES SOLE MBR
20 S FEDERAL HWY A
DANIA FL 33004-3605

Employer identification number: 83-3131337

Dear Taxpayer:

Thank you for your inquiry of Feb. 20, 2019.

Your employer identification number (EIN) is 83-3131337. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call 800-829-4933.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

Sincerely yours,

Susan M. O'Neill, Operations Mgr.
Accounts Management Operations 2

Certificate of Accreditation

Exemplary Award

Granted To

Pathema DME, LLC

dba Pathema DME

4300 N University Dr C101 Lauderhill, FL 33351

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

Safety • Honesty • Caring®
Accreditation Quality Standards

DMEPOS

Durable Medical Equipment, Prosthetics, Orthotics and Supplies

EXPIRATION DATE: JUNE 30, 2022


Founder & CEO, The Compliance Team, Inc

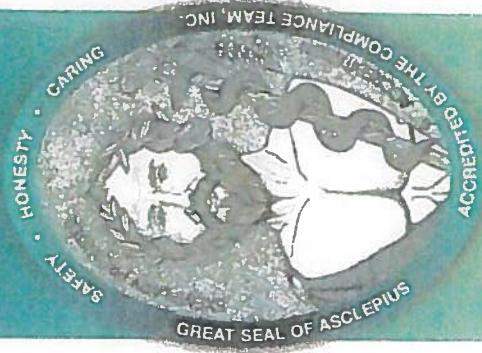
026997

June 11, 2019

Date

DMEPOS
PHARMACY
RURAL HEALTH
PATIENT-CENTERED
MEDICAL HOME

CLINIC
PHYSICIAN
INFUSION
OCULARIST



The Frontiers of
HEALTHCARE
EXCELLENCE



P. O. Box 160, 905 Sheble Lane, Suite 102, Spring House, PA 19477
 v: (215) 654-9110 | f: (215) 654-9068 | TheComplianceTeam.org

June 13, 2019

Christopher Eaves
 President
 Pathema DME, LLC
 Pathema DME
 4300 N University Dr C101
 Lauderhill, FL 33351

LETTER OF ACCREDITATION

Dear Christopher,

Congratulations on your outstanding achievement and demonstrated commitment to delivering healthcare excellence. Pathema DME, LLC dba Pathema DME is now an official member of the League of Exemplary Providers®. Your official Accreditation Certificate and comprehensive scoring documentation are enclosed.

The Certificate of Accreditation verifies that Pathema DME, LLC dba Pathema DME has established processes that conform to the Evidence of Compliance requirements of The Compliance Team's Exemplary Provider® DMEPOS Quality Standards.

The scoring document registers a Passing Final Score as a result of the recent on-site evaluation conducted on June 11, 2019 at 4300 N University Dr C101 Lauderhill, FL 33351. Please review the documentation and comments and submit any follow-up action plan within 60 days.

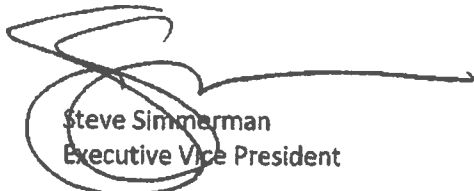
Accreditation Period

Effective Date: June 11, 2019

Expiration Date: June 30, 2022

Leading up to your next on-site evaluation, The Compliance Team will review and evaluate Pathema DME, LLC dba Pathema DME outcomes data as prescribed by the program's "Safety-Honesty-Caring®" quality standards. In the meantime, our entire team congratulates you on achieving your EP™ status and wishes your organization continued success.

Sincerely,



Steve Simmerman
 Executive Vice President



Product Category Addendum

The Compliance Team accredited the following Product Categories for

Pathema DME, LLC

Pathema DME

4300 N University Dr C101,
Lauderhill, FL 33351

June 11, 2019

DM06 Blood Glucose Monitors and Supplies (mail order)
OR03 Off-The-Shelf Orthotics

State of Florida

Department of State

I certify from the records of this office that PATHEMA DME LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on May 02, 2019, effective April 25, 2019.

The document number of this company is L19000112183.

I further certify that said company has paid all fees due this office through December 31, 2019, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 190502151947-100328750141#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Second day of May, 2019

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L19000112183
FILED 8:00 AM
May 02, 2019
Sec. Of State
mtmoon**

Article I

The name of the Limited Liability Company is:

PATHEMA DME LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4300 N UNIVERSITY DRIVE
#C101
LAUDERHILL, FL. 33351

The mailing address of the Limited Liability Company is:

4300 N UNIVERSITY DRIVE
#C101
LAUDERHILL, FL. 33351

Article III

The name and Florida street address of the registered agent is:

BRIDGETT ENGLISH
3901 S OCEAN DR.
UNIT C3Y
HOLLYWOOD, FL. 33019

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BRIDGETT ENGLISH

Article IV

The name and address of person(s) authorized to manage LLC:

Title: P
CHRISTOPHER EAVES
2887 NW MELVILLE DR.
BEND, OR. 97703

Title: VP
SHAUNA FRASER
587 CONGRESS ST APT L
PORTLAND, ME. 04101

L19000112183
FILED 8:00 AM
May 02, 2019
Sec. Of State
mtmoon

Article V

The effective date for this Limited Liability Company shall be:

04/25/2019

Signature of member or an authorized representative

Electronic Signature: HANNAH SARTIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

State of Florida

Department of State

I certify from the records of this office that PATHEMA DME LLC is a limited liability company organized under the laws of the State of Florida, filed on May 2, 2019, effective April 25, 2019.

The document number of this limited liability company is L19000112183.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019 and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourth day of March, 2020*



Randy Bue
Secretary of State

Tracking Number: 8167521623CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



4300 N University Dr, C101
 Lauderhill, FL 3335
 Ph: 754-200-9639
 Fax: 877-890-7464

03/17/2020

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

Re: Application for Out of State MDEG License - Letter to notify that FL Health-care Licensing authority The Agency For Health Care Administration does not issue, or, per its regulation we are not required to obtain license for Durable Medical Equipment viz. Blood Glucose Monitors And Supplies (Mail Order) & Orthoses: Off-The-Shelf.

To, Concerned Licensing authority,

This is to bring your notice that, regarding our Nevada non resident DME license application for Pathema DME, LLC (EIN:83-3131337) - per Connecticut licensing regulations we are required to submit a copy of resident / home state license along with the application.

But per our Home / Resident State (Florida) licensing Authority, the Agency for Health Care Administration(AHCA) we are not required to obtain a license from AHCA, or AHCA does not issue a license for the DME products that we Pathema DME, LLC supply viz Blood Glucose Monitors And Supplies (Mail Order) & Orthoses: Off-The-Shelf.

To further support our explanation we are attaching the email communication had with the Agency for Health Care Administration(AHCA) for your review. Also you can refer National Supplier Clearing House License Directory to see the list equipment and its license requirement listed by each each state. Providing the linke for the same for your further review.

NSC License directory:

<https://www.palmettogba.com/licensure/licdirec.nsf/StateLicenseInformationN?openform&State=FL>

In case any additional information is needed from our end to process the License application please reach out to us via email <credential@pathemadme.com>.

Thank you,

Christopher Eaves | President

PathemaDME

4300 N University Dr STE C101

Lauderhill FL 33351-6243

Phone: (916) 716-7117 | Fax: (877) 890-7464

 **HME Application File.pdf**
855K

Perry, Kathy <Kathy.Perry@ahca.myflorida.com>
To: "chrismorgan6192@gmail.com" <chrismorgan6192@gmail.com>
Cc: "Perry, Kathy" <Kathy.Perry@ahca.myflorida.com>

Thu, Jan 9, 2020 at 11:29 AM

Good Morning,

This is in response to your email listed below where you are asking for a list of all home medical equipment products that require a home medical equipment license and which products do not. We do not have a list that encompasses all that do require a license or any that do not require a license. New home medical equipment products are added each day; therefore it would be an endless task for the Agency trying to keep lists such as these updated.

I have attached a copy of the Home Medical Equipment application and in Section 12 of the application, there is a list of a lot of the home medical equipment items that do require a license.

You are exempt from home medical equipment licensure if the only items you sell or rent to Florida Consumers are diabetic, wound care, urological and ostomy disposable supplies.

If you have additional questions, please feel free to email me back.

Best Regards,

Kathy J. Perry

Kathy Perry

Health Services & Facilities Consultant

Long Term Care Services Unit

Bureau of Health Facility Regulation

[Quoted text hidden]



HME Application File.pdf
855K

Chris Morgan <chrismorgan6192@gmail.com>
To: "Perry, Kathy" <Kathy.Perry@ahca.myflorida.com>
Cc: "Perry, Kathy" <Kathy.Perry@ahca.myflorida.com>

Thu, Jan 9, 2020 at 12:15 PM

Good Afternoon Kathy,

We currently supply only Orthotic Braces and Diabetic supplies. We do only mail order thus no direct contact with member. Is there any way I can find whether these two products requires license?

Chris M
Ph: 415-712-1660

[Quoted text hidden]

[Quoted text hidden]

Perry, Kathy <Kathy.Perry@ahca.myflorida.com>
To: Chris Morgan <chrismorgan6192@gmail.com>

Thu, Jan 9, 2020 at 2:22 PM

If you are only selling diabetic supplies and orthotic braces you do not need an HME license.

[Quoted text hidden]

Chris Morgan <chrismorgan6192@gmail.com>
To: james@aimagroup.co.uk

Mon, Jan 20, 2020 at 12:25 PM

FYI

----- Forwarded message -----

From: **Perry, Kathy** <Kathy.Perry@ahca.myflorida.com>
Date: Thu, Jan 9, 2020 at 8:55 AM
Subject: RE: Email you sent in to the Agency for Health Care Administration.
To: chrismorgan6192@gmail.com <chrismorgan6192@gmail.com>
Cc: Perry, Kathy <Kathy.Perry@ahca.myflorida.com>

[Quoted text hidden]

[Quoted text hidden]



HME Application File.pdf
855K

Screencopy from National Supplier License Directoy

URL: https://www.palmettogba.com/licensure/licdirec.nsf/StateLicenseInformation_N?openform&State=FL

FL

Jump to a Product/Service:

Blood Glucose Monitors/ Supplies (Non-Mail Order) ▼

License required (In-state)	Req. for suppliers (Out-of-state)	Licensing Agency	Verify Online	Req. for Pharmacies (in-state)	Notes
-----------------------------	-----------------------------------	------------------	---------------	--------------------------------	-------

Automatic Ext Defibrillator (AEDS) and/or Supplies (DM01)

Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
---	-----	--	---------------------	----	--

Blood Glucose Monitors/ Supplies (Non-Mail Order) (DM05)

No License Required	No			No	
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Blood Glucose Monitors/Supplies (Mail Order) (DM06)

No License Required	No			No	
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Breast Prostheses and/or Accessories (PD01)

No License Required	No			No	
---------------------	----	--	--	----	--

Canes and/or Crutches (M01)

No License Required	No			No	
---------------------	----	--	--	----	--

Cochlear Implants (PD02)

No License Required	No			No	
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Commodes, Urinals, Bedpans (DM02)

No License Required	No			No	
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Continuous Passive Motion (CPM) Devices (DM03)

Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
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Continuous Positive Airway Pressure (CPAP Devices) (R01)

Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
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Contracture Treatment Devices: Dynamic Splint (DM04)

License required (In-state)	Req. for suppliers (Out-of-state)	Licensing Agency	Verify Online	Req. for Pharmacies (in-state)	Notes
No License Required	No			No	
Oral Anticancer Drugs (A05)					
Community Pharmacy License	Yes	Florida Department of Health	Yes	Yes	
Oral Antiemetic Drugs (A06)					
Community Pharmacy License	Yes	Florida Department of Health	Yes	Yes	
Orthoses: Custom Fab (OR01)					
Orthotist License	Yes	Florida Department of Health, Board of Orthotists & Prosthetists	Yes	No	A
Prosthetist-Orthotist License	Yes	Florida Department of Health, Board of Orthotists & Prosthetists	Yes	No	A
Orthoses: Off the Shelf (OR03)					
No License Required	No			No	
Orthoses: Prefabricated (Custom Fitted) (OR02)					
Orthotic Fitter	Yes	Florida Department of Health, Board of Orthotists & Prosthetists	Yes	No	A D
Osteogenesis Stimulators (DM17)					
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
Ostomy Supplies (PD06)					
No License Required	No			No	
Oxygen Equipment and/or Supplies (R08)					
Medical Oxygen Retail Establishment Permit	See Note B	Florida Department of Business Professional Regulation, Division of Drugs, Devices and Cosmetics	Yes	No	B
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
Parenteral Equipment and Supplies (PE06)					
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	C E
Parenteral Nutrients (PE05)					

State of Florida

Department of State

I certify from the records of this office that PATHEMA DME LLC is a limited liability company organized under the laws of the State of Florida, filed on May 2, 2019, effective April 25, 2019.

The document number of this limited liability company is L19000112183.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on March 25, 2020, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixth day of April, 2021*



Randy Bue
Secretary of State

Tracking Number: 7214914195CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2020

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

Provider Professional Insurance
4345 SW 72ND AVE STE A
MIAMI, FL 33155

CONTACT

NAME:

PHONE (A/C, No, Ext): (305) 740-5319

FAX (A/C, No): (305) 740-3459

E-MAIL ADDRESS: gofarri101@gmail.com

INSURER(S) AFFORDING COVERAGE

NAIC

INSURER A: WESTERN WORLD INSURANCE CO

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

PATHEMA DME, LLC

4300 N UNIVERSITY DRIVE SUITE C101
LAUDERHILL, FL 33351

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	☒ COMMERCIAL GENERAL LIABILITY			NPP8706674	05/15/2020	05/15/2021	EACH OCCURRENCE	\$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	☒ PROFESSIONAL LIABILITY						MED EXP (Any one person)	\$ 5,000
	☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COM/OP AGG	\$ INCLUDED
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	☐ ANY AUTO						BODILY INJURY (Per person)	\$
	☐ OWNED AUTOS ONLY	☐ SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	☐ HIRED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	☐ OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	☐ CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

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

MARIO O'FARRILL

4JJ

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 ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Ownership Change (Please provide current license number if making changes: MP or MW _____) ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
--	---

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

FACILITY INFORMATION

Facility Name: TARHEEL SURGICAL SUPPLY, LLC

Physical Address: 1040 RANDOLPH ST. STE 34
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1040 RANDOLPH ST. STE 34

City: THOMASVILLE State: NC Zip Code: 27360

Telephone: 833-761-6700 Fax: 877-210-6822

E-mail: JWTARHEELSURGICAL@GMAIL.COM Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 3 Fri: _____
 _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JAMIE L WILKINS

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: Pneumatic Compression Pumps

**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:

7833060001		

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

[illegible]

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.

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

JAMIE L WILKINS
Print Name of Authorized Person

3/10/2021
Date

Board Use Only	Received: _____	Amount: <u>500</u> <u>Check # 1123</u>
----------------	-----------------	---

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: JASON F HERLOCKER

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: GREENSBORO State: NC Country: USA

Citizenship: USA other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: 3 TOWER RD City: GREENSBORO

State: NC Zip Code: 27410 Telephone Number: _____ Fax Number: _____

Previous address (last 5 years):

Address: 3 N OLD GREENSBORO RD City: HIGH POINT State: NC Zip Code: 27265

Address: 7 TANBARK CT City: GREENSBORO State: NC Zip Code: 27407

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: TARHEEL SURGICAL SUPPLY, LLC

Current Business Address: 1040 RANDOLPH ST. STE 34

City: THOMASVILLE State: NC Zip Code: 27360

Telephone Number: 833-761-6700 Fax Number: 877-210-6822

Previous Employment (last 5 years):

Name: MIDLAND MOBILITY Address: 800 MIDLAND AVE

City: THOMASVILLE State: NC Zip Code: 27360

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TARHEEL SURGICAL SUPPLY LLC

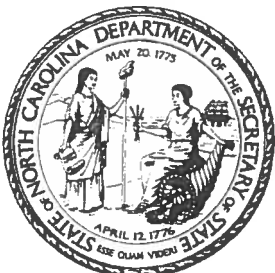
is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 9th day of April, 2020

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of March, 2021.

Elaine F. Marshall

Secretary of State



Scan to verify online.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hampton Insurance Services 3540 Clemmons Rd Ste 302 Clemmons NC 27012 INSURED Tarheel Surgical Supply LLC 1040 Randolph St Ste 34 Thomasville NC 27360-6384		CONTACT NAME: Ryan Hampton PHONE (A/C No, Ext): 336-777-6874 E-MAIL: ryan@hamptoninsuranceservices.net ADDRESS:		FAX (A/C No): (910) 223-3069
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: CNA (Small Business)		
		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 LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	☒ COMMERCIAL GENERAL LIABILITY		6025587699	04/21/2020	04/21/2021	EACH OCCURRENCE				
	☐ CLAIMS-MADE ☒ OCCUR					\$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000			
	☒ POLICY ☐ PROJECT ☐ LOC					MED EXP (Any one person)	\$ 5,000			
	OTHER					PERSONAL & ADV INJURY	\$ 1,000,000			
						GENERAL AGGREGATE	\$ 2,000,000			
						PRODUCTS - COM/OP AGG	\$ 2,000,000			
							\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	☐ ANY AUTO							BODILY INJURY (Per person)	\$	
☐ OWNED AUTOS ONLY	☐ SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$					
☐ HIRED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY			PROPERTY DAMAGE (Per accident)	\$					
					\$					
UMBRELLA LIAB	☐ OCCUR					\$				
EXCESS LIAB	☐ CLAIMS-MADE					\$				
DED	RETENTION \$					\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	☐ Y ☒ N	N/A				\$				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						\$				
If yes, describe under DESCRIPTION OF OPERATIONS below						\$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule may be attached if more space is required)						\$				

CERTIFICATE HOLDER

CANCELLATION

NATIONAL SUPPLIER CLEANINGHOUSE PO Box 100142 Columbia SC 29202-3142		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 

STATE of NORTH CAROLINA
DEPARTMENT of the SECRETARY of STATE
ARTICLES of ORGANIZATION
LIMITED LIABILITY COMPANY

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

ARTICLE I.

The name of this limited liability company is TARHEEL SURGICAL SUPPLY LLC.

ARTICLE II.

The name, title, and address of the person executing these articles is Jason Herlocker, Organizer, at 800 Midland Avenue, Thomasville, NC 27360.

ARTICLE III.

The name of the initial registered agent is LEGALINC CORPORATE RA SERVICES INC.. The street address and county of the initial registered office of the limited liability company is 8480 HONEYCUTT ROAD, SUITE 200-V295, RALEIGH, NC 27615, in the County of WAKE.

ARTICLE IV.

The street address and county of the principal office of the limited liability company is 1040 Randolph Street, SUITE 34, Thomasville, NC 27360, in the County of DAVIDSON.

ARTICLE V.

The limited liability company is to be member-managed. All members by virtue of their status as members shall be managers of this limited liability company.

ARTICLE VI.

The limited liability company shall indemnify its directors, members, managers, officers, employees, and agents to the fullest extent provided by the laws of the State of North Carolina now or hereafter in force, including the advance of expenses under the procedures provided by such laws.

ARTICLE VII.

These articles will be effective upon filing.

ARTICLE VIII.

The names and addresses of the initial member of the limited liability company are:

JASON HERLOCKER - 800 MIDLAND AVE, THOMASVILLE, NC 27360

Dated: April 8th, 2020

A handwritten signature in dark ink, appearing to read 'J Herlocker', with a long horizontal line extending to the right.

Jason Herlocker, Organizer

4KK

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>MP00781</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: Telcare Medical Supply, LLC

Physical Address: 600 W. Ridge Road, Suite 200, Linwood, PA 19061
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1000 Cedar Hollow Road, Suite 102

City: Malvern State: PA Zip Code: 19355

Telephone: 877-777-4710 Fax: 978-832-1071

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:30 Tue: 9:00 to 5:30 Wed: 9:00 to 5:30 Thu: 9:00 to 5:30 Fri: 9:00 to 5:30
 Sat: 9:00 to 5:30 Sun: 9:00 to 5:30 Holidays: 9:00 to 5:30

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tahnee Mehta

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: Tahnee Mehta Telephone: 484-531-2011

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:

Maryland Medicaid- 164611700 (PA)

Ohio Medicaid- 0058807 (MA site)

Pennsylvania Medicare – 6526480001

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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

Cody Cowper

Print Name of Authorized Person

2/16/21

Date

Board Use Only

Received: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: BioTelemetry Care Management, LLC

Corporation Name: Telcare Medical Supply, LLC

Mailing Address: 1000 Cedar Hollow Road, Suite 102

City: Malvern State: PA Zip: 19355

Telephone: 877-777-4710 Fax: 978-832-1071

Contact Person: _____

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

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) 100 % owned by BioTelemetry Care Management, LLC

Name	Address
------	---------
 - b) _____

Name	Address
------	---------
 - c) _____

Name	Address
------	---------
 - d) _____

Name	Address
------	---------
- 2) Provide the number of shares issued by the corporation. N/A ownership is an LLC
- 3) What was the price paid per share? N/A ownership is an LLC
- 4) What date did the corporation actually receive the cash assets? N/A ownership is an LLC
- 5) Provide a copy of the corporation's stock register evidencing the above information

N/A ownership is an LLC

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.

EXHIBIT A**LIST OF OFFICERS AND DIRECTORS**
OF BIOTELEMETRY, INC.**Officers****(and Board of Directors of Telcare Medical Supply, LLC)**

Joseph Capper
President/CEO
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Heather Getz
Treasurer/CFO
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Cody Cowper
Secretary/COO
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Board of Directors
of BioTelemetry Inc.

Kirk E. Gorman (Chairman)
Joseph Capper
Anthony J. Conti
Laura N. Dietch
Joseph A. Frick
Colin Hill
Tiffany Olson
Stephan Rietiker
Rebecca Rimel
Robert J. Rubin, M.D.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELCARE MEDICAL SUPPLY, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2021.

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



4791329 8300

SR# 20210459435

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: 202513045

Date: 02-15-21



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
10/08/2020

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
Aon Risk Services Central, Inc.
Philadelphia PA Office
One Liberty Place
1650 Market Street
Suite 1000
Philadelphia PA 19103 USA

CONTACT
NAME:
PHONE (A/C, No, Ext): (866) 283-7122 FAX (A/C, No.): 800-363-0105

E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
BioTelemetry, Inc.
1000 Cedar Hollow Road
Malvern PA 19355 USA

INSURER A:	Federal Insurance Company	20281
INSURER B:	Hartford Insurance Company of Illinois	38288
INSURER C:	Great Northern Insurance Co.	20303
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 570084461933

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.

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
C	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER			35764140	05/31/2020	05/31/2021	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 Excluded
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			7350-28-85	05/31/2020	05/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	X UMBRELLA LIAB ☒ OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			79807640	05/31/2020	05/31/2021	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	39WEAD2EVY	05/31/2020	05/31/2021	☒ 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			35983281 Claims Made	05/31/2020	05/31/2021	Occ/Agg \$1,000,000 Agg/Ded \$325,000 Occ/Ded \$50,000

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

CERTIFICATE HOLDER

Telcare Medical Supply, LLC
600 West Ridge Road, Suite 200
Linwood PA 19061 USA

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.

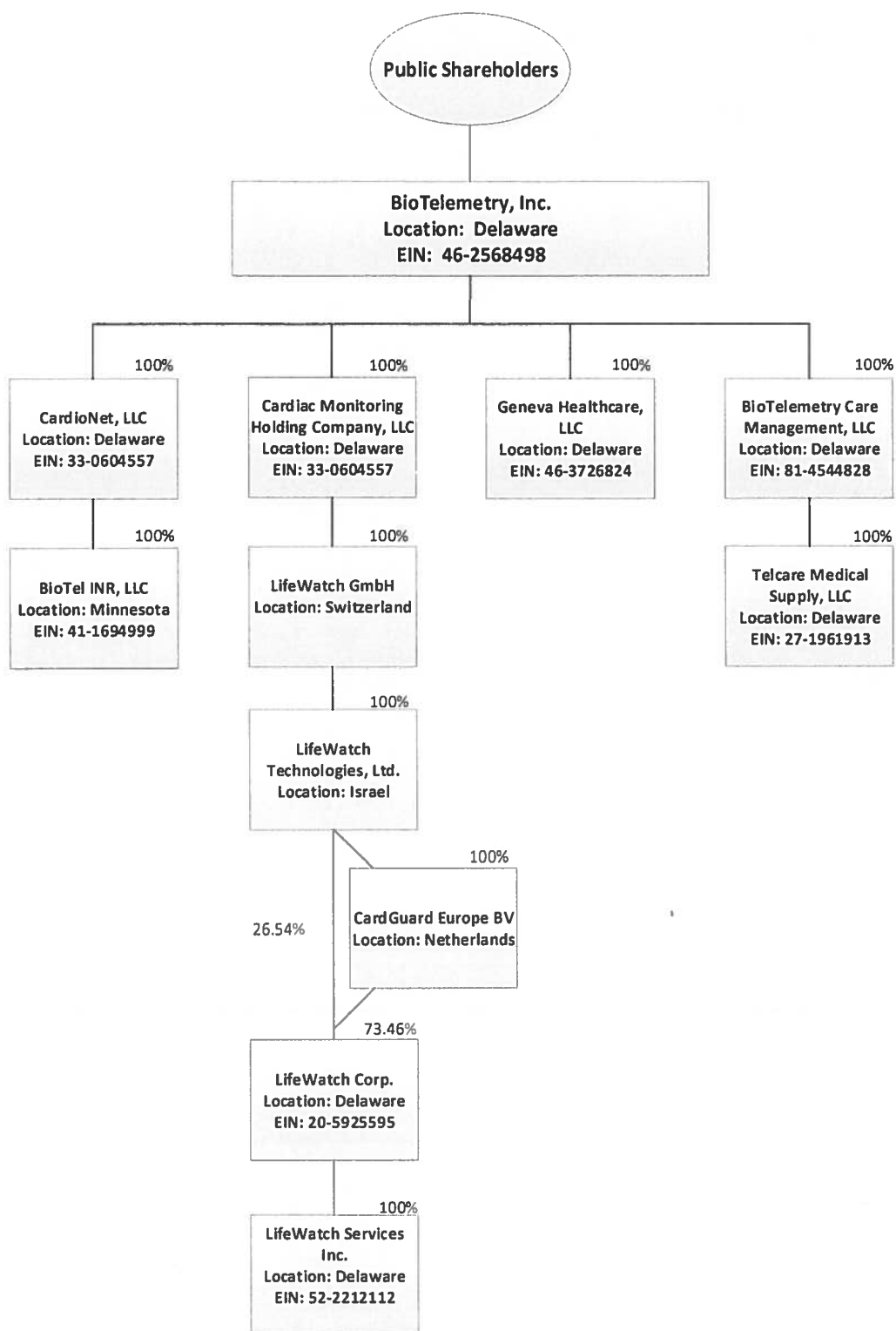
AUTHORIZED REPRESENTATIVE

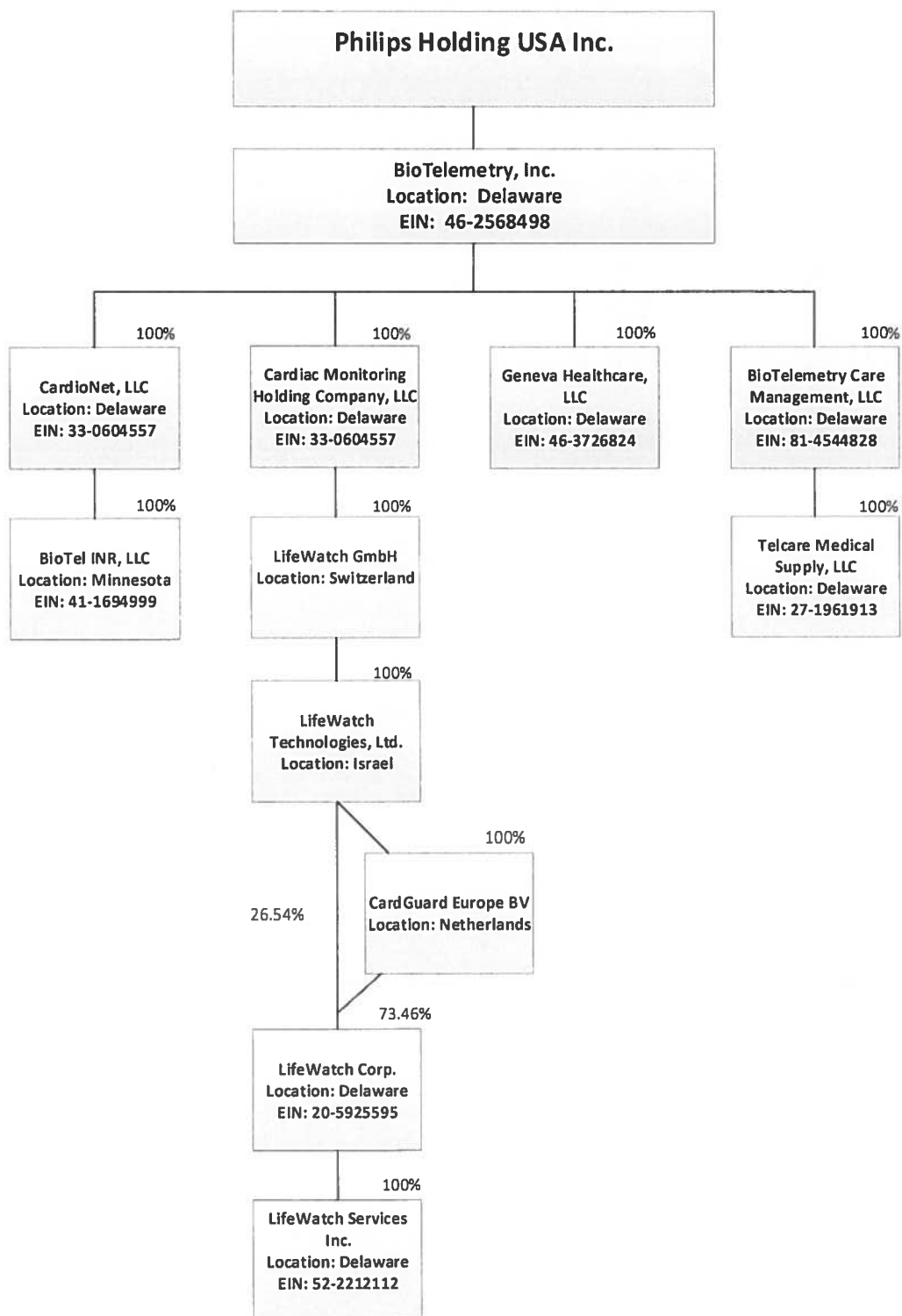
Aon Risk Services Central, Inc.

Holder Identifier :

570084461933

Certificate No :





4LL

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: the medcom group, ltd.

Physical Address: 541 E Garden Drive, Unit Q, Windsor, CO 80550

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

Mailing Address: 541 E Garden Drive, Unit Q

City: Windsor State: CO Zip Code: 80550

Telephone: (970) 674-3032 Fax: (970) 674-3061

E-mail: operations@medcomgroup.com Website: www.medcomgroup.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 A.M. to 4 P.M. Tue: 8 A.M. to 4 P.M. Wed: 8 A.M. to 4 P.M. Thu: 8 A.M. to 4 P.M. Fri: 8 A.M. to 4 P.M.
 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Christopher Snarr, Christopher@medcomgroup.com

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: <u>CPM, cold therapy, SCD, bracing, NPWT</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 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:

PTAN - 0349520001	CO Medicaid - 08823130	
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.


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

David Barnett, Financial Manager
Print Name of Authorized Person

03/23/2021
Date

Board Use Only

Received: _____

Amount: 500
Check # 7005

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: ColoradoParent Company if any: n/aCorporation Name: the medcom group, ltd.Mailing Address: 541 E Garden Drive, Unit QCity: Windsor State: CO Zip: 80550Telephone: (970) 674-3032 Fax: (970) 674-3061Contact Person: David Barnett

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

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

a) Sallie Barnett 1 Ophir Rd, Ophir, CO 81426
Name Addressb) Steven Barnett 1 Ophir Rd, Ophir, CO 81426
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 100,0003) What was the price paid per share? \$254) What date did the corporation actually receive the cash assets? 8/23/1988

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

Sallie Barnett, President
Steven Barnett, Secretary/Treasurer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

THE MEDCOM GROUP, LTD.

is a

Corporation

formed or registered on 09/02/1988 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19881083526 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/22/2021 that have been posted, and by documents delivered to this office electronically through 03/23/2021 @ 15:06:21 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/23/2021 @ 15:06:21 in accordance with applicable law. This certificate is assigned Confirmation Number 13041942 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/13/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER VGM Insurance Services, Inc. 1111 W. San Marnan Dr. Waterloo IA 50701	CONTACT NAME: Darla Porter PHONE (A/C, No, Ext): (800) 522-6535 FAX (A/C, No): E-MAIL ADDRESS: Darla.Porter@vgm.com														
INSURED The medcom Group Ltd 541 E Garden Dr Unit Q Windsor CO 80550	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: BENCHMARK INSURANCE COMPANY</td> <td>41394</td> </tr> <tr> <td>INSURER B: LIBERTY MUTUAL INSURANCE CO</td> <td>87060</td> </tr> <tr> <td>INSURER C: BENCHMARK INSURANCE COMPANY</td> <td>41394</td> </tr> <tr> <td>INSURER D: BENCHMARK INSURANCE COMPANY</td> <td>41394</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: BENCHMARK INSURANCE COMPANY	41394	INSURER B: LIBERTY MUTUAL INSURANCE CO	87060	INSURER C: BENCHMARK INSURANCE COMPANY	41394	INSURER D: BENCHMARK INSURANCE COMPANY	41394	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: LIBERTY MUTUAL INSURANCE CO	87060														
INSURER C: BENCHMARK INSURANCE COMPANY	41394														
INSURER D: BENCHMARK INSURANCE COMPANY	41394														
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 LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:		D1019 G6318-1	07/1/2020	07/1/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Stop Gap \$ 1,000,000
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS		BA0 58298573	01/31/2021	01/31/2022	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 \$		UM1019 6319-1	07/1/2020	07/1/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	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/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Stop Gap coverage		D1019 G6318-1	07/1/2020	07/1/2021	Limits \$ \$1,000,000

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
------------------------------	---

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Darlene Nases

From: Christopher Snarr <christopher@medcomgroup.com>
Sent: Friday, April 2, 2021 8:01 AM
To: Darlene Nases; operations@medcomgroup.com
Cc: Mark I. Sedar
Subject: RE: Out of State MDEG - Need more information

Hello Darlene,
 Here is the list of our officers:

Sallie Barnett, President
 Steven Barnett, Vice-President

Please let me know if you need any further information.

Thanks,

Christopher

Christopher Snarr
 Corporate Operations Manager
the medcom group, ltd.
 970-674-3032 x18
christopher@medcomgroup.com
www.medcomgroup.com

This email communication may contain information that is confidential and/or privileged. If you are not the intended recipient or if this communication should not have been made available to you, then please do not read this communication and immediately advise me, by reply e-mail, and delete this message and any attachments or contents without retaining a copy in any form.

From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Friday, April 2, 2021 8:53 AM
To: operations@medcomgroup.com
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Out of State MDEG - Need more information

To whom it may concern:

I was reviewing your Out of State MDEG application and noticed that we are missing the below information.
 Can you please provide? I can attach it to your application.

- List of Officers and Directors

Regards,

Darlene Nases
Licensing Specialist

4MM

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

FACILITY INFORMATION

Facility Name: West Lake Rx, LLC

Physical Address: 1255 SW Loop 410, Ste 120, San Antonio, TX 78227
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1255 SW Loop 410, Ste 120

City: San Antonio State: TX Zip Code: 78227

Telephone: 210-851-8448 Fax: 210-645-7165

E-mail: westlakerx74@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00 Fri: 9:00 to 5:00
 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dennis Blocker

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: <u>Off the Shelf Orthoses Only</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 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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name: _____
 Name: _____
 Name: **N/A**
 Name: _____
 Name: _____
 Name: _____
 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

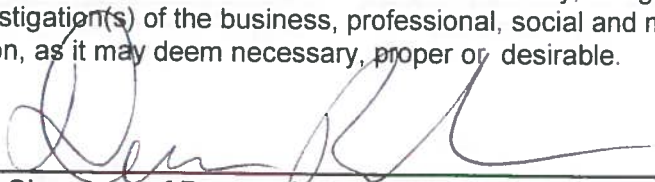
This page must be submitted for all types of ownership.

- 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

Dennis Blocker

Print Name of Authorized Person

23 March 2021
Date

Board Use Only

Received: _____

Amount: 500
check #1009

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: Dennis Blocker

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: Inglewood State: CA Country: USA

Citizenship: USA ☒ other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: _____, Border Trail City: San Antonio

State: TX Zip Code: 78240 Telephone Number: 210- _____ Fax Number: _____

Previous address (last 5 years):

Address: Border Trail City: San Antonio State: TX Zip Code: 78240

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: West Lake Rx, LLC

Current Business Address: 1255 SW Loop 410, Ste 120

City: San Antonio State: TX Zip Code: 78227

Telephone Number: 210-851-8448 Fax Number: 210-645-7165

Previous Employment (last 5 years):

Name: Badger Compliance Address: PO BOX 591807

City: San Antonio State: TX Zip Code: 78259

Name: Methodist Hospital Address: 7700 Floyd Curl Drive

City: San Antonio State: TX Zip Code: 78229

Name: Methodist Stone Oak Hospital Address: 1139 E. Sonterra Blvd

City: San Antonio State: TX Zip Code: 78258



Ownership Details for West Lake Rx, LLC

1. Dennis Blocker
3 Border Trail
San Antonio, TX 78240



Franchise Tax Account Status

As of : 03/22/2021 09:25:08

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

WEST LAKE RX LLC	
Texas Taxpayer Number	32074258750
Mailing Address	5900 BALCONES DR STE 100 AUSTIN, TX 78731-4298
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	05/13/2020
Texas SOS File Number	0803618553
Registered Agent Name	REGISTERED AGENTS INC
Registered Office Street Address	5900 BALCONES DRIVE STE 100 AUSTIN, TX 78731



WESTLAK-01

TCULP

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 6/28/2020

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 Crandall & Associates, Inc. 5406 Prue Rd San Antonio, TX 78240		CONTACT Tom Culp, III PHONE (A/C, No, Ext): (210) 582-0267 FAX (A/C, No): E-MAIL: tom@crandallassoc.com ADDRESS:	
INSURED West Lake Rx, LLC 1255 SW Loop 410 STE 120 San Antonio, TX 78227		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hartford Underwriters Ins Co NAIC # 30104	
		INSURER B: Hartford Casualty Ins Co 29424	
		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 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:			65SBAAG70JB	6/25/2020	6/25/2021	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 \$ 2,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			65SBAAG70JB	6/25/2020	6/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y ☒ N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	65WECAG70MF	6/25/2020	6/25/2021	☒ 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

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

CERTIFICATE HOLDER

CANCELLATION

National Supplier Clearinghouse
 Palmetto GBA, AG-495
 PO Box 100142
 Columbia, SC 29202

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

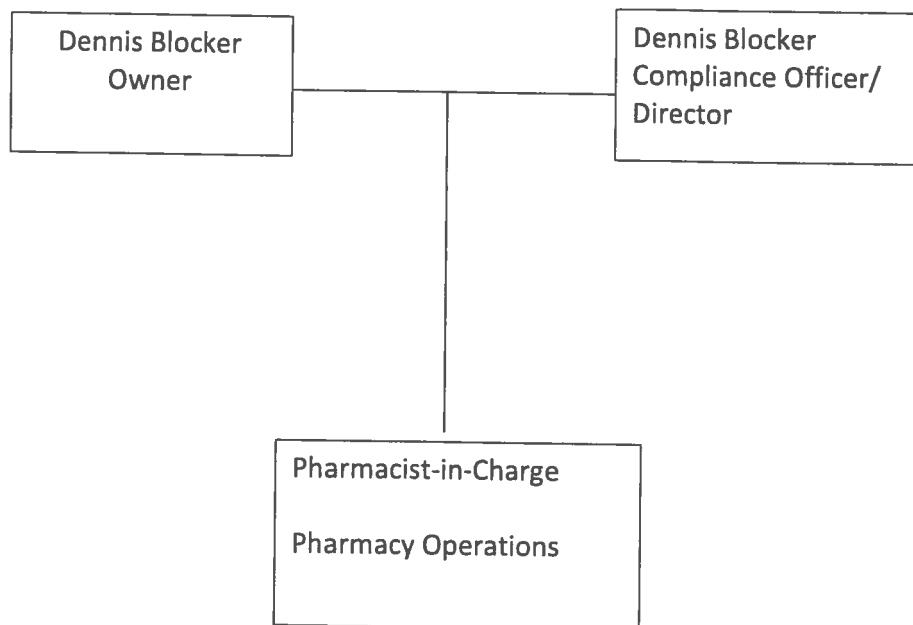
ACORD 25 (2016/03)

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Organizational Chart

West Lake Rx LLC



4NN

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.

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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

Susan G. Davis

Print Name of Authorized Person

1/29/21

Date

Board Use Only

Received: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: See Attached (Change)

Corporation Name: Bio Derm, Inc.

Mailing Address: 12320 73rd Ct.

City: Largo State: FL Zip: 33773-3011

Telephone: 727-507-7655 Fax: 888-290-9370

Contact Person: _____

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

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

a)	_____	_____
	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

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.

Insurance	Provider Number
AR CAID	162071716
AL CAID	122135
AK CAID	1021481
AZ CAID	660068
DC CAID	19282023
DE CAID	250127248
GA CAID	860710200D
HI CAID	1962439232
ID CAID	1962439232
IL CAID	204679564-0001
IN CAID	200869070A
IA CAID	1962439232
KS CAID	201173110A
BCBS OF TN	4143892
BCBS OF AR	1962439232



Parent Company

Bioderm, Inc
12320 73rd Ct
Largo, FL 33773
Tax ID: 59-3009002
Ownership: 100%

Parent Company Ownership

Gary Damkoehler
Kipps Colony
Gulfport, FL 33707

Bioderm Holdings, LLC
1800 Larimer St, Ste 2200
Denver, CO 80202
Tax ID: 85-4343284
Ownership: 5% or Greater Direct/Indirect

Bioderm Holdings, LP
1800 Larimer St, Ste 2200
Denver, CO 80202
Tax ID: 85-4322510
Ownership: 5% or Greater Direct/Indirect

Mountaingate Capital Fund I, LP
1800 Larimer St, Ste 2200
Denver, CO 80202
Tax ID: 47-3348559
Ownership: 5% or Greater Direct/Indirect

Mountaingate Capital Fund I-A, LP
1800 Larimer St, Ste 2200
Denver, CO 80202
Tax ID: 47-3358171
Ownership: 5% or Greater Direct/Indirect

Mountaingate Capital Fund I-FF, LP
1800 Larimer St, Ste 2200
Denver, CO 80202
Tax ID: 47-3727352
Ownership: 5% or Greater Direct/Indirect

Wound Care Resources
4 Newburn Hwy
Yorkville, TN 38389

Officers

Gaet Tyranski
President & CEO
(O) 12320 73rd Ct, Largo, FL 33773
(H) Bayview Cir S, Gulfport FL 33707
727-

Shawn Stone
VP of Operations
(O) 12320 73rd Ct, Largo, FL 33773
(H) 78th Ave, Unit 1, St Pete Beach FL 33706
727-

Marc Garofani
CFO
(O) 12320 73rd Ct, Largo, FL 33773
(H) Cloverlawn Drive, Tampa, FL 33624
727- !



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

KACEY CRISWELL
4 NEWBERN HWY
YORKVILLE, TN 38389

March 8, 2021

Request Type: Certificate of Existence/Authorization

Request #: 0406531

Issuance Date: 03/08/2021

Copies Requested: 1

Document Receipt

Receipt #: 006130278

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3800924316

\$20.00

Regarding: WOUND CARE RESOURCES, INC.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 02/23/2006

Status: Active

Duration Term: Perpetual

Business County: GIBSON COUNTY

Control #: 514351

Date Formed: 02/23/2006

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

WOUND CARE RESOURCES, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 044907935



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 02/01/2021

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 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 Amy B. Greer, Agency 308 S College Street, PO Box 3 Trenton, TN 38382 	CONTACT NAME: Amy Greer PHONE (A/C No. Ext): 731-855-0433 FAX (A/C No): 731-855-0048 E-MAIL ADDRESS: amy@amybgreer.com INSURER(S) AFFORDING COVERAGE <table style="width: 100%;"> <tr> <td style="width: 80%;">INSURER A: State Farm Fire and Casualty Company</td> <td style="width: 20%;">NAIC # 25143</td> </tr> <tr> <td>INSURER B: State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr> <td>INSURER C:</td> <td></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> </table>	INSURER A: State Farm Fire and Casualty Company	NAIC # 25143	INSURER B: State Farm Mutual Automobile Insurance Company	25178	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: State Farm Fire and Casualty Company	NAIC # 25143												
INSURER B: State Farm Mutual Automobile Insurance Company	25178												
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													
INSURED Wound Care Resources, Inc 4 Newbern Hwy, Ste A Yorkville, TN 38389													

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR ☒ Employee Dishonesty \$50,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC			92-BS-C977-0	06/11/2011	06/11/2021	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 - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☒ SCHEDULED AUTOS ☐ NON-OWNED AUTOS			404 3425 F21-42A 307 4770 F03-42C 482 1888-F15-42	12/21/2020 12/03/2020 12/15/2020	06/21/2021 06/03/2021 06/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	92-C1-Y711-1 F	06/11/2011	08/11/2021	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Business Property			92-BS-C977-0	06/11/2011	06/11/2021	\$174,900 limit

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

Employee Dishonesty: This provides coverage for direct physical loss to business personal property and money and securities which results from dishonest acts committed by the policyholder's employee(s), including managers, directors, officers and trustees.

CERTIFICATE HOLDER
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

400

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: Wound Care Resource Sales

Physical Address: 4 B Newburn Hwy
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: Same

City: Yorkville State: TN Zip Code: 38389

Telephone: 866-755-2677 Fax: 731-643-6803

E-mail: CCooper@wcrsales.com Website: Wadslup

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00A to 5:00P Tue: 8:00A to 5:00P Wed: 8:00A to 5:00P Thu: 8:00A to 5:00P Fri: 8:00A to 5:00P

Sat: 8:00A to 5:00P Sun: 8:00A to 5:00P Holidays: 8:00A to 5:00P

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Cindy Cooper

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>Surgical Dressings/Supplies</u> |

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

Name: _____ Telephone: _____

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:

None _____

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

Name: None
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 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.

X 

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

Gaet Tyranski
Print Name of Authorized Person

3/24/11
Date

Board Use Only

Received: _____

Amount: 500
Check # 1014

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: FLorida
Parent Company if any: Bioderm, Inc
Corporation Name: Bioderm, Inc
Mailing Address: 12320 73rd Ct.
City: Largo State: FL Zip: 33773
Telephone: 727-507-7655 Fax: 727-500-1171
Contact Person: Gaet Tyranski

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

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

a) Bioderm Holdings, LLC 1800 Larimer Street, Ste 2200 Denver CO 80202
Name Address

b)

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

c)

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

d) _____

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

- 2) Provide the number of shares issued by the corporation. 100%
- 3) What was the price paid per share? \$ 728,192.00
- 4) 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

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.- attached

Wound Care Resource Sales
48 Newburn Hwy
Yorkville, TN 38389

Officers

Gaet Tyranski
President & CEO
12320 73rd Ct
Largo, FL 33773
727

Shawn Stone
VP of Operations
12320 73rd Ct
Largo, FL 33773
727-

Marc Garofani
CFO
(O) 12320 73rd Ct, Largo, FL 33773
727-



July 29, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BIODERM, INC.
12320 73RD CT N
LARGO, FL 33773US

Re: Document Number L56837

The Articles of Amendment to the Articles of Incorporation for BIODERM, INC., a Florida corporation, were filed on July 28, 2020.

The certification requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H20000239788.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Claretha Golden
Regulatory Specialist II
Division of Corporations

Letter Number: 620A00014217

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on July 28, 2020, to Articles of Incorporation for BIODERM, INC., a Florida corporation, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H20000239788. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is L56837.

Authentication Code: 620A00014217-072920-L56837

-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-ninth day of July, 2020




Secretary of State

((H20000239788 3)))

**ARTICLES OF AMENDMENT
TO THE
SECOND AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
BIODERM, INC.**

Pursuant to the Florida Business Corporation Act, **BIODERM, INC.**, a Florida corporation (the “Corporation”), hereby adopts the following Articles of Amendment to its Amended and Restated Articles of Incorporation, as amended:

FIRST: The name of the Corporation is:

BioDerm, Inc.

SECOND: Article IV.A. of the Amended and Restated Articles of Incorporation of the Corporation is hereby amended and restated in its entirety as follows:

Authorization of Stock. This corporation is authorized to issue two classes of stock to be designated, respectively, common stock and preferred stock. The total number of shares that this corporation is authorized to issue is One Hundred Million (100,000,000). The total number of shares of common stock authorized to be issued is Seventy Million (70,000,000), par value \$0.0001 per share (the “Common Stock”). The total number of shares of preferred stock authorized to be issued is Thirty Million (30,000,000), par value \$0.0001 per share (the “Preferred Stock”), of which One Million Two Hundred and Fifty Thousand (1,250,000) are designated as “Series A Preferred Stock” and of which Twenty-Five Million (25,000,000) are designated as “Series B Preferred Stock”.

THIRD: The foregoing amendment to the Corporation’s Second Amended and Restated Articles of Incorporation was adopted and approved by the Board of Directors of the Corporation by written consent effective as of the 10th of July 2020. The foregoing amendment to the Corporation’s Second Amended and Restated Articles of Incorporation does not require stockholder approval.

FOURTH: The foregoing amendment to the Corporation’s Second Amended and Restated Articles of Incorporation will become effective upon the filing of these Articles of Amendment to the Second Amended and Restated Articles of Incorporation with the Florida Department of State.

[Signatures on following page]

((H20000239788 3)))



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

R MATHEW BRINNER
SUITE 400
6000 POPLAR AVENUE
MEMPHIS, TN 38119

December 21, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0300445

Issuance Date: 12/21/2018
Copies Requested: 1

Document Receipt

Receipt #: 004426547

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #:

\$20.00

Regarding: WOUND CARE RESOURCE SALES, INC.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 09/11/2009

Status: Active

Duration Term: Perpetual

Business County: GIBSON COUNTY

Control #: 609968

Date Formed: 09/11/2009

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

WOUND CARE RESOURCE SALES, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 031159528



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: **WOUND CARE RESOURCE SALES, INC.**

General Information

SOS Control #	000609968	Formation Locale: TENNESSEE
Filing Type:	For-profit Corporation - Domestic	Date Formed: 09/11/2009
	09/11/2009 9:07 AM	Fiscal Year Close 12
Status:	Active	
Duration Term:	Perpetual	

Registered Agent Address

CINDI COOPER
4 NEWBERN HWY
YORKVILLE, TN 38389

Principal Address

4 NEWBERN HWY
YORKVILLE, TN 38389

The following document(s) was/were filed in this office on the date(s) indicated below:

<u>Date Filed</u>	<u>Filing Description</u>	<u>Image #</u>
02/20/2020	2019 Annual Report	B0821-5628
08/22/2019	Registered Agent Change (by Entity)	B0749-4435
	Registered Agent First Name Changed From: No Value To: CINDI	
	Registered Agent Last Name Changed From: No Value To: COOPER	
	Registered Agent Organization Name Changed From: WOUND CARE RESOURCE SALES, INC. To: No Value	
	Registered Agent Physical Postal Code Changed From: 38389-0009 To: 38389	
03/05/2019	Admin Notice of Determination	B0653-8120
01/18/2019	2018 Annual Report	B0642-3199
06/26/2018	Assumed Name	B0565-1848
	New Assumed Name Changed From: No Value To: Advanced Medical Resources	
01/30/2018	2017 Annual Report	B0488-8637
	Principal Postal Code Changed From: 38389-0009 To: 38389	
02/01/2017	2016 Annual Report	B0338-9365
01/27/2016	2015 Annual Report	B0187-8912
01/05/2015	2014 Annual Report	B0035-3005
	Principal Address 1 Changed From: PO BOX 155 To: 4 NEWBERN HWY	
	Principal Postal Code Changed From: 38389-0155 To: 38389-0009	
04/01/2014	2013 Annual Report	A0232-1828
3/25/2021 6:59:26 AM		

Filing Information

Name: **WOUND CARE RESOURCE SALES, INC.**

01/22/2013 2012 Annual Report	A0150-2214
Principal Address 1 Changed From: 4 NEWBERN HWY To: PO BOX 155	
Principal Postal Code Changed From: 38389 To: 38389-0155	
12/22/2011 2011 Annual Report	A0097-2854
Principal County Changed From: No value To: GIBSON COUNTY	
10/14/2011 Assumed Name	6947-3144
New Assumed Name Changed From: No Value To: American Made Medical	
01/06/2011 2010 Annual Report	A0052-1169
04/02/2010 2009 Annual Report	A0017-1713
09/11/2009 Initial Filing	6596-0072

Active Assumed Names (if any)

Advanced Medical Resources	Date	Expires
	06/26/2018	06/26/2023



Tre Hargett
Secretary of State

updated
Doc.

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: **WOUND CARE RESOURCE SALES, INC.**

General Information

SOS Control #	000609968	Formation Locale: TENNESSEE
Filing Type:	For-profit Corporation - Domestic	Date Formed: 09/11/2009
	09/11/2009 9:07 AM	Fiscal Year Close 12
Status:	Active	
Duration Term:	Perpetual	

Registered Agent Address

CINDI COOPER
4 NEWBERN HWY
YORKVILLE, TN 38389

Principal Address

4 NEWBERN HWY
YORKVILLE, TN 38389

The following document(s) was/were filed in this office on the date(s) indicated below:

<u>Date Filed</u>	<u>Filing Description</u>	<u>Image #</u>
03/25/2021	2020 Annual Report	B1006-6329
02/20/2020	2019 Annual Report	B0821-5628
08/22/2019	Registered Agent Change (by Entity)	B0749-4435
Registered Agent First Name Changed From: No Value To: CINDI		
Registered Agent Last Name Changed From: No Value To: COOPER		
Registered Agent Organization Name Changed From: WOUND CARE RESOURCE SALES, INC. To: No Value		
Registered Agent Physical Postal Code Changed From: 38389-0009 To: 38389		
03/05/2019	Admin Notice of Determination	B0653-8120
01/18/2019	2018 Annual Report	B0642-3199
06/26/2018	Assumed Name	B0565-1848
New Assumed Name Changed From: No Value To: Advanced Medical Resources		
01/30/2018	2017 Annual Report	B0488-8637
Principal Postal Code Changed From: 38389-0009 To: 38389		
02/01/2017	2016 Annual Report	B0338-9365
01/27/2016	2015 Annual Report	B0187-8912
01/05/2015	2014 Annual Report	B0035-3005

Principal Address 1 Changed From: PO BOX 155 To: 4 NEWBERN HWY

Principal Postal Code Changed From: 38389-0155 To: 38389-0009

4/21/2021 9:41:02 AM

4PP

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 <u>1,2,3,5,6</u>	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Accord BioPharma Inc

Physical Address: 11009 Slater Road, Suite 210 ^B

City: Durham State: NC Zip Code: 27703

Telephone Number: 919-241-7878 Fax Number: 919-941-7885

Toll Free Number: _____

E-mail: hemangi@intaspharma.com Website: www.accord-healthcare

Facility Manager: Jeffrey Hampton Relations _____

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: _____

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 ☐ *1*

(If yes, provide a copy of your FDA registration) See attached Labeler information from the FDA

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: Eversana Life Science Services, LLC - 3PL

Address: 14580 S. Mendenhall Road Memphis, TN 38141

Name:

Address:

Name: intas Pharmaceuticals Limited - CMO of Record

Address: 2nd Floor, Chinubhai Centre, Ashram Road, Ahmedabad, Gujarat, India

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 ☒

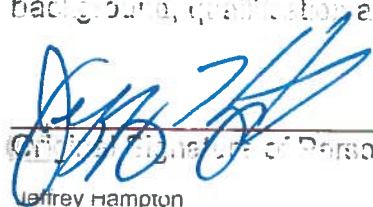
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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 Hampton

Print Name of Authorized Person

Date

12/22/2020

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: North CarolinaParent Company if any: Accord Healthcare IncMailing Address: 11009 Slater Road, Suite 2108City: Durham State: NC Zip: 27703Telephone: 919-941-7878 Fax: 919-941-7885Contact Person: Hernangi 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. 03) What was the price paid per share? 0A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation****List of officers and directors**

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

CORPORATE OFFICER'S LIST FOR ACCORD BIOPHARMA INC.

1. JEFFREY HAMPTON - PRESIDENT (DOB: ~)

STATE OF INCORPORATION: DELAWARE and NORTH CAROLINA

CONTRACT MANUFACTURER:

Intas Pharmaceuticals Limited
2nd Floor, Chinubhai Centre
Ahmedabad, Gujarat India

Accord BioPharma Inc. Is a WHOLLY Owned Subsidiary of the parent Accord Healthcare Inc. which is a wholly owned subsidiary of Parent Intas Pharmaceuticals Ltd..

Accord BioPharma Inc.

1009 Slater Road, Suite 201B

Durham, NC 27703

FEIN: 47-2394806

Incorporated in the State of North Carolina on 11/25/2014

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: Virtual Manufacturer

TYPE

Expiration Date

12/31/2021

LICENSEE
JR
CERTIFICATORAccord BioPharma, Inc.
1009 Slater Rd., Suite 210 B
Durham

NC 27703

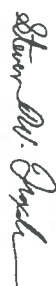
North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.

1018



THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW


 STEVE TROXLER, COMMISSIONER

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 04, 2021

You have searched Finished drug products

Search Results: '69448'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
MUTAMYCIN	69448-003-38	40 mg/80mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA064144	Accord BioPharma Inc.	69448-003	Mitomycin	MITOMYCIN	HUMAN PRESCRIPTION DRUG
MUTAMYCIN	69448-001-05	5 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA064144	Accord BioPharma Inc.	69448-001	Mitomycin	MITOMYCIN	HUMAN PRESCRIPTION DRUG
MUTAMYCIN	69448-002-11	20 mg/40mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA064144	Accord BioPharma Inc.	69448-002	Mitomycin	MITOMYCIN	HUMAN PRESCRIPTION DRUG
PARAPLATIN	69448-005-12	10 mg/mL	INJECTION	INTRAVENOUS	ANDA206775	Accord BioPharma Inc.	69448-005	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG
PARAPLATIN	69448-005-31	10 mg/mL	INJECTION	INTRAVENOUS	ANDA206775	Accord BioPharma Inc.	69448-005	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG
PARAPLATIN	69448-005-33	10 mg/mL	INJECTION	INTRAVENOUS	ANDA206775	Accord BioPharma Inc.	69448-005	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG

Verified ✓
M.H
2/4/21

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 PARAPLATIN	69448-005-34	10 mg/mL	INJECTION	INTRAVENOUS	ANDA206775	Accord BioPharma Inc.	69448-005	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG
 PARAPLATIN	69448-005-38	10 mg/mL	INJECTION	INTRAVENOUS	ANDA206775	Accord BioPharma Inc.	69448-005	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG

Showing 1 to 8 of 8 entries

Previous 1 Next

Background Information (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.Gov>)

See also: **Drug Registration and Listing Instructions**

(<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)

National Drug Code Directory Data Files (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

You have searched Finished drug products

Search Results: 'Accord Bio'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
☒ MUTAMYCIN	69448-002-11	20 mg/40mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA064144	Accord BioPharma Inc.	69448-002	Mitomycin	MITOMYCIN	HUMAN PRESCRIPTION DRUG
☒ MUTAMYCIN	69448-001-05	5 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA064144	Accord BioPharma Inc.	69448-001	Mitomycin	MITOMYCIN	HUMAN PRESCRIPTION DRUG
☒ MUTAMYCIN	69448-003-38	40 mg/80mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA064144	Accord BioPharma Inc.	69448-003	Mitomycin	MITOMYCIN	HUMAN PRESCRIPTION DRUG
☒ PARAPLATIN	69448-005-34	10 mg/mL	INJECTION	INTRAVENOUS	ANDA206775	Accord BioPharma Inc.	69448-005	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG
☒ PARAPLATIN	69448-005-31	10 mg/mL	INJECTION	INTRAVENOUS	ANDA206775	Accord BioPharma Inc.	69448-005	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG
☒ PARAPLATIN	69448-005-12	10 mg/mL	INJECTION	INTRAVENOUS	ANDA206775	Accord BioPharma Inc.	69448-005	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 PARAPLATIN	69448-005-33	10 mg/mL	INJECTION	INTRAVENOUS	ANDA206775	Accord BioPharma Inc.	69448-005	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG

Showing 1 to 7 of 7 entries

Previous

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Next

Background Information (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.Gov>)

See also: **Drug Registration and Listing Instructions**

(<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)

National Drug Code Directory Data Files (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services



NORTH CAROLINA

Department of the Secretary of State

506

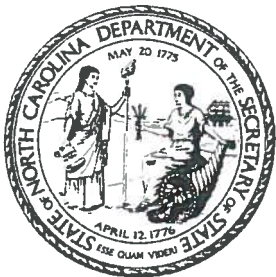
CERTIFICATE OF AUTHORIZATION

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ACCORD BIOPHARMA, INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 25th day of November, 2014.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of January, 2021.

Elaine F. Marshall

Secretary of State

Jeffrey Hampton

Address/Telephone:

Manly
Chapel Hill, NC 27517
C: 954/
Email:

Education:

Bachelor of Science, Marketing, 1981
University of Florida

Professional Experience:

Accord Healthcare

President, US Generics

4/20-Present

- US and Canada business head with P&L responsibility.
- Responsible for Sales, Marketing, Sales Operations, Customer Support, Business Development, Finance, Re-structured the commercial team to maximize efficiency and establish direct lines of reporting. Government Affairs, Regulatory Affairs, Supply Chain and Human Resources
- Created cross functional teams and processes to effectively manage the pricing and key customer relationships.

Apotex Corp

Senior Vice President & General Manager US and LATAM

4/13-10/19

- US and LATAM Commercial head with P&L responsibility.
- Responsible for Sales, Marketing, Sales Operations, Customer Support, Business Development, Finance, Government Affairs, Distribution and Human Resources
- Re-structured the commercial team to maximize efficiency and establish direct lines of reporting.
- Established procedure for identifying and executing proactive price increases resulting in \$100mn in increased margin in first year.
- Restructured key processes within the commercial group to mitigate FTS penalties.
- Created cross functional teams and processes to effectively manage the pricing and key customer relationships.
- Responsible for expanding the LATAM business beyond Mexico to the rest of Central and South America.
- Member of Apotex Global Generics Leadership Team.

Osmotica Pharmaceutical

Senior Vice President Commercial Operations

3/10-4/13

- Responsible for building the sales and distribution framework to commercialize Osmotica's ANDA and NDA pipeline.
- Manage relationships with out-license partners and evaluate potential partnerships to support Osmotica's NDA pipeline.
- Responsible for Business Development activities, identifying, evaluating and negotiating in-license opportunities to supplement internal product development. Completed a collaboration to license 18 ANDA's and NDA's, encompassing seven FTF opportunities and total projected sales in excess of \$700 million in annual projected sales.
- As part of executive team, evaluate and provide recommendations on merger and acquisition activities.
- Develop commercial side inputs for financial modeling of all out-license, in-license and pipeline scenarios.

Dabur Pharma U.S., Inc.

Vice President / General Manager

1/07-12/08

- Launched U.S. subsidiary of Dabur Pharma, LTD, a global manufacturer and marketer of cytotoxic agents, direct all functions of the subsidiary including sales, marketing, distribution and recruiting and business development; P & L responsibility.

- Developed business plan for U.S. launch of Dabur Pharma, Including sales forecasts, budgeting, competitive analysis, sales strategy and promotional efforts.
- Served as the commercial side representative for the new product development team. Worked very closely with head of R&D for Dabur Pharma.
- Coordinated with global supply chain team to import Dabur Pharma's manufactured products from India and the U.K.
- Set up Dabur Pharma as an approved vendor with virtually every major customer in U.S.
- Recruited and led 3 National Accounts Managers, Director of Marketing and a Bids and Contracts Manager.
- Launched first product, Paclitaxel Injection, in May of 2007. Paclitaxel was already marketing generically by Teva, Hospira, Bedford and Parenta. We achieved 13% share by year end, with sales of \$5.4 million.
- Launched Epirubicin two months after generic market formation, but still achieved 10% share by year end. Sales of \$740k.
- Launched Irinotecan at patent expiry (February 2008) with 7 competitors. Dabur Pharma achieved 35% market share at launch. Irinotecan (Camptosar) was a \$500 million brand. This is a tremendous achievement and unheard of for a new unknown player in the generic injectable space. 2008 Sales were projected to be approximately \$10 million.
- Of the four products launched since we formed the business, only one, Irinotecan, was a new generic to market product. Most having at least 7-10 competitors at the time of our launch. Dabur Pharma has gained market penetration on every product.
- On track to achieve sales of \$17 million in this fiscal year.

IVAX Pharmaceuticals, Inc. / Teva

4/98-12/06

Vice President, Sales & Marketing, Teva Health Systems

7/06-12/06

- Responsible for the post merger restructuring of the IVAX and Teva/Sicor sales force. Eliminated 25 heads and consolidated sales groups.
- Staff of 50 with 6 direct reports.
- Initiated proactive price increases to enhance profitability.

Vice President, Specialty Sales

10/02-7/06

- Managed 2 NAM's, 1 Director of Specialty Sales, and 1 Director of Inside Sales.
- Responsible for all sales to the institutional and federal markets as well as the inside and territory sales teams. The specialty sales group also reported to me.
- Continued focus on the further development of the unit dose line.
- Negotiated the largest IVAX contract with the federal government. \$180 million of Doxycycline to the Veterans Administration.

Vice President, Sales & Marketing

6/00-10/02

- Led staff of over 100 with 7 direct reports. Responsible for all sales and marketing efforts for IVAX.
- Restructured sales force eliminating a non productive 30 person consumer products sales group and creating a cross trained inside group for retail and an outside territory sales group to perform contract compliance in the institutional area with a focus on unit dose. In addition, created the specialty sales group which focused on two of our products, though still generics, required some physician detailing. Those products were Clozapine and Paclitaxel. The specialty group was able to break the hold of Novartis on Psychiatrists and increase our share from 10% to over 50%. Sales jumped from \$15 million to nearly \$60 million.
- Launched Paclitaxel with over \$100 million in sales in the first month. Launched with 100% generic share and maintained 80% share for over 18 months.

- Commercial side representative on the new product selection/approval committee. With closely with R&D and Sales operations on all product selections.
- Created close working relationship with the finance group to ensure product profitability.
- Responsible for creation and executive presentation of Sales and Marketing annual budget presentation.

Director of Marketing

1/99-6/00

- Responsible for all marketing activities for IVAX. 7 direct reports (4 Marketing Managers, 1 Trade Show Coordinator, 1 Marketing Analyst, and 1 Marketing Assistant).
- Led multifunctional team to rebuild the unit dose line for IVAX.
- Prepared launch plans for one of the largest generic products ever (Pacitaxel).
- Responsible for all strategic plan development, new product introductions, participated in product selection for additions to the R&D program.
- Developed detailed process for introduction of new products involving all departments; sales, marketing, operations, finance, and R&D.
- Pricing strategy and approval on all new and existing products.

Director of Managed Care

4/98-1/99

- Rebuilt IVAX as a dominant Institutional player. Took sales from less than \$100 million to in excess of \$400 million.
- Saved IVAX from being removed as a vendor for Novation and grew sales from \$10 million to \$35 million.
- Recruited two National Account Managers one for institutional and one for Federal / State.

Faulding Pharmaceutical Company

4/97-4/98

Vice President, National Accounts

- Responsible for marketing strategy development, recruiting and leading a national accounts team in establishing a positive corporate identity and negotiation of all contracts in the managed care market, as well as developing strategic alliances with our key wholesale distribution customers; managed a staff of 5 with annual sales of \$25 million.

SoloPak Pharmaceuticals, Inc.

2/96-4/97

Director of Institutional National Accounts

- Responsible for directing national accounts team tasked with negotiating all contracts for acute care, long term care and homecare; managed a staff of 3 with annual sales of 57.7 million.

Medical Technology Systems, Inc.

1/93-2/96

Senior Vice President, Sales & Marketing

- Responsible for the creation of a business plan to blend MTSI's three divisions into a cohesive national sales and marketing team, development of strategic alliances to further strengthen market position, create a national account presence, and mold a corporate identity in the managed care environment with particular focus on the acute and long term care areas; managed a staff of up to 40 with annual sales of \$20 million.
- Recruited to develop the strategic plan for marrying the Long Term Care packaging expertise of MTS with the pharmaceutical repackaging of Vanguard.
- Responsible for development of both the pre-filled punch card and traditional hospital unit dose line.
- Recruited and trained a sales force of 22 to sell in the LTC and Acute care markets.

- Increased sales of Vangards unit dose from \$3 million to \$5.5 million in one year.
- Introduced the first prefilled punch cards for the LTC market with sales of approximately \$500 K in first year.

Goldline Labs / IVAX

1/89-12/92

Vice President, Sales

6/92-12/92

- Responsible for marketing program administration, strategy planning, business development and new product introduction functions involving national sales operations servicing retail, wholesale and institutional accounts.
- Led Sales group of over 100. 3 NAM's, 2 Region Vice Presidents, 1 Director of Inside Sales.
- Responsible for sales to all channels with annual sales of \$200 million.

Director of Marketing

10/90-6/92

- Managed 3 Marketing Managers, Two Analysts, 2 Graphic Arts, 1 Consumer Product Manager.
- Developed business and launch plan for the largest generic to lose patent exclusivity at that time, Verapamil ER. Calan SR was a \$500 million brand. We had a six month exclusivity and maintained over 60% of the generic market after completion arrived.
- Created bounce back coupon program for independent retailers that would bring Verapamil ER customers back to their stores to purchase other high margin products.

Director of Institutional Sales

9/89-10/90

- Lead team of 27 to increase contract compliance in the hospital, LTC and federal government setting utilizing unit dose as the hook.
- Grew sales from \$30 million to \$50 million in first year.

Institutional Marketing Manager

1/89-9/89

- Recruited to create a business plan for the institutional sale team.
- Redesigned unit dose packaging from a 10X10 format to a 2X5 format and included bar-coding on each blister.
- Identified 150 products to add to the unit dose line.

Roxane Laboratories Inc.

2/86-12/88

Product Manager

3/87-12/88

Territory Sales Representative

2/86-3/87

Managed sales/marketing activities involving sales of generic/branded products to medical oncologists, nurses and hospital pharmacies; national sales recognition for generating over a \$2 million increase in sales.

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. 107360456

Application/License No. _____

ACCORD BIOPHARMA INC., 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.

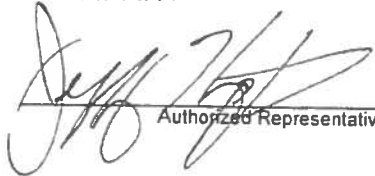
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21 day of December, 2020.

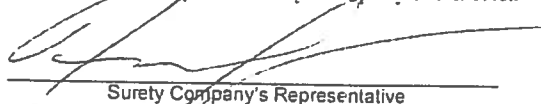
APPLICANT/PRINCIPAL

SURETY

COMPANY

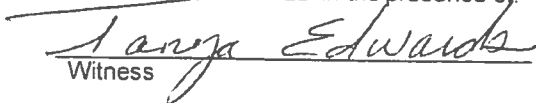

Authorized Representative

Travelers Casualty and Surety Company of America


Surety Company's Representative

Frederick Grimes, Attorney-in-fact
print name

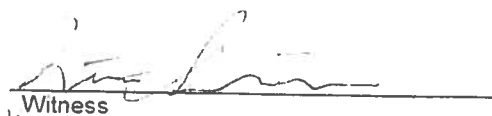
SIGNED and SEALED in the presence of:


Witness

SIGNED and SEALED in the presence of:


Witness


Witness


Witness

Countersigned by:


Nevada Resident Agent

Posted February 20, 2020

Lists of Employees**Handling Drugs**

As a Virtual Manufacturer this site has no Employees handling drugs at any time



NORTH CAROLINA

Department of the Secretary of State

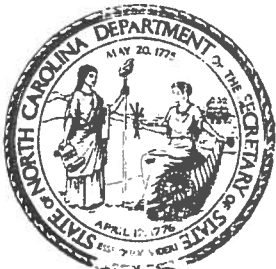
CERTIFICATE OF AUTHORIZATION

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

ACCORD BIOPHARMA, INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 25th day of November, 2014.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of December, 2020.

Elaine F. Marshall

Secretary of State

4QQ

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: Accord Healthcare Inc

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: Hemangi Gaitonde / Director- Customer Relations

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: _____

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) No DEA as Virtual Manufacturer but hold title to CS product.
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration) See attached Labeler information from the FDA

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: Eversana Life Science Services, LLC - SPL

Address: 14580 S. Mendenhall Road Memphis, TN 38141

Name: _____

Address: _____

Name: Intas Pharmaceuticals Limited - OMO of Record

Address: 2nd Floor, Chinubhai Centre, Ashram Road, Ahmedabad, Gujarat, India

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 ☒

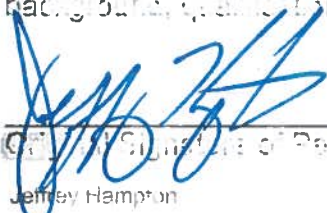
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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, qualifications and reputation, as it may deem necessary, proper or desirable.


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

Jeffrey Hampton

Print Name of Authorized Person

Date

12/22/2020

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: North Carolina

Parent Company if any: Intas Pharmaceuticals Limited

Mailing Address: 1009 Slater Road, Suite 210B

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 - Intas Pharmaceuticals Limited at 100%
- | Name | Business Address |
|------|------------------|
| b) | |
| c) | |
| d) | |

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 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.

2021

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE:

TYPE

Virtual Manufacturer

Expiration Date

12/31/2021

LICENSEE
OR
CERTIFICATOR

Accord Healthcare Inc.

1009 Slater Road Suite 210B

Durham

NC

27703

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
380



Steve W. Troxler
STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Accord Healthcare Inc.

1009 Slater Road, Suite 210B

Durham, NC 27703

FEIN: 20-2480435

Incorporated in the State of North Carolina on 5/19/2005

Intas Pharmaceuticals Limited – Parent Company

2nd Floor, Chinubhai Centre, Off Nehru Bridge, Ashram Road

Ahmedabad 380009 INDIA

Ownership: 100 %

Jeffrey Hampton – President

Business Address: 1009 Slater Road, Suite 210B, Durham, NC 27703

Business Phone: 919-941-7878

Ownership: 0%

Email Address: hemangi@intaspharma.com



NORTH CAROLINA

Department of the Secretary of State

522

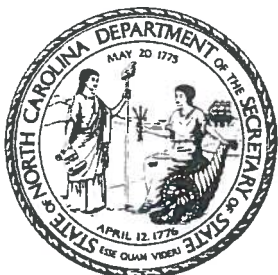
CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ACCORD HEALTHCARE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of May, 2005, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of January, 2021.

Elaine F. Marshall

Secretary of State



CORPORATE OFFICER'S LIST FOR ACCORD HEALTHCARE INC.

1. GERALD PRICE - PRESIDENT (DOB: [REDACTED])
2. NIMISH CHUDGAR - VICE PRESIDENT (DOB: [REDACTED])
3. BINISH CHUDGAR - TREASURER (DOB: [REDACTED])

PARENT COMPANY NAME AND ADDRESS

Intas Pharmaceuticals Limited
 Chinubhai Centre, Ashram Road
 Ahmedabad 380 009
 India

**Accord Healthcare Inc. Is a WHOLLY Owned Subsidiary of the parent
 Intas Pharmaceuticals Ltd.**

STATE OF INCORPORATION: NORTH CAROLINA

1009 Slater Road
 Durham, NC 27703
 (t) 919.941.7878
 (f) 919.941.7881
www.accordhealthcare.us

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. 107360454

Application/License No. _____

ACCORD HEALTHCARE, INC., 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.

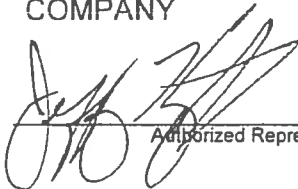
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
21 day of December, 2020.

APPLICANT/PRINCIPAL

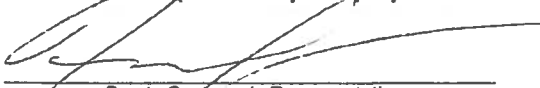
SURETY

COMPANY



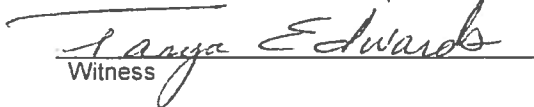
 Authorized Representative

Travelers Casualty and Surety Company of America



 Surety Company's Representative
Frederick Grimes, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:



 Witness

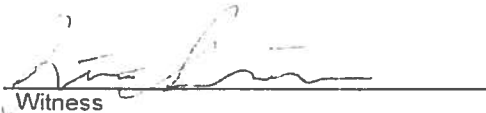
SIGNED and SEALED in the presence of:



 Witness

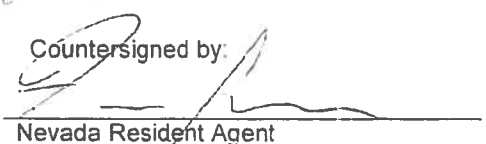


 Witness



 Witness

Countersigned by:



 Nevada Resident Agent

Posted February 20, 2020

Lists of Employees**Handling Drugs**

As a Virtual Manufacturer this site has no Employees handling drugs at any time

Hemangi Gaitonde

(C) | Ollivander Dr., Cary, NC 27519

PROFESSIONAL SUMMARY

Confident, problem solver and a leader correlating all issues and finding working solutions to meet customer needs by giving helpful tips on a product, making recommendations on how to resolve customer issues, taking orders and facilitating returns, troubleshooting problems and answering complaints and taking decisions based on the facts of each case have the ability to work as a team.

PROFESSIONAL EXPERIENCE

*Manager-Customer Relations / HR, Accord Healthcare Inc.,
May 2014-Current Durham, NC*

With the company growing exponentially in the last 4 years, my team has grown. We now taken on more than 350 customers and 260 SKUs of FDA approved drugs.

In addition to all the job duties I fulfilled being a Supervisor, I trained and manage a team of a total of 5 excellent people who strive to give the best customer service that any company can offer.

*Supervisor -Customer Relations / Office Manager-HR, Accord Healthcare Inc.,
January 2013-May 2014 Durham, NC*

1. Managing Three excellent people to interact with all customers regarding the setup, ordering, billing and returning of product.
2. Managing one hard working employee in processing the Indirect sales and the Chargebacks associated with the same
3. Coordinating with the Parent company(manufacturer) in India and our 3PL company here in the USA, for smooth import and setup of our products.
4. Submit pricing to the Pricing agencies with every launch of new product.
5. Submit Monthly and Quarterly AMP pricing to CMS
6. Advising the Finance team on inventory reconciliation
7. Processing the Failure to Supply issues from Customers.
8. Helping the Regulatory team with any data or in case of Recalls.
9. Managing on boarding process, for all new employees, helping with their 401k setup, Health Insurance setup and processing the Payroll for all the employees
10. Working with patients to help guide them to finding the answers to their queries

*Office Manager-HR, Accord Healthcare Inc.,
September 2007 – December 2012*

Managing all the below functions for the company =

1. Set up the company's AR/AP with Quickbooks;
2. Loading new customers, pricing, Entering POs , communicating closely with the warehouse to get them shipped.
3. Generating invoices and sending to customers.
4. Reconciling payments against invoices for all customers
5. Entering bills and making timely payments to all vendors
6. Loading products with the pricing agencies, CMS, setting up products with the warehouse.

7. Working closely with the manufacturing and supply chain team in India. Sending POs for the products needed and looking after payments done against the shipments. Worked with various freight forwarders to help with their needs regarding getting goods customs and FDA cleared at port of entry.
8. Processing payroll for all employees monthly.
9. Working with immigration lawyers to process H1 and GC for certain employees
10. Reconciling expenses for the Management
11. Filing annual reports with the state of NC, Maine for AHI
12. Applying and renewal of State licenses with 25 states across USA, annually or biennially as needed.

EDUCATION AND TRAINING

Bachelor of Science in Chemistry, University of Bombay
Bombay India 1989

SKILL HIGHLIGHTS

Expert understanding of PO / Invoicing procedures along with handling of Returns and other issues such as shortages, overages, wrong billing and any other customer queries.

Good understanding of Expiry Returns, direct and indirect.

Good working knowledge of Chargebacks, Indirect pricing, contracts. Worked on iContracts application system for Chargeback processing.

Worked on Medicare and Medicaid processes and submitting monthly and quarterly AMP to CMS. Pharmaceutical distribution familiarity

Strong decision-making ability

Efficient and accurate

Well versed in communicating with end users on their questions about the company and the products

Handled the State licensing for last 12 years in 25 US states.

Handled Payroll and Timesheet management for last 10 years.

Efficient in Microsoft Excel, Word, Outlook and PowerPoint

Quick learner

Experienced in Training employees in the systems and procedural aspects of CS.

Managerial and hands on experience on all aspects of Sales Operation of the Pharmaceutical Company.

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 01, 2021

You have searched Finished drug products

Search Results: '16729'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

CSV Excel

Display records per page

Search for text in the table:

*Verified
M.H 2/1/21*

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Pro Name
Allopurinol	16729-134-01	100 mg/1	TABLET	ORAL	ANDA203154	Accord Healthcare Inc.	16729-134	allopurinol	ALLOPURINOL	HUM PRESCRIPTION DRUG
Allopurinol	16729-134-16	100 mg/1	TABLET	ORAL	ANDA203154	Accord Healthcare Inc.	16729-134	allopurinol	ALLOPURINOL	HUM PRESCRIPTION DRUG
Allopurinol	16729-135-01	300 mg/1	TABLET	ORAL	ANDA203154	Accord Healthcare Inc.	16729-135	ALLOPURINOL	ALLOPURINOL	HUM PRESCRIPTION DRUG
Allopurinol	16729-135-16	300 mg/1	TABLET	ORAL	ANDA203154	Accord Healthcare Inc.	16729-135	ALLOPURINOL	ALLOPURINOL	HUM PRESCRIPTION DRUG
AMITRIPTYLINE HYDROCHLORIDE	16729-171-01	10 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-171	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUM PRESCRIPTION DRUG
AMITRIPTYLINE HYDROCHLORIDE	16729-171-17	10 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-171	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUM PRESCRIPTION DRUG
AMITRIPTYLINE HYDROCHLORIDE	16729-172-01	25 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-172	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUM PRESCRIPTION DRUG
AMITRIPTYLINE HYDROCHLORIDE	16729-172-17	25 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-172	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUM PRESCRIPTION DRUG

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

You have searched Finished drug products

Search Results: 'Accord Healthcare Inc'

[Back to Search Page \(1\)](#) | [Search Again \(1\)](#)

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	Prod Name
☐ Allopurinol	16729-134-01	100 mg/1	TABLET	ORAL	ANDA203154	Accord Healthcare Inc.	16729-134	allopurinol	ALLOPURINOL	HUMAN PRESCRIPTION DRUG
☐ Allopurinol	16729-134-02	100 mg/1	TABLET	ORAL	ANDA203154	Accord Healthcare Inc.	16729-134	allopurinol	ALLOPURINOL	HUMAN PRESCRIPTION DRUG
☐ Allopurinol	16729-135-01	300 mg/1	TABLET	ORAL	ANDA203154	Accord Healthcare Inc.	16729-135	ALLOPURINOL	ALLOPURINOL	HUMAN PRESCRIPTION DRUG
☐ Allopurinol	16729-135-16	300 mg/1	TABLET	ORAL	ANDA203154	Accord Healthcare Inc.	16729-135	ALLOPURINOL	ALLOPURINOL	HUMAN PRESCRIPTION DRUG
☐ AMITRIPTYLINE HYDROCHLORIDE	16729-171-01	10 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-171	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
☐ AMITRIPTYLINE HYDROCHLORIDE	16729-171-17	10 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-171	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
☐ AMITRIPTYLINE HYDROCHLORIDE	16729-172-01	25 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-172	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
☐ AMITRIPTYLINE HYDROCHLORIDE	16729-172-17	25 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-172	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
☐ AMITRIPTYLINE HYDROCHLORIDE	16729-173-01	50 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-173	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
☐ AMITRIPTYLINE HYDROCHLORIDE	16729-173-17	50 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-173	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
☐ AMITRIPTYLINE HYDROCHLORIDE	16729-174-01	75 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-174	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Prod Name
AMITRIPTYLINE HYDROCHLORIDE	16729-175-01	100 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-175	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
AMITRIPTYLINE HYDROCHLORIDE	16729-176-01	150 mg/1	TABLET, FILM COATED	ORAL	ANDA202446	Accord Healthcare Inc.	16729-176	AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Anastrozole	16729-035-10	1 mg/1	TABLET	ORAL	ANDA090568	Accord Healthcare Inc.	16729-035	Anastrozole	ANASTROZOLE	HUMAN PRESCRIPTION DRUG
Anastrozole	16729-035-15	1 mg/1	TABLET	ORAL	ANDA090568	Accord Healthcare Inc.	16729-035	Anastrozole	ANASTROZOLE	HUMAN PRESCRIPTION DRUG
Anastrozole	16729-035-16	1 mg/1	TABLET	ORAL	ANDA090568	Accord Healthcare Inc.	16729-035	Anastrozole	ANASTROZOLE	HUMAN PRESCRIPTION DRUG
ATORVASTATIN CALCIUM	16729-045-17	20 mg/1	TABLET, FILM COATED	ORAL	ANDA207687	Accord Healthcare Inc.	16729-045	ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG
ATORVASTATIN CALCIUM	16729-046-17	40 mg/1	TABLET, FILM COATED	ORAL	ANDA207687	Accord Healthcare Inc.	16729-046	ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG
ATORVASTATIN CALCIUM	16729-047-16	80 mg/1	TABLET, FILM COATED	ORAL	ANDA207687	Accord Healthcare Inc.	16729-047	ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG
ATORVASTATIN CALCIUM	16729-044-17	10 mg/1	TABLET, FILM COATED	ORAL	ANDA207687	Accord Healthcare Inc.	16729-044	ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM TRIHYDRATE	HUMAN PRESCRIPTION DRUG
Azacitidine	16729-306-10	100 mg/1	INJECTION, POWDER, LYOPHILIZED FOR SOLUTION	INTRAVENOUS, SUBCUTANEOUS	ANDA207475	Accord Healthcare Inc.	16729-306	Azacitidine	AZACITIDINE	HUMAN PRESCRIPTION DRUG
Bicalutamide	16729-023-01	50 mg/1	TABLET	ORAL	ANDA078917	Accord Healthcare Inc.	16729-023	Bicalutamide	BICALUTAMIDE	HUMAN PRESCRIPTION DRUG
Bicalutamide	16729-023-	50 mg/1	TABLET	ORAL	ANDA078917	Accord Healthcare Inc.	16729-023	Bicalutamide	BICALUTAMIDE	HUMAN PRESCRIPTION DRUG
BUPROPION HYDROCHLORIDE	16729-443-10	300 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA210497	Accord Healthcare Inc.	16729-444	BUPROPION HYDROCHLORIDE	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
BUPROPION HYDROCHLORIDE	16729-443-10	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA210497	Accord Healthcare Inc.	16729-443	BUPROPION HYDROCHLORIDE	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
BUPROPION HYDROCHLORIDE	16729-443-10	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA210497	Accord Healthcare Inc.	16729-443	BUPROPION HYDROCHLORIDE	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
BUPROPION HYDROCHLORIDE	16729-444-10	300 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA210497	Accord Healthcare Inc.	16729-444	BUPROPION HYDROCHLORIDE	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
BUPROPION HYDROCHLORIDE	16729-443-10	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA210497	Accord Healthcare Inc.	16729-443	BUPROPION HYDROCHLORIDE	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-201-17	7.5 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-201	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Prod Name
Buspirone Hydrochloride	16729-203-15	15 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-203	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-200-17	5 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-200	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-289-16	30 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-289	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-289-17	30 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-289	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-289-50	30 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-289	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-201-16	7.5 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-201	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-200-01	5 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-200	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-200-16	5 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-200	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-201-01	7.5 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-201	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-202-01	10 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-202	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-202-16	10 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-202	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-203-01	15 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-203	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-203-12	15 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-203	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-289-12	30 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-289	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-202-17	10 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-202	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-203-17	15 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-203	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-203-50	15 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-203	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	16729-289-01	30 mg/1	TABLET	ORAL	ANDA202557	Accord Healthcare Inc.	16729-289	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NEC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Prod Name
CAPECITABINE	16729-072-12	150 mg/1	TABLET, FILM COATED	ORAL	ANDA202593	Accord Healthcare Inc.	16729-072	CAPECITABINE	CAPECITABINE	HUMAN PRESCRIPTION DRUG
CAPECITABINE	16729-073-29	500 mg/1	TABLET, FILM COATED	ORAL	ANDA202593	Accord Healthcare Inc.	16729-073	CAPECITABINE	CAPECITABINE	HUMAN PRESCRIPTION DRUG
Clonazepam	16729-135-05	.5 mg/1	TABLET	ORAL	ANDA077147	Accord Healthcare Inc.	16729-135	clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Name
Clonazepam	16729-137-16	1 mg/1	TABLET	ORAL	ANDA077147	Accord Healthcare Inc.	16729-136	clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG
Clonazepam	16729-137-00	1 mg/1	TABLET	ORAL	ANDA077147	Accord Healthcare Inc.	16729-137	clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG
Clonazepam	16729-137-45	1 mg/1	TABLET	ORAL	ANDA077147	Accord Healthcare Inc.	16729-137	clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG
Clonazepam	16729-136-00	2 mg/1	TABLET	ORAL	ANDA077147	Accord Healthcare Inc.	16729-138	clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG
Clonazepam	16729-138-16	2 mg/1	TABLET	ORAL	ANDA077147	Accord Healthcare Inc.	16729-138	clonazepam	CLONAZEPAM	HUMAN PRESCRIPTION DRUG
Clopidogrel	16729-218-10	75 mg/1	TABLET, FILM COATED	ORAL	ANDA202925	Accord Healthcare Inc.	16729-218	Clopidogrel	CLOPIDOGREL BISULFATE	HUMAN PRESCRIPTION DRUG
Clopidogrel	16729-218-15	75 mg/1	TABLET, FILM COATED	ORAL	ANDA202925	Accord Healthcare Inc.	16729-218	Clopidogrel	CLOPIDOGREL BISULFATE	HUMAN PRESCRIPTION DRUG
Clopidogrel	16729-218-16	75 mg/1	TABLET, FILM COATED	ORAL	ANDA202925	Accord Healthcare Inc.	16729-218	Clopidogrel	CLOPIDOGREL BISULFATE	HUMAN PRESCRIPTION DRUG
Clopidogrel	16729-218-75	300 mg/1	TABLET, FILM COATED	ORAL	ANDA202925	Accord Healthcare Inc.	16729-219	Clopidogrel	CLOPIDOGREL BISULFATE	HUMAN PRESCRIPTION DRUG
Clozapine	16729-141-01	25 mg/1	TABLET	ORAL	ANDA202873	Accord Healthcare Inc.	16729-141	clozapine	CLOZAPINE	HUMAN PRESCRIPTION DRUG
Clozapine	16729-141-00	25 mg/1	TABLET	ORAL	ANDA202873	Accord Healthcare Inc.	16729-141	clozapine	CLOZAPINE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Name
⊖ Clozapine	16729-142-01	100 mg/1	TABLET	ORAL	ANDA202873	Accord Healthcare Inc.	16729-142	clozapine	CLOZAPINE	HUMAN PRESCRIPTION DRUG
⊖ Clozapine	16729-142-16	100 mg/1	TABLET	ORAL	ANDA202873	Accord Healthcare Inc.	16729-142	clozapine	CLOZAPINE	HUMAN PRESCRIPTION DRUG
⊖ Dalfampridine	16729-292-11	10 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA206863	Accord Healthcare Inc.	16729-292	Dalfampridine	DALFAMPRIDINE	HUMAN PRESCRIPTION DRUG
⊖ DAPTOMYCIN	16729-435-05	500 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA211961	Accord Healthcare Inc.	16729-435	Daptomycin	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG
⊖ Decitabine	16729-224-05	50 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA203475	Accord Healthcare Inc.	16729-224	decitabine	DECITABINE	HUMAN PRESCRIPTION DRUG
⊕ Dexmedetomidine hydrochloride	16729-239-93	100 ug/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA204023	Accord Healthcare Inc.	16729-239	Dexmedetomidine hydrochloride	DEXMEDETOMIDINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
⊖ Dexmedetomidine hydrochloride	16729-432-95	100 ug/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA204023	Accord Healthcare Inc.	16729-432	Dexmedetomidine hydrochloride	DEXMEDETOMIDINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
⊕ DOCETAXEL	16729-267-63	20 mg/mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	NDA201195	Accord Healthcare Inc.	16729-267	docetaxel	DOCETAXEL ANHYDROUS	HUMAN PRESCRIPTION DRUG
⊕ DOCETAXEL	16729-267-64	20 mg/mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	NDA201195	Accord Healthcare Inc.	16729-267	docetaxel	DOCETAXEL ANHYDROUS	HUMAN PRESCRIPTION DRUG
⊕ DOCETAXEL	16729-267-65	20 mg/mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	NDA201195	Accord Healthcare Inc.	16729-267	docetaxel	DOCETAXEL ANHYDROUS	HUMAN PRESCRIPTION DRUG
⊖ Doxazosin	16729-211-01	1 mg/1	TABLET	ORAL	ANDA202824	Accord Healthcare Inc.	16729-211	Doxazosin	DOXAZOSIN MESYLATE	HUMAN PRESCRIPTION DRUG
⊕ Doxazosin	16729-211-17	1 mg/1	TABLET	ORAL	ANDA202824	Accord Healthcare Inc.	16729-211	Doxazosin	DOXAZOSIN MESYLATE	HUMAN PRESCRIPTION DRUG
⊖ Doxazosin	16729-213-01	4 mg/1	TABLET	ORAL	ANDA202824	Accord Healthcare Inc.	16729-213	Doxazosin	DOXAZOSIN MESYLATE	HUMAN PRESCRIPTION DRUG
⊕ Doxazosin	16729-213-17	4 mg/1	TABLET	ORAL	ANDA202824	Accord Healthcare Inc.	16729-213	Doxazosin	DOXAZOSIN MESYLATE	HUMAN PRESCRIPTION DRUG
⊕ Doxazosin	16729-414-01	2 mg/1	TABLET	ORAL	ANDA202824	Accord Healthcare Inc.	16729-414	Doxazosin	DOXAZOSIN MESYLATE	HUMAN PRESCRIPTION DRUG
⊕ Doxazosin	16729-414-17	2 mg/1	TABLET	ORAL	ANDA202824	Accord Healthcare Inc.	16729-414	Doxazosin	DOXAZOSIN MESYLATE	HUMAN PRESCRIPTION DRUG
⊕ Doxazosin	16729-415-01	8 mg/1	TABLET	ORAL	ANDA202824	Accord Healthcare Inc.	16729-415	Doxazosin	DOXAZOSIN MESYLATE	HUMAN PRESCRIPTION DRUG
⊕ Doxazosin	16729-415-17	8 mg/1	TABLET	ORAL	ANDA202824	Accord Healthcare Inc.	16729-415	Doxazosin	DOXAZOSIN MESYLATE	HUMAN PRESCRIPTION DRUG

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Entecavir	16729-388-10	0.5 mg/1	TABLET, FILM COATED	ORAL	ANDA205824	Accord Healthcare Inc.	16729-388	Entecavir	ENTECAVIR	HUMAN PRESCRIPTION DRUG
Entecavir	16729-389-10	1 mg/1	TABLET, FILM COATED	ORAL	ANDA205824	Accord Healthcare Inc.	16729-389	Entecavir	ENTECAVIR	HUMAN PRESCRIPTION DRUG
EPTIFIBATIDE	16729-260-30	2 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA205557	Accord Healthcare Inc.	16729-260	Eptifibatide	EPTIFIBATIDE	HUMAN PRESCRIPTION DRUG
EPTIFIBATIDE	16729-259-50	0.75 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA205557	Accord Healthcare Inc.	16729-259	Eptifibatide	EPTIFIBATIDE	HUMAN PRESCRIPTION DRUG
EPTIFIBATIDE	16729-260-03	2 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA205557	Accord Healthcare Inc.	16729-260	Eptifibatide	EPTIFIBATIDE	HUMAN PRESCRIPTION DRUG
Escitalopram	16729-168-01	5 mg/1	TABLET, FILM COATED	ORAL	ANDA202389	Accord Healthcare Inc.	16729-168	Escitalopram	ESCITALOPRAM OXALATE	HUMAN PRESCRIPTION DRUG
Escitalopram	16729-168-17	5 mg/1	TABLET, FILM COATED	ORAL	ANDA202389	Accord Healthcare Inc.	16729-168	Escitalopram	ESCITALOPRAM OXALATE	HUMAN PRESCRIPTION DRUG
Escitalopram	16729-169-01	10 mg/1	TABLET, FILM COATED	ORAL	ANDA202389	Accord Healthcare Inc.	16729-169	Escitalopram	ESCITALOPRAM OXALATE	HUMAN PRESCRIPTION DRUG
Escitalopram	16729-169-17	10 mg/1	TABLET, FILM COATED	ORAL	ANDA202389	Accord Healthcare Inc.	16729-169	Escitalopram	ESCITALOPRAM OXALATE	HUMAN PRESCRIPTION DRUG
Escitalopram	16729-170-01	20 mg/1	TABLET, FILM COATED	ORAL	ANDA202389	Accord Healthcare Inc.	16729-170	Escitalopram	ESCITALOPRAM OXALATE	HUMAN PRESCRIPTION DRUG
Escitalopram	16729-170-17	20 mg/1	TABLET, FILM COATED	ORAL	ANDA202389	Accord Healthcare Inc.	16729-170	Escitalopram	ESCITALOPRAM OXALATE	HUMAN PRESCRIPTION DRUG
Esomeprazole sodium	16729-252-60	40 mg/5mL	INJECTION	INTRAVENOUS	ANDA205379	Accord Healthcare Inc.	16729-252	Esomeprazole sodium	ESOMEPRAZOLE SODIUM	HUMAN PRESCRIPTION DRUG
Esomeprazole sodium	16729-252-60	40 mg/5mL	INJECTION	INTRAVENOUS	ANDA205379	Accord Healthcare Inc.	16729-252	Esomeprazole sodium	ESOMEPRAZOLE SODIUM	HUMAN PRESCRIPTION DRUG
Etoposide	16729-114-30	20 mg/mL	INJECTION	INTRAVENOUS	ANDA074513	Accord Healthcare Inc.	16729-114	Etoposide	ETOPOSIDE	HUMAN PRESCRIPTION DRUG
Etoposide	16729-114-08	20 mg/mL	INJECTION	INTRAVENOUS	ANDA074513	Accord Healthcare Inc.	16729-114	Etoposide	ETOPOSIDE	HUMAN PRESCRIPTION DRUG
Etoposide	16729-114-11	20 mg/mL	INJECTION	INTRAVENOUS	ANDA074513	Accord Healthcare Inc.	16729-114	Etoposide	ETOPOSIDE	HUMAN PRESCRIPTION DRUG
Etoposide	16729-114-31	20 mg/mL	INJECTION	INTRAVENOUS	ANDA074513	Accord Healthcare Inc.	16729-114	Etoposide	ETOPOSIDE	HUMAN PRESCRIPTION DRUG
Etoposide	16729-262-01	20 mg/mL	INJECTION	INTRAVENOUS	ANDA074513	Accord Healthcare Inc.	16729-262	Etoposide	ETOPOSIDE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Prod. Name
☐ Etoposide	16729-262-32	20 mg/mL	INJECTION	INTRAVENOUS	ANDA074513	Accord Healthcare Inc.	16729-262	Etoposide	ETOPOSIDE	HUMAN PRESCRIPTION DRUG
☐ EZETIMIBE	16729-433-16	10 mg/1	TABLET	ORAL	ANDA211550	Accord Healthcare Inc.	16729-433	EZETIMIBE	EZETIMIBE	HUMAN PRESCRIPTION DRUG
☐ EZETIMIBE	16729-433-15	10 mg/1	TABLET	ORAL	ANDA211550	Accord Healthcare Inc.	16729-433	EZETIMIBE	EZETIMIBE	HUMAN PRESCRIPTION DRUG

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
☐ EZETIMIBE	16729-433-10	10 mg/1	TABLET	ORAL	ANDA211550	Accord Healthcare Inc.	16729-433	EZETIMIBE	EZETIMIBE
☐ GEMCITABINE	16729-426-01	100 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA209604	Accord Healthcare Inc.	16729-426	GEMCITABINE	GEMCITABINE HYDROCHLORIDE
☐ GEMCITABINE	16729-391-01	100 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA209604	Accord Healthcare Inc.	16729-391	GEMCITABINE	GEMCITABINE HYDROCHLORIDE
☐ GEMCITABINE	16729-419-02	100 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA209604	Accord Healthcare Inc.	16729-419	GEMCITABINE	GEMCITABINE HYDROCHLORIDE
☐ GEMCITABINE	16729-423-01	100 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA209604	Accord Healthcare Inc.	16729-423	GEMCITABINE	GEMCITABINE HYDROCHLORIDE
☐ GEMCITABINE HYDROCHLORIDE	16729-092-03	200 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA091594	Accord Healthcare Inc.	16729-092	GEMCITABINE HYDROCHLORIDE	GEMCITABINE HYDROCHLORIDE
☐ GEMCITABINE HYDROCHLORIDE	16729-117-01	1 g/25mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA091594	Accord Healthcare Inc.	16729-117	GEMCITABINE HYDROCHLORIDE	GEMCITABINE HYDROCHLORIDE
☐ GEMCITABINE HYDROCHLORIDE	16729-118-38	1 g/25mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA091594	Accord Healthcare Inc.	16729-118	GEMCITABINE HYDROCHLORIDE	GEMCITABINE HYDROCHLORIDE
☐ Glipizide	16729-139-01	5 mg/1	TABLET	ORAL	ANDA074550	Accord Healthcare Inc.	16729-139	glipizide	GLIPIZIDE
☐ Glipizide	16729-139-01	5 mg/1	TABLET	ORAL	ANDA074550	Accord Healthcare Inc.	16729-139	glipizide	GLIPIZIDE

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Glipizide	16729-140-01	10 mg/1	TABLET	ORAL	ANDA074550	Accord Healthcare Inc.	16729-140	glipizide	GLIPIZIDE
Glipizide	16729-140-10	10 mg/1	TABLET	ORAL	ANDA074550	Accord Healthcare Inc.	16729-140	glipizide	GLIPIZIDE
Hydrochlorothiazide	16729-182-01	12.5 mg/1	TABLET	ORAL	ANDA202556	Accord Healthcare Inc.	16729-182	Hydrochlorothiazide	HYDROCHLOROTHIAZIDE
Hydrochlorothiazide	16729-182-17	12.5 mg/1	TABLET	ORAL	ANDA202556	Accord Healthcare Inc.	16729-182	Hydrochlorothiazide	HYDROCHLOROTHIAZIDE
Hydrochlorothiazide	16729-183-01	25 mg/1	TABLET	ORAL	ANDA202556	Accord Healthcare Inc.	16729-183	Hydrochlorothiazide	HYDROCHLOROTHIAZIDE
Hydrochlorothiazide	16729-183-17	25 mg/1	TABLET	ORAL	ANDA202556	Accord Healthcare Inc.	16729-183	Hydrochlorothiazide	HYDROCHLOROTHIAZIDE
Hydrochlorothiazide	16729-184-01	50 mg/1	TABLET	ORAL	ANDA202556	Accord Healthcare Inc.	16729-184	Hydrochlorothiazide	HYDROCHLOROTHIAZIDE
Hydrochlorothiazide	16729-184-17	50 mg/1	TABLET	ORAL	ANDA202556	Accord Healthcare Inc.	16729-184	Hydrochlorothiazide	HYDROCHLOROTHIAZIDE
Itraconazole	16729-271-10	100 mg/1	CAPSULE	ORAL	ANDA205991	Accord Healthcare Inc.	16729-271	ITRACONAZOLE	ITRACONAZOLE
Levetiracetam	16729-064-10	250 mg/1	TABLET, FILM COATED	ORAL	ANDA090843	Accord Healthcare Inc.	16729-064	levetiracetam	LEVETIRACETAM
Levetiracetam	16729-064-20	250 mg/1	TABLET, FILM COATED	ORAL	ANDA090843	Accord Healthcare Inc.	16729-064	levetiracetam	LEVETIRACETAM
Levetiracetam	16729-065-15	500 mg/1	TABLET, FILM COATED	ORAL	ANDA090843	Accord Healthcare Inc.	16729-065	levetiracetam	LEVETIRACETAM
Levetiracetam	16729-065-29	500 mg/1	TABLET, FILM COATED	ORAL	ANDA090843	Accord Healthcare Inc.	16729-065	levetiracetam	LEVETIRACETAM
Levetiracetam	16729-066-15	750 mg/1	TABLET, FILM COATED	ORAL	ANDA090843	Accord Healthcare Inc.	16729-066	levetiracetam	LEVETIRACETAM
Levetiracetam	16729-066-29	750 mg/1	TABLET, FILM COATED	ORAL	ANDA090843	Accord Healthcare Inc.	16729-066	levetiracetam	LEVETIRACETAM
Levetiracetam	16729-067-12	1000 mg/1	TABLET, FILM COATED	ORAL	ANDA090843	Accord Healthcare Inc.	16729-067	levetiracetam	LEVETIRACETAM
LISINOPRIL	16729-375-10	2.5 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-375	Lisinopril	LISINOPRIL
LISINOPRIL	16729-375-15	2.5 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-375	Lisinopril	LISINOPRIL

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(+) LISINOPRIL	16729-375-01	2.5 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-375	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-376-01	5 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-376	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-376-10	5 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-376	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-376-17	5 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-376	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-377-01	10 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-377	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-377-10	10 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-377	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-377-17	10 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-377	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-378-01	20 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-378	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-378-10	20 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-378	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-378-17	20 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-378	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-379-01	30 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-379	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-379-10	30 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-379	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-379-17	30 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-379	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-380-01	40 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-380	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-380-10	40 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-380	Lisinopril	LISINOPRIL
(+) LISINOPRIL	16729-380-17	40 mg/1	TABLET	ORAL	ANDA202554	Accord Healthcare Inc.	16729-380	Lisinopril	LISINOPRIL
(+) Methyldopa	16729-030-01	250 mg/1	TABLET, FILM COATED	ORAL	ANDA070084	Accord Healthcare Inc.	16729-030	Methyldopa	METHYLDOPA
(+) Methyldopa	16729-030-10	250 mg/1	TABLET, FILM COATED	ORAL	ANDA070084	Accord Healthcare Inc.	16729-030	Methyldopa	METHYLDOPA

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Methyldopa	16729-031-01	500 mg/1	TABLET, FILM COATED	ORAL	ANDA070085	Accord Healthcare Inc.	16729-031	Methyldopa	METHYLDOPA
Methyldopa	16729-031-15	500 mg/1	TABLET, FILM COATED	ORAL	ANDA070085	Accord Healthcare Inc.	16729-031	Methyldopa	METHYLDOPA
Montelukast Sodium	16729-119-10	10 mg/1	TABLET, FILM COATED	ORAL	ANDA202717	Accord Healthcare Inc.	16729-119	Montelukast Sodium	MONTELUKAST SODIUM
Montelukast Sodium	16729-119-15	10 mg/1	TABLET, FILM COATED	ORAL	ANDA202717	Accord Healthcare Inc.	16729-119	Montelukast Sodium	MONTELUKAST SODIUM

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Proprietary Name	NDC Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type
Montelukast Sodium	16729-119-17	10 mg	TABLET, FILM COATED	ORAL	ANDA202717	Accord Healthcare Inc.	16729-119	Montelukast Sodium	MONTELUKAST SODIUM	HUMAN PRESCRIPTION DRUG
mycophenolate mofetil	16729-019-01	500 mg/1	TABLET	ORAL	ANDA065416	Accord Healthcare Inc.	16729-019	mycophenolate mofetil	MYCOPHENOLATE MOFETIL	HUMAN PRESCRIPTION DRUG
mycophenolate mofetil	16729-019-11	500 mg/1	TABLET	ORAL	ANDA065416	Accord Healthcare Inc.	16729-019	mycophenolate mofetil	MYCOPHENOLATE MOFETIL	HUMAN PRESCRIPTION DRUG
mycophenolate mofetil	16729-094-01	250 mg/1	CAPSULE	ORAL	ANDA090253	Accord Healthcare Inc.	16729-094	mycophenolate mofetil	MYCOPHENOLATE MOFETIL	HUMAN PRESCRIPTION DRUG
mycophenolate mofetil	16729-094-16	250 mg/1	CAPSULE	ORAL	ANDA090253	Accord Healthcare Inc.	16729-094	mycophenolate mofetil	MYCOPHENOLATE MOFETIL	HUMAN PRESCRIPTION DRUG
Mycophenolic Acid	16729-189-25	260 mg/1	TABLET, DELAYED RELEASE	ORAL	ANDA202555	Accord Healthcare Inc.	16729-189	Mycophenolic Acid	MYCOPHENOLATE SODIUM	HUMAN PRESCRIPTION DRUG
Mycophenolic Acid	16729-261-29	180 mg/1	TABLET, DELAYED RELEASE	ORAL	ANDA202555	Accord Healthcare Inc.	16729-261	Mycophenolic Acid	MYCOPHENOLATE SODIUM	HUMAN PRESCRIPTION DRUG
olmesartan medoxomil	16729-321-10	20 mg/1	TABLET, FILM COATED	ORAL	ANDA207662	Accord Healthcare Inc.	16729-321	olmesartan medoxomil	OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG
olmesartan medoxomil	16729-321-15	20 mg/1	TABLET, FILM COATED	ORAL	ANDA207662	Accord Healthcare Inc.	16729-321	olmesartan medoxomil	OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG
olmesartan medoxomil	16729-321-17	20 mg/1	TABLET, FILM COATED	ORAL	ANDA207662	Accord Healthcare Inc.	16729-321	olmesartan medoxomil	OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG
olmesartan medoxomil	16729-322-10	40 mg/1	TABLET, FILM COATED	ORAL	ANDA207662	Accord Healthcare Inc.	16729-322	olmesartan medoxomil	OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product T Name
olmesartan medoxomil	16729-322-15	40 mg/1	TABLET, FILM COATED	ORAL	ANDA207662	Accord Healthcare Inc.	16729-322	olmesartan medoxomil	OLMESARTAN MEDOXOMIL	HUMAN PRESCRIP [®] DRUG
olmesartan medoxomil	16729-322-17	40 mg/1	TABLET, FILM COATED	ORAL	ANDA207662	Accord Healthcare Inc.	16729-322	olmesartan medoxomil	OLMESARTAN MEDOXOMIL	HUMAN PRESCRIP [®] DRUG
olmesartan medoxomil	16729-320-10	5 mg/1	TABLET, FILM COATED	ORAL	ANDA207662	Accord Healthcare Inc.	16729-320	olmesartan medoxomil	OLMESARTAN MEDOXOMIL	HUMAN PRESCRIP [®] DRUG
olmesartan medoxomil	16729-320-15	5 mg/1	TABLET, FILM COATED	ORAL	ANDA207662	Accord Healthcare Inc.	16729-320	olmesartan medoxomil	OLMESARTAN MEDOXOMIL	HUMAN PRESCRIP [®] DRUG
OXALIPLATIN	16729-332-03	5 mg/mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	ANDA207474	Accord Healthcare Inc.	16729-332	OXALIPLATIN	OXALIPLATIN	HUMAN PRESCRIP [®] DRUG
OXALIPLATIN	16729-332-05	5 mg/mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	ANDA207474	Accord Healthcare Inc.	16729-332	OXALIPLATIN	OXALIPLATIN	HUMAN PRESCRIP [®] DRUG
Prasugrel	16729-272-10	5 mg/1	TABLET, FILM COATED	ORAL	ANDA205987	Accord Healthcare Inc.	16729-272	Prasugrel	PRASUGREL HYDROCHLORIDE	HUMAN PRESCRIP [®] DRUG
Prasugrel	16729-273-10	10 mg/1	TABLET, FILM COATED	ORAL	ANDA205987	Accord Healthcare Inc.	16729-273	Prasugrel	PRASUGREL HYDROCHLORIDE	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-008-15	10 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-008	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-008-16	10 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-008	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-009-15	20 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-009	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-009-16	20 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-009	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-009-17	20 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-009	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-010-15	40 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-010	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-010-16	40 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-010	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-010-17	40 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-010	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-011-15	80 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-011	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG
PRAVASTATIN SODIUM	16729-011-16	80 mg/1	TABLET	ORAL	ANDA207068	Accord Healthcare Inc.	16729-011	PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	HUMAN PRESCRIP [®] DRUG

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Quetiapine	16729-145-01	25 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-145	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-145-17	25 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-145	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-146-01	50 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-146	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-146-17	50 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-146	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-147-01	100 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-147	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-147-17	100 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-147	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-148-01	200 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-148	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-148-17	200 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-148	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-149-01	300 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-149	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-149-10	300 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-149	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-149-12	300 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-149	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-149-17	300 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-149	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-150-01	400 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-150	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-150-16	400 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-150	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
Quetiapine	16729-146-10	50 mg/1	TABLET, FILM COATED	ORAL	ANDA202152	Accord Healthcare Inc.	16729-146	Quetiapine	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
QUETIAPINE FUMARATE	16729-095-12	200 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090681	Accord Healthcare Inc.	16729-095	QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
QUETIAPINE FUMARATE	16729-096-12	300 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090681	Accord Healthcare Inc.	16729-096	QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG
QUETIAPINE FUMARATE	16729-097-12	400 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090681	Accord Healthcare Inc.	16729-097	QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	HUMAN PRESCRIP [®] DRUG

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QUETIAPINE FUMARATE	16729-109-12	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090681	Accord Healthcare Inc.	16729-109	QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	HUMAN PRESCRIPTION DRUG
QUETIAPINE FUMARATE	16729-132-12	50 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA206252	Accord Healthcare Inc.	16729-132	QUETIAPINE FUMARATE	QUETIAPINE FUMARATE	HUMAN PRESCRIPTION DRUG
Ramipril	16729-152-01	1.25 mg/1	CAPSULE	ORAL	ANDA202392	Accord Healthcare Inc.	16729-152	Ramipril	RAMIPRIL	HUMAN PRESCRIPTION DRUG

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<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

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)

🐦 TWEET (HTTPS://TWITTER.COM/INTENT/WEBSITE?TEXT=NATIONAL+DRUG+CODE+DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM)

✉ EMAIL (MAILTO:?SUBJECT=NATIONAL+DRUG+CODE+DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM)

You have searched finished drug products

Search Results: 'Accord Healthcare Inc.'

[Back to Search Page \(1\) Search Results](#)

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	Product Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Ty Name
☐ Ramipril	16729-153-01	2.5 mg/1	CAPSULE	ORAL	ANDA202392	Accord Healthcare Inc.	16729-152	Ramipril	RAMIPRIL	HUMAN PRESCRIPT DRUG
☐ Ramipril	16729-153-01	2.5 mg/1	CAPSULE	ORAL	ANDA202392	Accord Healthcare Inc.	16729-153	Ramipril	RAMIPRIL	HUMAN PRESCRIPT DRUG
☐ Ramipril	16729-153-01	2.5 mg/1	CAPSULE	ORAL	ANDA202392	Accord Healthcare Inc.	16729-153	Ramipril	RAMIPRIL	HUMAN PRESCRIPT DRUG
☐ Ramipril	16729-154-01	5 mg/1	CAPSULE	ORAL	ANDA202392	Accord Healthcare Inc.	16729-154	Ramipril	RAMIPRIL	HUMAN PRESCRIPT DRUG
☐ Ramipril	16729-154-01	5 mg/1	CAPSULE	ORAL	ANDA202392	Accord Healthcare Inc.	16729-154	Ramipril	RAMIPRIL	HUMAN PRESCRIPT DRUG
☐ Ramipril	16729-155-01	10 mg/1	CAPSULE	ORAL	ANDA202392	Accord Healthcare Inc.	16729-155	Ramipril	RAMIPRIL	HUMAN PRESCRIPT DRUG
☐ Ramipril	16729-155-01	10 mg/1	CAPSULE	ORAL	ANDA202392	Accord Healthcare Inc.	16729-155	Ramipril	RAMIPRIL	HUMAN PRESCRIPT DRUG
☐ ropinirole	16729-236-0	3 mg/1	TABLET, FILM COATED	ORAL	ANDA204022	Accord Healthcare Inc.	16729-236	ropinirole	ROPINIROLE HYDROCHLORIDE	HUMAN PRESCRIPT DRUG
☐ ropinirole	16729-232-01	2.5 mg/1	TABLET, FILM COATED	ORAL	ANDA204022	Accord Healthcare Inc.	16729-232	ropinirole	ROPINIROLE HYDROCHLORIDE	HUMAN PRESCRIPT DRUG
☐ ropinirole	16729-234-01	1 mg/1	TABLET, FILM COATED	ORAL	ANDA204022	Accord Healthcare Inc.	16729-234	ropinirole	ROPINIROLE HYDROCHLORIDE	HUMAN PRESCRIPT DRUG
☐ ropinirole	16729-235-0	2 mg/1	TABLET, FILM COATED	ORAL	ANDA204022	Accord Healthcare Inc.	16729-235	ropinirole	ROPINIROLE HYDROCHLORIDE	HUMAN PRESCRIPT DRUG

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Ty Name
ropinirole	16729-238-01	5 mg/1	TABLET, FILM COATED	ORAL	ANDA204022	Accord Healthcare Inc.	16729-238	ropinirole	ROPINIROLE HYDROCHLORIDE	HUMAN PRESCRIPT DRUG
ropinirole	16729-233-01	.5 mg/1	TABLET, FILM COATED	ORAL	ANDA204022	Accord Healthcare Inc.	16729-233	ropinirole	ROPINIROLE HYDROCHLORIDE	HUMAN PRESCRIPT DRUG
ropinirole	16729-237-01	4 mg/1	TABLET, FILM COATED	ORAL	ANDA204022	Accord Healthcare Inc.	16729-237	ropinirole	ROPINIROLE HYDROCHLORIDE	HUMAN PRESCRIPT DRUG
ROSUVASTATIN CALCIUM	16729-284-16	5 mg/1	TABLET, FILM COATED	ORAL	ANDA206434	Accord Healthcare Inc.	16729-284	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	HUMAN PRESCRIPT DRUG
ROSUVASTATIN CALCIUM	16729-284-17	5 mg/1	TABLET, FILM COATED	ORAL	ANDA206434	Accord Healthcare Inc.	16729-284	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	HUMAN PRESCRIPT DRUG
ROSUVASTATIN CALCIUM	16729-285-15	10 mg/1	TABLET, FILM COATED	ORAL	ANDA206434	Accord Healthcare Inc.	16729-285	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	HUMAN PRESCRIPT DRUG
ROSUVASTATIN CALCIUM	16729-285-17	10 mg/1	TABLET, FILM COATED	ORAL	ANDA206434	Accord Healthcare Inc.	16729-285	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	HUMAN PRESCRIPT DRUG
ROSUVASTATIN CALCIUM	16729-286-15	20 mg/1	TABLET, FILM COATED	ORAL	ANDA206434	Accord Healthcare Inc.	16729-286	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	HUMAN PRESCRIPT DRUG
ROSUVASTATIN CALCIUM	16729-286-17	20 mg/1	TABLET, FILM COATED	ORAL	ANDA206434	Accord Healthcare Inc.	16729-286	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	HUMAN PRESCRIPT DRUG
ROSUVASTATIN CALCIUM	16729-287-10	40 mg/1	TABLET, FILM COATED	ORAL	ANDA206434	Accord Healthcare Inc.	16729-287	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	HUMAN PRESCRIPT DRUG
ROSUVASTATIN CALCIUM	16729-287-15	40 mg/1	TABLET, FILM COATED	ORAL	ANDA206434	Accord Healthcare Inc.	16729-287	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	HUMAN PRESCRIPT DRUG
ROSUVASTATIN CALCIUM	16729-287-17	40 mg/1	TABLET, FILM COATED	ORAL	ANDA206434	Accord Healthcare Inc.	16729-287	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM	HUMAN PRESCRIPT DRUG
Tacrolimus	16729-421-10	.3 mg/g	OINTMENT	TOPICAL	ANDA211688	Accord Healthcare Inc.	16729-421	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPT DRUG
Tacrolimus	16729-421-12	.3 mg/g	OINTMENT	TOPICAL	ANDA211688	Accord Healthcare Inc.	16729-421	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPT DRUG
Tacrolimus	16729-422-10	1 mg/g	OINTMENT	TOPICAL	ANDA211688	Accord Healthcare Inc.	16729-422	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPT DRUG
Tacrolimus	16729-422-15	1 mg/g	OINTMENT	TOPICAL	ANDA211688	Accord Healthcare Inc.	16729-422	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPT DRUG
Tacrolimus	16729-421-01	.3 mg/g	OINTMENT	TOPICAL	ANDA211688	Accord Healthcare Inc.	16729-421	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPT DRUG
Tacrolimus	16729-422-01	1 mg/g	OINTMENT	TOPICAL	ANDA211688	Accord Healthcare Inc.	16729-422	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPT DRUG

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Ty Name
Tacrolimus	16729-041-53	0.5 mg/1	CAPSULE	ORAL	ANDA091195	Accord Healthcare Inc.	16729-041	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPT DRUG
Tacrolimus	16729-042-01	1 mg/1	CAPSULE	ORAL	ANDA091195	Accord Healthcare Inc.	16729-042	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPT DRUG
Tacrolimus	16729-043-01	5 mg/1	CAPSULE	ORAL	ANDA091195	Accord Healthcare Inc.	16729-043	Tacrolimus	TACROLIMUS	HUMAN PRESCRIPT DRUG
Tadalafil	16729-372-10	20 mg/1	TABLET, FILM COATED	ORAL	ANDA209167	Accord Healthcare Inc.	16729-372	Tadalafil	TADALAFIL	HUMAN PRESCRIPT DRUG
Tadalafil	16729-369-10	2.5 mg/1	TABLET, FILM COATED	ORAL	ANDA209167	Accord Healthcare Inc.	16729-369	Tadalafil	TADALAFIL	HUMAN PRESCRIPT DRUG
Tadalafil	16729-370-10	5 mg/1	TABLET, FILM COATED	ORAL	ANDA209167	Accord Healthcare Inc.	16729-370	Tadalafil	TADALAFIL	HUMAN PRESCRIPT DRUG
Temozolomide	16729-048-53	5 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-048	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-048-54	5 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-048	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-049-53	20 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-049	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-049-54	20 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-049	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-050-53	100 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-050	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-050-54	100 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-050	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-051-53	250 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-051	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-129-53	140 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-129	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-129-54	140 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-129	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-130-53	180 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-130	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temozolomide	16729-130-54	180 mg/1	CAPSULE	ORAL	ANDA201528	Accord Healthcare Inc.	16729-130	Temozolomide	TEMOZOLOMIDE	HUMAN PRESCRIPT DRUG
Temsirolimus	16729-223-01		KIT		ANDA203153	Accord Healthcare Inc.	16729-223	temsirolimus		HUMAN PRESCRIPT DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type
 TIGECYCLINE	16729-364-60	50 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA208744	Accord Healthcare Inc.	16729-364	TIGECYCLINE	TIGECYCLINE	HUMAN PRESCRIPT DRUG
 Zoledronic acid	16729-242-3	4 mg/5mL	INJECTION	INTRAVENOUS	ANDA205279	Accord Healthcare Inc.	16729-242	zoledronic acid	ZOLEDRONIC ACID	HUMAN PRESCRIPT DRUG

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[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



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

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

ACCORD HEALTHCARE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of May, 2005, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of June, 2020.

Elaine F. Marshall

Secretary of State



Scan to verify online.

4RR

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: Anivive Lifesciences, Inc.

Physical Address: 3671 Industry Ave, C3

City: Lakewood State: CA Zip Code: 90712

Telephone Number: 661-542-8554 Fax Number: 562-684-4215

Toll Free Number: N/A

E-mail: ccollett@anivive.com Website: www.anivive.com

Facility Manager: Cheryl Collett

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

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: Piramal Healthcare Canada Ltd.

Address: 110 Industrial Parkway North, Aurora, Ontario L4G 3H4, Canada

Name: Cambrex

Address: One Meadowlands Plaza East Rutherford, NJ 07073, USA

Name: Hennessy Research

Address: 7940 Marshall Drive Lenexa Ks. 66214 USA

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

Cheryl Collett, CFO

Print Name of Authorized Person

1/22/2021
Date

Board Use Only

Date Processed: _____

Amount:

500

check #632338

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: 3250 Airflite Way, Ste 400City: Long Beach State: CA Zip: 90807Telephone: 661-542-8554 Fax: 562-684-4215Contact Person: Cheryl Collett

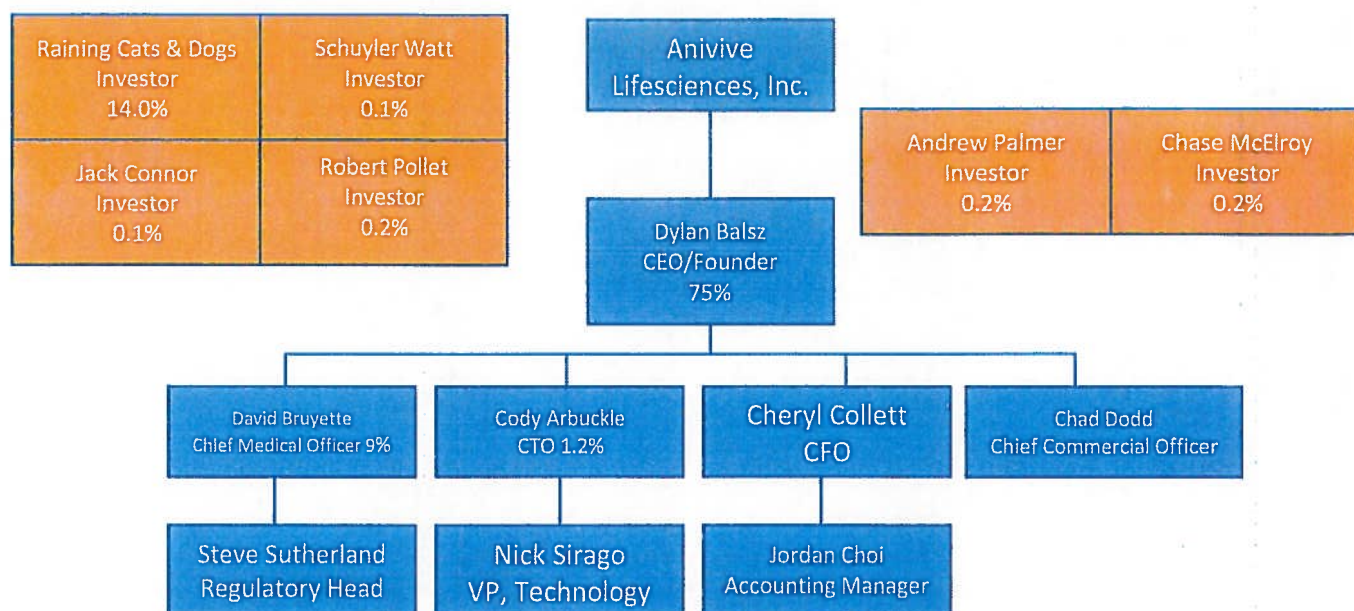
For any corporation non-publicly traded, disclose the following:

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

a) Dylan Balsz Airflite Way, Ste Long Beach, CA 90807
Name Business Addressb) David Bruyette 1 Airflite Way, Ste Long Beach, CA 90807
Name Business Addressc) Raining Cats and Dogs LLC 4 Hutton Centre Drive, FL 10 Santa Ana, CA 92707
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 190000003) What was the price paid per share? \$0.01

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 directorsCertificate 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 THAT "ANIVIVE LIFESCIENCES, 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2015, AT 3:41 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SIXTEENTH DAY OF DECEMBER, A.D. 2016, AT 1:53 O'CLOCK P.M.

CERTIFICATE OF REVIVAL, FILED THE NINTH DAY OF JANUARY, A.D. 2020, AT 1:50 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "ANIVIVE LIFESCIENCES, INC.".

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



5833741 8310

SR# 20210766513

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: 202629875

Date: 03-02-21

Delaware

The First State

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



5833741 8310

SR# 20210766513

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: 202629875

Date: 03-02-21

BOARD OF PHARMACY**LICENSING DETAILS FOR: WLS 7874****NAME:** ANIVIVE LIFESCIENCES INC**LICENSE TYPE:** WHOLESALER**LICENSE STATUS:** CLEAR**ADDRESS**

3671 INDUSTRY AVE C3
LAKEWOOD CA 90712
LOS ANGELES COUNTY

ISSUANCE DATE

FEBRUARY 10, 2021

EXPIRATION DATE

FEBRUARY 1, 2022

CURRENT DATE / TIME

FEBRUARY 12, 2021
11:06:15 AM

LICENSE RELATIONSHIPS**NAME:** COLLETT, CHERYL MICHELLE

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED

REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 25976 **PRIMARY STATUS:** CLEAR

Clipboard

Font

Alignment

Text

Number

Conditional Formatting

Normal

Bad

Check Cell

Explainer

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	NDC/NHR	Firm															
1	Labeler	Name															
16094	81331	Sportsmith, L.L.C.															
16095	71144	Attuned Matrix, LLC															
16096	69374	Nephron Sterile Compounding Center, LLC															
16097	76387	Pharmalogical, Inc.															
16098	52856	PTC Therapeutics Inc.															
16099	52327	Aidapak Services, LLC															
16100	72828	Plus Distributors LLC															
16101	76781	S.F. & B. Color Mates Corp.															
16102	49302	Botanical Resources Australia Pty Ltd															
16103	59238	Olymel															
16104	73282	Ketomi LLC															
16105	54474	Orion Chemicals Metalchem Spain SL															
16106	79446	Major Surplus and Survival															
16107	76033	Dragon Fire Holdings, Inc.															
16108	52380	Aplicare Products LLC															
16109	64842	Taiho Pharmaceutical Co., Ltd.															
16110	72773	O2 Depot, LLC															
16111	71219	KT Marketing Group Inc.															
16112	81301	TAO CLEAN, LLC															
16113	70473	Beje Inc.															
16114	76657	Chartpak, Inc.															
16115	86121	Aniive Lifesciences															
16116	80106	1stopresourcegroup															
16117	70722	Little Moon Essentials LLC															
16118	65603	ARKANSAS WELDING SUPPLY, INC.															
16119	61126	Corden Pharma Latina S.p.A.															
16120	53125	Superior Chemical Corporation															

✓ verified
M H

Officer List:

Cheryl Collett, CFO - 1000 Airflite Way, Suite 100 Long Beach, CA 90807

Dylan Balsz, Founder & CEO - 1000 Airflite Way, Suite 100 Long Beach, CA 90807

David Bruyette, CMO - 1000 Airflite Way, Suite 100 Long Beach, CA 90807

List of each employee who handles drugs on a daily basis:

Cheryl Collett

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. 107316275

Application/License No. _____

Anivive Lifesciences, Inc.

Applicant/Principal

, doing or intending to do business as a
pharmaceutical wholesaler, whose address for purposes of service is

3250 Airflite Way, Ste 400 Long Beach CA 90807

Address of Applicant/Principal

PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, a

Surety Company

corporation organized under the laws of the state of CT

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

One Tower Square Hartford, CT 06183

as

Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 02/19/2021.

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 19TH day of FEBRUARY, 2021.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Anivive Lifesciences, Inc.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA


Authorized Representative


Surety Company's Representative

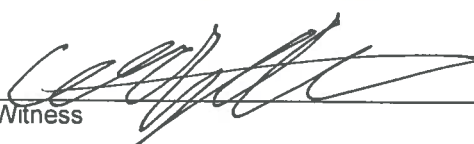
MICHAEL NESCHKE, Attorney-in-fact
print name

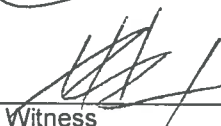
SIGNED and SEALED in the presence of:


Witness

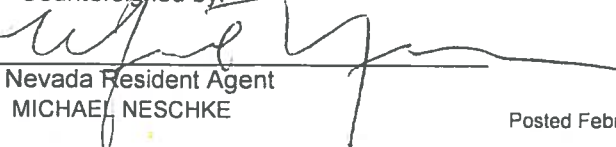
SIGNED and SEALED in the presence of:


Witness


Witness


Witness

Countersigned by:


Nevada Resident Agent
MICHAEL NESCHKE

Posted February 20, 2020



**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

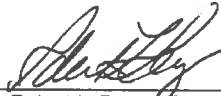
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **MICHAEL K NESCHKE** of MOUNT JULIET Tennessee, 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.

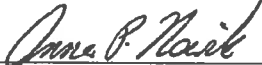
By: 
Robert L. Raney, Senior Vice President

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

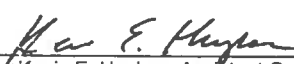
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice 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 19th day of February, 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.**

Maria Herrera

From: Cheryl Collett <ccollett@anivive.com>
Sent: Monday, April 5, 2021 5:04 PM
To: Maria Herrera
Subject: Re: Nevada Wholesaler Application- Anivive Lifesciences, Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

Thanks Maria –

I worked for Puma Biotechnology, Inc. from 2011 – 2019. They have been registered with the state of Nevada since 8/2/2016 and I was employed through 8/6/2019. During that time, I held a management position where I oversaw the distribution and dispensing of prescription drugs and the recordkeeping thereof. Puma's license from the NV website is below

Facility Name	License Number#	City	State
PUMA BIOTECHNOLOGY, INC.	WH02235	LOS ANGELES	CA
StreetLine 1 : 10880 WILSHIRE BLVD #2150 City : LOS ANGELES Zip : 90024 License Date : 08/02/2016 License Number : WH02235 Expiration Date : 10/31/2022			
		Print	← Close

Thanks,

Cheryl Collett, CPA
 Chief Financial Officer
Anivive Lifesciences
 3250 Airflite Way, Suite 400
 Long Beach CA 90807

Mobile: 310-431-8324



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From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Date: Monday, April 5, 2021 at 4:57 PM
To: Cheryl Collett <ccollett@anivive.com>
Subject: RE: Nevada Wholesaler Application- Anivive Lifesciences, Inc.

Hi Cheryl,

Please see below;

Per NAC 639.535 (2) (a) 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 relating to, prescription drugs;

Thank you,

Maria H.

From: Cheryl Collett <ccollett@anivive.com>
Sent: Monday, April 5, 2021 4:43 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Re: Nevada Wholesaler Application- Anivive Lifesciences, Inc.

Hello and thank you for your email.

Can you please let me know which section you feel I do not meet for DR? Is it the exam that is missing?

Thanks,

Cheryl Collett, CPA
Chief Financial Officer
Anivive Lifesciences
3250 Airflite Way, Suite 400
Long Beach CA 90807

Mobile: 310-431-8324



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From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Date: Monday, April 5, 2021 at 4:23 PM

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.

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From: Cheryl Collett <ccollett@anivive.com>
Sent: Thursday, March 25, 2021 2:17 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Re: Nevada Wholesaler Application- Anivive Lifesciences, Inc.

Hello Maria and thank you for reaching out.

- Updated Certificate of Good Standing from your Secretary of State – attached dated 3/2/21. Please let me know if that is current enough for what you need.
- On page 2 of your application its stated that you are FDA Registered, Could you please provide me with a copy of your FDA registration. – our FDA approval is attached
- Also Per NAC 639.5935 2(a) and 4(b), Cheryl Collet does not meet the qualifications for the designated representative
- 2. Except as otherwise provided in subsection 3, the Board will approve a natural person as the representative of a wholesaler if the applicant for a license to operate as a wholesaler or the licensee presents proof satisfactory to the Executive Secretary that the natural person:
 - (a) 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 relating to, prescription drugs; I was employed at Puma Biotechnology, Inc. from 11/2011 – 8/2019 and they hold a valid wholesaler license. I oversaw many functions within the company but certainly oversaw the recordkeeping of prescription drugs
- 4. A representative of a wholesaler designated pursuant to this section:
 - (b) Must be employed full-time in a managerial level position with the wholesaler; Whether that is Puma or Anivive, both are managerial level positions. At Puma, I was a VP and currently I am CFO

Please let me know if there is anything else you need or anything I can help with.

Thanks,

Maria Herrera

From: Cheryl Collett <ccollett@anivive.com>
Sent: Thursday, March 25, 2021 2:51 PM
To: Maria Herrera
Subject: Re: Nevada Wholesaler Application- Anivive Lifesciences, Inc.

Follow Up Flag: Follow up
Flag Status: Completed

Hi Maria –

Labeler code is 86121. Is that what you needed?

Thanks,

Cheryl Collett, CPA
Chief Financial Officer
Anivive Lifesciences
3250 Airflite Way, Suite 400
Long Beach CA 90807

Mobile: 310-431-8324



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From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Date: Thursday, March 25, 2021 at 2:42 PM
To: Cheryl Collett <ccollett@anivive.com>
Subject: RE: Nevada Wholesaler Application- Anivive Lifesciences, Inc.

Thank you Cheryl for the information provided.

I will move forward with the application, however please note that the Board might have questions regarding the experience in dispensing and distribution aspect of the application. Also thank you for the FDA approval letter, but could you please provide me with the Labeler code verification.

Thank You,

Maria Herrera
Licensing Specialist

CURRICULUM VITAE

Cheryl M. Collett, CPA

PRESENT POSITION:

Chief Financial Officer
 Anivive Lifesciences
 3250 Airflite Way, Suite 400
 Long Beach, CA 90807

EDUCATION:

INSTITUTION	DATE	DEGREE
California State University, LA	1998-2000	BS, Accounting
State of California Certified Public Accountant	August 2013	License #120036

EXPERIENCE:

2000-2003	Nigro, Karlin and Segal Staff/Senior Auditor Certified Public Accounting Los Angeles, CA
2003-2004	Century Group Accounting Manager Los Angeles, CA
2004-2005	Hythiam, Inc (Catasys, Inc) Senior Accountant Los Angeles, CA
2005-2006	20 th Century Fox Finance Supervisor Los Angeles, CA
2006-2010	Cougar Biotechnology, Inc. (acquired by Johnson & Johnson) Controller Los Angeles, CA
2010-2011	Sierra Scientific Instruments (acquired by Given Imaging) Controller

Los Angeles, CA

2011-2019

Puma Biotechnology, Inc.
VP, Finance & Accounting
Los Angeles, CA

*Please
email date 4/5/21
from Cheryl Collett*

2019-present

Anivive Lifesciences, Inc.
CFO
Long Beach, CA



Application Number-141526-A-0000-OT

ANIMAL CLINICAL INVESTIGATION LLC
Attention: Kristen Khanna, PhD, MBA
CEO
4445 Willard Ave
Sixth Floor
Chevy Chase, MD 20815

Re: Conditional approval of LAVERDIA™-CA1

Dear Dr. Khanna:

We conditionally approve for one year the conditional approval application for LAVERDIA™-CA1 you submitted on behalf of Anivive Lifesciences, Inc., on November 12, 2020, and amended on November 16, 2020 (M-0001), and November 25, 2020 (M-0002), under section 571(b) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act). LAVERDIA™-CA1 (verdinexor tablets) is conditionally approved for the treatment of lymphoma in dogs. The expiration dating for this conditionally approved new animal drug is 24 months. We forwarded a notice of this approval for publication in the FEDERAL REGISTER. You must notify us of any change to the conditions established in this conditional approval according to 21 CFR 514.8.

This application for conditional approval is conditionally approved for one year from the date of this letter. This application is renewable annually for up to four additional one-year terms. A request to renew this application must be submitted no later than 90 days prior to the end of the one-year period starting on the date of this letter, and each respective anniversary of this conditional approval. This request must include sufficient information to show that you are making sufficient progress toward meeting the approval requirements under section 512(d)(1)(E) of the FD&C Act, that the quantity of the drug distributed is consistent with the conditionally approved intended use and conditions of use, and the same drug in the same dosage form for the same intended use has not received approval under Section 512.

LAVERDIA™-CA1, as approved in this letter, qualifies for SEVEN years exclusive marketing rights beginning as of the date of this letter. This drug qualifies for exclusive marketing rights under section 573(c) of the FD&C Act because it is a designated new animal drug under section 573(a) of the FD&C Act. Except as provided in section 573(c)(2) of the FD&C Act, we may not approve or conditionally approve another application submitted for such new animal drug with the same intended use as LAVERDIA™-CA1. Exclusive marketing rights begin as of the date of this letter.

Your final printed labeling submitted November 12, 2020 (A-0000, 2.5 mg, 10 mg and 50 mg Vials), November 16, 2020 (M-0001, 2.5 mg, 10 mg and 50 mg Cartons), and November 25, 2020 (M-0002, Client Information Sheet), is acceptable. It is not necessary to resubmit this labeling. Any changes to this approved labeling will require a supplemental application.

U.S. Food & Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20903
www.fda.gov

For the package insert submitted on November 25, 2020 (M-0002), in the fourth bullet under "*Special instructions for handling and administering the product*" in the "User Safety Warnings" section, insert a comma after "food". The sentence should read as follows:

- Do not store near food, in or near a food preparation area, or with medications intended for use in humans.

Please submit a single copy of the package insert of the final printed labeling before distributing and marketing your conditionally approved new animal drug. The labeling should be submitted via eSubmitter in Portable Document Format (.pdf) file, which is an exact electronic representation of the final labeling. Any changes to this approved labeling will require a supplemental application.

Under current good manufacturing practice (cGMP) regulations (21 CFR parts 211 and 226), you are required to validate your manufacturing processes. This validation provides assurance that the manufacturing processes will reliably meet predetermined specifications. This validation is demonstrated by documenting that the manufacturing processes are adequate to preserve the identity, strength, quality, and purity of the new animal drug. If your validation information was not available or was found deficient at the time of the pre-approval inspection, you should contact FDA after you complete manufacturing validation and before you ship the product. A product that does not conform to cGMP is adulterated under section 501(a) of the FD&C Act.

In addition, you must maintain all records and submit all reports concerning post-approval experience with this conditionally approved new animal drug that are required for applicants of approved new animal drugs under 21 CFR 514.80. You must submit all such reports for this conditionally approved new animal drug under the application number associated with this conditional approval, i.e., 141-526. If you fail to maintain the records or submit the reports that are required for applicants of approved new animal drugs under 21 CFR 514.80, your conditional approval would be subject to the withdrawal provisions of section 571(e)(3) of the FD&C Act.

If you submit correspondence relating to this conditional approval, your correspondence should reference the date and the principal submission identifier at the top of this letter. If you have any questions or comments, please contact Dr. Steven Fleischer, Director, Division of Therapeutic Drugs for Non-Food Animals, at (240) 402-0809 or at Steven.Fleischer@fda.hhs.gov.

Sincerely,

{see appended electronic signature page}

Steven M. Solomon, DVM, MPH
Director
Center for Veterinary Medicine

Enclosure:
Freedom of Information Summary

**Electronic Signature
Addendum for Submission ID**

N-141526-A-0000-OT

Signing Authority (Role)	Letter Date
Steven Solomon (Center Director)	1/11/2021

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

4SS

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 WH02391**)
 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: Apollo Pharmaceuticals USA Inc.

Physical Address: 4400 PGA Boulevard, Suite 102

City: Palm Beach Gardens State: FL Zip Code: 33410

Telephone Number: (561) 469-9058

Fax Number: _____

Toll Free Number: _____

E-mail: statelicensing@apollopharmainc.com Website: www.Apollopharmainc.com

Facility Manager: Andrea Navaroli

Professional qualifications and experience of facility manager: _____

Please See Attached

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?

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: Cardinal Health

Address: 6640 Echo Ave #J, Reno, NV 89506

Name: Henry Schein Inc.

Address: 255 Vista Blvd, Suite 104, Sparks, NV 89434

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.

Mary Jane Helenek

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

Mary Jane Helenek

Print Name of Authorized Person

3-8-24

Date

Board Use Only

Date Processed: _____

Amount:

500

check # 3884125

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Provepharm Inc.Mailing Address: 4400 PGA Blvd, Suite 102City: Palm Beach Gardens State: Florida Zip: 33410Telephone: 561-469-9058 Fax: _____Contact Person: Andrea Navaroli

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

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

a) See Attached

Name	Business Address
------	------------------

b) _____

Name	Business Address
------	------------------

c) _____

Name	Business Address
------	------------------

d) _____

Name	Business Address
------	------------------

2) Provide the number of shares issued by the corporation. See Attached3) What was the price paid per share? See AttachedA 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.



Description of Operations

Apollo Pharmaceuticals USA Inc. is a “virtual manufacturer. Apollo Pharmaceuticals USA, Inc. is a wholly-owned subsidiary of Provepharm, Inc. Apollo’s products are manufactured by a contract manufacturer. Apollo maintains a supply agreement with Stragen for the contract manufacturing of our product, Piperacillin and Tazobactam. Apollo’s products will be distributed by their third-party logistics provider, Cardinal Health “SPS,” who is licensed to ship pharmaceutical products into your state.

Product List

NDC 61990-015-01 – Piperacillin and Tazonbactam for Injection, USP 40.5 Grams per Vial

Contract Manufacturers

Mitim s.r.l.

Via Gian Battista Cacciamali 36,
BRESCIA, 25125, Italy (ITA)

FDA Establishment No. 3005746589

Immacule Lifesciences Private Limited
Village Thanthewal, Ropar Road, Nalagarh,
District Solan, HP-17401, India

FDA Establishment No. 3014210753

Cenexi

52, rue Marcel et Jacques Gaucher,
94120 Fountenay-sous-Bois, France

FDA Establishment No. 3007250542

Indoco Remedies Limited

L-32, 33 and 34 Verna Industrial Estate Area
Verna, Goa, Ital 403722

FDA Establishment No. 3005124189

These contract manufacturers manufacture Apollo Pharmaceuticals USA Inc.’s product and packages finished product. At no time do they own the product, contract with Apollo’s customers, invoice nor sell an Apollo’s product.

Labeler Code: 61990

Third Party Logistics Provider

Cardinal Health SPS *WHO 2148*
15 Ingram Blvd.

La Vergne, TN 37086.



(615) 793-4400

Apollo Pharmaceuticals USA Inc. utilizes Cardinal “SPS” as the Third-Party Logistics provider to manage the storage and distribution of Apollo’s products.

Description of Facility

Apollo Pharmaceuticals USA Inc. does not handle, store, or ship commercial product from its headquarters in Palm Beach Gardens, Florida (it is used exclusively for office space). Apollo uses Cardinal “SPS” as its Third-Party Logistics provider to manage the storage and distribution of our products.

Our hours of operation are 9:00 a.m. – 5:00 p.m. EST, Monday through Friday.

[Home](#) > [Drug Databases](#) > [NDC](#)

National Drug Code Directory

[f SHARE](#)
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[p PINT](#)
[e EMAIL](#)
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Current through April 08, 2021

You have searched Finished drug products

Search Results: '61990'

[Back to Search Page](#) | [Search Again](#)
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[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	End Marketing Date	Market Category
+ Dihydroergotamine Mesylate	61990-0411-1	1 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR, INTRAVENOUS, SUBCUTANEOUS	ANDA212046	Apollo Pharmaceuticals Inc.	61990-0411	Dihydroergotamine Mesylate	DIHYDROERGOTAMINE MESYLATE	HUMAN PRESCRIPTION DRUG	04/14/2020	N/A	ANDA
+ Dihydroergotamine Mesylate	61990-0411-2	1 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR, INTRAVENOUS, SUBCUTANEOUS	ANDA212046	Apollo Pharmaceuticals Inc.	61990-0411	Dihydroergotamine Mesylate	DIHYDROERGOTAMINE MESYLATE	HUMAN PRESCRIPTION DRUG	04/14/2020	N/A	ANDA
+ Phenylephrine hydrochloride	61990-0211-3	10 mg/mL	INJECTION	INTRAVENOUS	ANDA211081	Apollo Pharmaceuticals Inc.	61990-0211	Phenylephrine hydrochloride	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/12/2020	N/A	ANDA
+ Phenylephrine hydrochloride	61990-0212-2	10 mg/mL	INJECTION	INTRAVENOUS	ANDA211081	Apollo Pharmaceuticals Inc.	61990-0212	Phenylephrine hydrochloride	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/12/2020	N/A	ANDA
+ Phenylephrine hydrochloride	61990-0213-1	10 mg/mL	INJECTION	INTRAVENOUS	ANDA211081	Apollo Pharmaceuticals Inc.	61990-0213	Phenylephrine hydrochloride	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/12/2020	N/A	ANDA
+ PIPERACILLIN AND	61990-0110-2	2 g/10mL, 25 g/10mL	INJECTION, POWDER	INTRAVENOUS	ANDA207847	Apollo Pharmaceuticals	61990-0110	Piperacillin sodium and Tazobactam	PIPERACILLIN SODIUM, TAZOBACTAM	HUMAN PRESCRIPTION	08/01/2019	N/A	ANDA

Verified
M.H.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APOLLO PHARMACEUTICALS USA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND 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.



6301842 8300

SR# 20210194551

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: 202346023

Date: 01-22-21



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047**

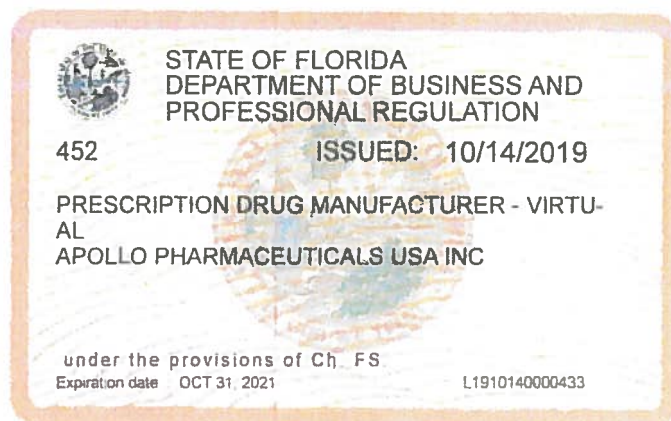
(850) 487-1395

**APOLLO PHARMACEUTICALS USA INC
4400 PGA BOULEVARD, SUITE 102
PALM BEACH GARDENS FL 33410**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS**

LICENSE NUMBER

452

The RX DRUG MANU V

Named below

Under the provisions of Chapter FS.

Expiration date: OCT 31, 2021

**APOLLO PHARMACEUTICALS USA INC
4400 PGA BOULEVARD, SUITE 102
PALM BEACH GARDENS FL 33410**



ISSUED: 10/14/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1910140000433

3:03:57 PM 9/9/2020

Licensee Details

Licensee Information

Name: **APOLLO PHARMACEUTICALS USA INC (Primary Name)**
Main Address: **4400 PGA BOULEVARD, SUITE 102
PALM BEACH GARDENS Florida 33410**
County: **PALM BEACH**

License Mailing:

LicenseLocation: **4400 PGA BOULEVARD, SUITE 102
PALM BEACH GARDENS FL 33410**
County: **PALM BEACH**

License Information

License Type: **Prescription Drug Manufacturer - Virtual**
Rank: **Rx Drug Manu V**
License Number: **452**
Status: **Current**
Licensure Date: **10/11/2017**
Expires: **10/31/2021**

Special Qualifications **Qualification Effective**
Closely Held Corporation

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee.

However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.



Ownership

Apollo Pharmaceuticals USA Inc. is a privately held pharmaceutical company. Apollo Pharmaceuticals USA Inc. is a wholly-owned subsidiary of Provepharm Inc.

Provepharm Inc.
 100 Springhouse Drive, Suite 105
 Collegeville, PA 19426
 610-601-8600
statelicensing@provepharm.com
 FEIN: 45-4793910

Company Info.

Apollo Pharmaceuticals USA Inc.
 4400 PGA Boulevard
 Suite 102
 Palm Beach Gardens, FL 33410
 (561) 469-9058
statelicensing@apollopharmainc.com

State of Incorporation: DE
 Date of Incorporation: June 23, 2017
 FEIN: 35-2586427

Corporate Officers

Mary Jane Helenek, Executive Vice President & COO

Business Address: N Broadway #402 Jericho, NY 11753

Christian Neumann, President

Business Address: Rue Marc Donadille 13013 Marseille , 13th Arrondissement, France F13013

Maria Herrera

From: Cheryl Midian <cheryl.midian@twolabs.com>
Sent: Wednesday, April 21, 2021 7:03 AM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- Apollo Pharmaceuticals USA Inc.

Follow Up Flag: Follow up
Flag Status: Completed

Good Morning Maria,

Confirming that Andrea Navaroli meets all the qualifications per NAC 639.5935 (2)(a).

Andrea has been employed with Apollo Pharmaceuticals USA Inc. since April 2017 and meets the 6000 hour requirements.

Also, per her resume, she 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 relating to, prescription drugs :

- **Resume States:** Understands and implements the Florida State Standard Operating Policies required to maintain the State Pharmacy Board License.
- **Resume States:** Design and implement a filing system.

Please let me know if you have any other questions or need additional information.

Cheryl Midian
 Licensing Analyst
 PharmaLicense



110 Riverbend Avenue | Suite 100 | Powell, OH | 43065
 mobile 216.406.0178 | fax 866.259.4324
[website](#) | [email](#) | [LinkedIn](#)



Please consider the environment before printing this email.

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From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, April 20, 2021 4:46 PM
To: Cheryl Midian <cheryl.midian@twolabs.com>
Subject: FW: Nevada Wholesaler Application- Apollo Pharmaceuticals USA Inc.

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Apollo Pharmaceuticals USA Inc.

- Base on the resume of the designated representative, please verify that Andrea Navaroli meets all the qualification per NAC 639.5935 (2)(a)

NAC 639.5935 Representative of wholesaler: General requirements; exceptions; approval; enforcement. (NRS 639.070, 639.100)

1. Except as otherwise provided in this subsection, an applicant for a license, or a licensee with a license, to operate as a wholesaler shall designate at least one natural person to serve as the representative of the wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a wholesaler pursuant to this section unless the Executive Secretary determines that the designated natural person meets the qualifications set forth in subsection 2 and approves that natural person to be the designated representative of the wholesaler. The requirement to designate a representative set forth in this subsection does not apply to:

- (a) An applicant that is a publicly traded corporation; or
- (b) An applicant in which a majority interest of the applicant is owned by a pharmacist who is:
 - (1) Licensed by the Board;
 - (2) A resident of this State; and
 - (3) Not an owner of any interest in a pharmacy licensed by the Board.

2. Except as otherwise provided in subsection 3, the Board will approve a natural person as the representative of a wholesaler if the applicant for a license to operate as a wholesaler or the licensee presents proof satisfactory to the Executive Secretary that the natural person:

- (a) 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 relating to, prescription drugs;
- (b) Has received a score of at least 75 percent on an examination given by the Board regarding federal and state laws and wholesaler practices; and
- (c) Is at least 21 years of age.

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

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

Andrea Navaroli

1 Dover Rd, Tequesta, Florida 33469 561-XXXX

Professional Experience

Apollo Pharmaceuticals USA Inc. - Managerial Associate – 04/03/2017 – Present

- Manage day-to-day office activities to ensure that the work office is well organized and safe.
- Greet visitors, ensure proper sign-in and sign-out, and provide customer and supplier support as needed.
- Understand and implement the Florida State Standard Operating Policies, required to maintain the State Pharmacy Board License.
- Field, address and/or triage inquiries from local Regulatory authorities including the Florida Pharmacy Licensing Board.
- Address planned or spontaneous field audit from the local Pharmacy Board, health inspector or other authorities.
- Triage incoming inquiries and direct them to the appropriate internal / external department or individual.
- Receive and direct incoming phone calls, mail and other deliveries.
- Design and implement a filing system.
- Work with all vendors and suppliers, manage the installation and maintenance of all office equipment.
- Manage vendor relationships to ensure that appropriate office security is in-place.
- Negotiate and manage service agreements as required.
- Provide executive assistance and administrative support to the Chairman, the President and other local personnel in a professional manner with due attention to confidentiality.
- Plan, schedule and coordinate meetings, travel and events.
- Prepare documents, reports and power point presentations.

Aspen Dental – Office Manager – 07/2014 – 01/31/2017

- Responsible for the daily non-clinical operations of dental practice.
- Managed office staffing levels to ensure the office is adequately staffed to serve patients. Partnered with the Doctors to onboard and train office team members. Regularly evaluated team members, individual performance reviews; develop performance plans and goals for direct reports.
- Performed patient consults to ensure patients understand the Doctor's prescribed treatment.
- Worked with the Doctors and patients ensuring completion of prescribed treatment plan uncovering and removing patient's barriers for completing treatment.
- Resolved patient satisfaction issues; identified and followed through on actions to ensure patients visits and treatment exceed expectations.
- Partnered with the Doctors to optimize the patient schedule and flow; ensured patients are scheduled according to the Doctor's scheduling preferences.
- Monitored My Practice Metrics; including office revenues and expenditures; identified opportunities for improvement and executes improvement plans approved by the Doctors and Regional Manager.
- Completed administrative and reporting tasks such as responding to time-off requests, weekly timecard entry, incident reports, and coordinating travel plans for the office team. Ordered supplies and managed office inventories.

Liberty Medical/Express Scripts - 07/08 – 07/14

Express Scripts – Training Supervisor – 4/2012- 07/2014

Promoted from Training Coordinator, Liberty Medical Supply-4/2010 – 4/2012

- Responsible for new hire, up-training and cross-training initiatives and programs across the operations.
- Facilitated ECARE Training – Soft skill training focusing on building extraordinary relationships. Delivered training to front line employees, supervisors and management team members.
- Facilitated and delivered product, client, process and system enhancement training to front line employees, supervisors, and management team members.
- Coordinated the implementation and delivery of new training utilizing instructional design resources and various methods of delivery.
- Supervised, coached, and documented performance of trainees and evaluated employee performance prior to their release to the operation/completion of training programs.
- Organized training for client implementations in partnership with the Client Implementation Team; support ongoing identification of areas of opportunity from analyzing test call results and quality data.
- Processed payroll for new hire employee's using ADP Software.

Liberty Medical Supply- Training Coordinator -4/2010 – 4/2012

Promoted from Training Assistant – 7/2008 – 4/2010

- Provided clerical and administrative support for the Field Training Department.
- Facilitated New Hire Orientation.
- Coordinated special events such as outside Vendor Training, Training Kickoff, prepared global emails, set up schedules, sending appointments to enrollees and their supervisors.
- Created Training Calendars and Posters for Field Training classes.
- Monitored Training Department Inbox to register employees into classes.
- Maintained and coordinated the reservations of 8 training rooms and reserved conference rooms.
- Tracked and inputted data for accreditation hours in Learning Management System for employees while meeting monthly deadlines.
- Coordinated special programs, which included scheduling executives and team members, documented attendance of participants, prepared material, created surveys to gather information, assisted Facilities with room set up, communicated with the IT Dept for accurate computer operations.

David Wood Personnel – Recruiter - 03/2007- 09/2007

- Created a client base using telephone, internet, and newspaper advertising.
- Interviewed clients and candidates for proper placement of employment.
- Followed up as needed.

School District of Palm Beach County - Human Resource Technician -10/2006 –03/2007

- Worked in call center to verify employment, unemployment, and retirement benefits.
- Scanned documents into Stellant Software.

Superior Installations- Network Sales/Customer Relations - 04/2006-10/2006

- Responsible for all sales, cold calling, and contacting potential new customers.
- Focused on expanding customer base.
- Implemented Giza software for computer layouts and drawings and designed showroom to generate sales.
- Instrumental in website reconstruction.

Nabi Biopharmaceuticals – 06/1991 – 03/2006

Help Desk Coordinator – 4/2003 – 03/2006

- Received all trouble tickets for IT Department.
- Responsible for recording and coordinating resolution of trouble tickets and meeting service level agreements.
- Worked closely with technicians and end users to ensure a timely resolution of each issue.
- Worked toward for 1st call resolution for inbound customer calls.
- Maintained Magic system for tracking of tickets.

Network/Telecommunications Administrator II – 4/1995 – 4/2003

Promoted from Network/Telecommunications Administrator I – 4/1995

- Administrator for company's Avaya phone system; handled adds, moves, changes, programming of features, and installation of new phones, resolved trouble tickets, and coordination of vendors.
- Contributed to financial and technical analysis on products and services to assist management in the acquisition of optimum networking solutions for the company.
- Assisted end-users and technical staff in the completion of the duties as it related to the data and voice networks.

Facilities Supervisor – 06/1991 – 4/1995

Promoted from Facilities Coordinator- 06/1991

- Supervised receptionist, mailroom, security, and janitorial personnel.
- Managed all aspects of Facilities including all interior space planning and furniture for offices.
- Exterior grounds and building maintenance.
- Ensured a safe and well-utilized work area for all personnel, made recommendations for and implemented plans to improve, upgrade, or change facilities.

Technical Background Windows 7, Avaya Systems and Phones, Novell Network, eSD – Electronic Service Delivery System, MS Office Suite, Outlook, GroupWise, PeopleSoft, ASPEN/Learning Management System, ADP Payroll System

Education *Indian River State College, Port Saint Lucie, FL* Major: Business Administration - 6/2010 – present

Certification Business Administration certificate, *Indian River State College, Port Saint Lucie, FL* 6/2012

SURETY RIDER

Nationwide Mutual Insurance Company
Bond Department
1100 Locust Street, Department 2006
Des Moines, IA 50391-2006

TO BE ATTACHED TO AND FORM PART OF

Nevada State Board of Pharmacy - Pharmaceutical Wholesaler Surety Bond BOND NUMBER 7901015534

IN FAVOR OF State of Nevada, Nevada State Board of Pharmacy
(Obligee)

ON BEHALF OF Apollo Pharmaceuticals, Inc
(Principal)

IT IS AGREED THAT, in consideration of the original premium charged for this bond, and any additional premium that may be properly chargeable as a result of this rider,

1. The Surety hereby gives its consent to amend the following:

change the principal's address

From:

2770 Portland Drive, Oakville, ON L6H 6R4

To:

4400 PGA Blvd, Suite 102, Palm Beach Gardens, FL 33410

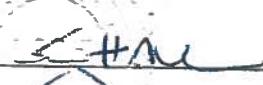
Effective: October 22, 2020

2. PROVIDED, however, that this attached bond shall be subject to all its agreements, limitations, and considerations except as herein expressly modified, and that the liability of the Surety under the attached bond as changed by this rider shall not be cumulative.

3. Signed and sealed this 27th day of April, 2021.



Nationwide Mutual Insurance Company

BY: 

Craig H. Meeker, Attorney in Fact

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

CRAIG H MEEKER, NICOLE PLOURDE

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

UNLIMITED

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

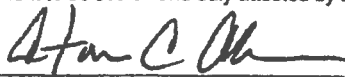
"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 27th day of February, 2019.



Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company

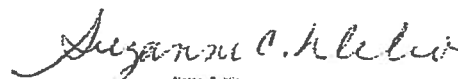
ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF NEW YORK: ss

On this 27th day of February, 2019, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.



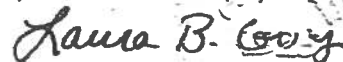
Suzanne C. Delio
Notary Public, State of New York
No. 02DE6126649
Qualified in Westchester County
Commission Expires September 16, 2021


Notary Public
My Commission Expires
September 16, 2021

CERTIFICATE

I, Laura B. Guy, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 27th day of April, 2021.



Assistant Secretary

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. 7901015534

Application/License No. _____

Apollo Pharmaceuticals, Inc, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
2770 Portland Drive, Oakville, ON L6H 6R4, as
Address of Applicant/Principal
 PRINCIPAL, and Nationwide Mutual 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 West Nationwide Blvd., 1-04-701, Columbus, OH 43215-2220 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 22, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this
22nd day of October, 2020.

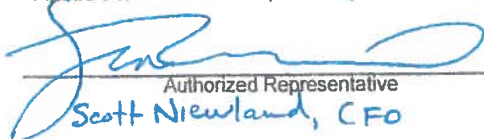
APPLICANT/PRINCIPAL

SURETY

COMPANY

Nationwide Mutual Insurance Company

Apollo Pharmaceuticals, Inc


 Authorized Representative
 Scott Newland, CFO


 Surety Company's Representative

Craig H Meeker, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Witness

Countersigned by:

N/A

Nevada Resident Agent

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

CRAIG H MEEKER, NICOLE PLOURDE

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

UNLIMITED

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

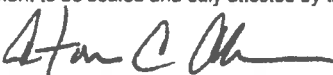
"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 27th day of February, 2019.

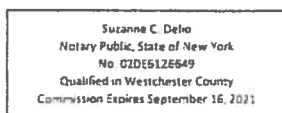
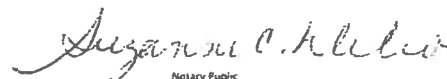


Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF NEW YORK: ss

On this 27th day of February, 2019, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Notary Public
My Commission Expires
September 16, 2021

CERTIFICATE

I, Laura B. Guy, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 22nd day of October, 2020.



Assistant Secretary

The Department of Management Services' Office of Supplier Diversity "serves those who serve Florida."

The Office of Supplier Diversity provides resources designed to improve business and economic opportunities for Florida's woman-, veteran- and minority-owned businesses. Learn more about becoming a certified business enterprise at dms.myflorida.com/osd or call 850-487-0915.

To find out about State of Florida tools supporting statewide centralized procurement activities which have streamlined interactions between vendors and state government entities, please contact or visit the Department of Management Services' MyFloridaMarketPlace at: <https://vendor.myfloridamarketplace.com>

AC# 02697320

SIGNATURE

(For the protection of our professional license holders, this license contains hidden security features to prevent counterfeiting. Unauthorized reproduction is strictly prohibited and will be prosecuted to the fullest extent of the law)

The Department of Business and Professional Regulation (DBPR), issues licenses for many licensed businesses and practitioners in the State of Florida.

DBPR is changing the way you interact with state government. Many of DBPR's services are available online at www.MyFloridaLicense.com. We encourage you to utilize these services to make address changes, licensing changes or to renew your license.

Name changes require legal documentation verifying the name change, which must be mailed to the DBPR. An original, a certified copy or a duplicate copy of an original or certified copy of a document that shows the legal name change will be accepted, unless the DBPR has a question about the authenticity of the document.

If applicable, the DBPR will send a renewal notice to your last known address or email address of record. If you have not received your renewal notice, please call our Customer Contact Center at 850.487.1395 or online at www.MyFloridaLicense.com/contactus.

Please refer to your profession's governing statutes and Administrative codes for further information regarding renewals. These may be accessed from our website.

AC# 02697320

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL_DRUG_CODE_DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) [+](#)

[EMAIL \(MAILTO:7SUBJECT=NATIONAL_DRUG_CODE_DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:7SUBJECT=NATIONAL_DRUG_CODE_DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through September 22, 2020

You have searched Finished drug products

Search Results: '61990'

[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
 Dihydroergotamine Mesylate	61990-0411-1	1 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS; SUBCUTANEOUS	ANDA212046	Apollo Pharmaceuticals Inc.	61990-0411	Dihydroergotamine Mesylate	DIHYDROERGOTAMINI MESYLATE
 Dihydroergotamine Mesylate	61990-0411-2	1 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS; SUBCUTANEOUS	ANDA212046	Apollo Pharmaceuticals Inc.	61990-0411	Dihydroergotamine Mesylate	DIHYDROERGOTAMINI MESYLATE
 Phenylephrine hydrochloride	61990-0211-3	10 mg/mL	INJECTION	INTRAVENOUS	ANDA211081	Apollo Pharmaceuticals Inc.	61990-0211	Phenylephrine hydrochloride	PHENYLEPHRINE HYDROCHLORIDE
 Phenylephrine hydrochloride	61990-0212-2	10 mg/mL	INJECTION	INTRAVENOUS	ANDA211081	Apollo Pharmaceuticals Inc.	61990-0212	Phenylephrine hydrochloride	PHENYLEPHRINE HYDROCHLORIDE
 Phenylephrine hydrochloride	61990-0213-1	10 mg/mL	INJECTION	INTRAVENOUS	ANDA211081	Apollo Pharmaceuticals Inc.	61990-0213	Phenylephrine hydrochloride	PHENYLEPHRINE HYDROCHLORIDE
 PIPERACILLIN AND TAZOBACTAM	61990-0110-2	2 g/10mL, .25 g/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA207847	Apollo Pharmaceuticals Inc.	61990-0110	Piperacillin sodium and Tazobactam sodium	PIPERACILLIN SODIUM; TAZOBACTAM SODIUM
 PIPERACILLIN AND TAZOBACTAM	61990-0120-2	3 g/15mL, .375 g/15mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA207847	Apollo Pharmaceuticals Inc.	61990-0120	Piperacillin sodium and Tazobactam sodium	PIPERACILLIN SODIUM; TAZOBACTAM SODIUM
 PIPERACILLIN AND TAZOBACTAM	61990-0130-2	4 g/20mL, .5 g/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA207847	Apollo Pharmaceuticals Inc.	61990-0130	Piperacillin sodium and Tazobactam sodium	PIPERACILLIN SODIUM; TAZOBACTAM SODIUM
 Piperacillin and Tazobactam	61990-0150-1	36 g/180mL, 4.5 g/180mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA207848	Apollo Pharmaceuticals Inc.	61990-0150	Piperacillin sodium and Tazobactam sodium	PIPERACILLIN SODIUM; TAZOBACTAM SODIUM

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Piperacillin and Tazobactam	61990- 0140-1	12 g/60mL, 1.5 g/60mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA207848	Apollo Pharmaceuticals Inc.	61990- 0140	Piperacillin sodium and Tazobactam sodium	PIPERACILLIN SODIUM; TAZOBACTAM SODIUM
tranexamic acid	61990- 0611-2	100 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA212676	Apollo Pharmaceuticals Inc.	61990- 0611	Tranexamic Acid	TRANEXAMIC ACID

Showing 1 to 11 of 11 entries

Previous 1 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

4TT

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: Athem, LLC

Physical Address: 40F Cotters Lane, Suite 200

City: East Brunswick State: NJ Zip Code: 08816

Telephone Number: (732) 307-7926 Fax Number: (732) 307-7931

Toll Free Number: N/A

E-mail: ATM@SLSNY.COM Website: _____

Facility Manager: Vruti M. Patel

Professional qualifications and experience of facility manager: Over 8 years of manufacturing distribution
experience involving daily operations such as providing training to employees, various quality assurance tasks, customer relations etc.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distributors, Distribution sites with organization and Manufacturers

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐ Labeler Code 73152

(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: TBD - Athem plans on selling to large chains and wholesales that do business in Nevada

Address: Ex: CVS, Walgreens, Walmart, Albertsons, AmerisourceBergen, Cardinal, McKesson

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.

Vruti M. Patel

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

Vruti M. Patel

Print Name of Authorized Person

02-17-21

Date

Board Use Only

Date Processed: _____

Amount: 500
check # 46031

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Athem, LLCParent Company if any: N/AMailing Address: 40F Cotters Lane, Suite 200City: East Brunswick State: NJ Zip: 08816Telephone: (732) 307-7926 Fax: (732) 307-7931Contact Person: Vruti M. Patel

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>Athem Holdings LLC</u>	<u>40F Cotters Lane, Suite 200, East Brunswick, NJ 08816 - 60% Ownership</u>
	<u>Name</u>	<u>Business Address</u>

b)	<u>InvaTech Pharma Solutions LLC</u>	<u>40C Cotters Lane, East Brunswick, NJ 08816 - 40% Ownership</u>
	<u>Name</u>	<u>Business Address</u>

c)	<u></u>	<u></u>
	<u>Name</u>	<u>Business Address</u>

d)	<u></u>	<u></u>
	<u>Name</u>	<u>Business Address</u>

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.



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

P.O. Box 369, Trenton, New Jersey 08625-0369

0741736

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:
40F COTTERS LN, STE 200 EAST BRUNSWICK, NJ 08816-

Reg. No. 5005672
ATHEM, LLC
40F COTTERS LN, STE 200
EAST BRUNSWICK, NJ 08816-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

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 10/27/2020

Registration Number: 5005672 **Registered as:** Manufacturer and Wholesale

Parent Company Name: ATHEM, LLC

Trade Name:

Original Issue Date: 09/19/2019 **Expiration Date:** 01/31/2022

Current Issue Date: 10/21/2020

Disciplines: No



Athem, LLC



Corporate Address: 40F Cotters Lane, Suite 200, East Brunswick, NJ 08816 USA
FEIN: 83-2468958

Drug Labeler Code: 73152
Incorporation State: NJ
Incorporation Date: 9/10/2018

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
4F2	40F Cotters Lane Suite 200 East Brunswick, NJ 08816 County: Middlesex		N/A - No CS	117077124	No	(732) 307-7926	(732) 307-7931

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Vruti M. Patel	40F Cotters Lane Suite 200 East Brunswick, NJ 08816	Secretary	No			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Athem Holdings LLC	40F Cotters Lane Suite 200 East Brunswick, NJ 08816	N/A	60%	N/A	83-2495361	N/A	N/A
InvaTech Pharma Solutions LLC	40C Cotters Lane East Brunswick, NJ 08816	N/A	40%	N/A	27-2411999	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Vruti M. Patel	40F Cotters Lane Suite 200 East Brunswick, NJ 08816	Secretary	No			4
Robert A. Rodowicz	40F Cotters Lane Suite 200 East Brunswick, NJ 08816	Vice President, Sales and Marketing	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	Address	SSN	DOB	Driver's License
Incorp Services, Inc				
Vruti M. Patel				

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
AIM RX3PL, LLC	40F Cotters Lane Suite 100 East Brunswick, NJ 08816					

Company Particulars 607

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

ATHEM, LLC
0600454042

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 10, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

NILESH M. PATEL
C/O INVA TECH PHARMA SOLUTION LLC
40 C COTTERS LAND, SUITE A
EAS BRUNSWICK, NJ 08816



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of March, 2021*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6116717812

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

6098
From Formation State

ATHEM, LLC
0600454042

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 10, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019

I further certify that the registered agent and office are:

NILESH M. PATEL
C/O INVA TECH PHARMA SOLUTION LLC
40 C COTTERS LAND, SUITE A
EAS BRUNSWICK, NJ 08816



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of September, 2020*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6111395605

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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. BX0006608

Application/License No. _____

Athem LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
411 S State Street Ste N300 Newtown, PA 18940, as
Address of Applicant/Principal
 PRINCIPAL, and Jet Insurance Company, a
Surety Company
 corporation organized under the laws of the state of North Carolina
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
PO Box 471023 Charlotte, NC 28247 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 09/15/2020
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 7th day of October, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Athem LLC

[Signature]

Authorized Representative

Jet Insurance Company

[Signature]

Surety Company's Representative



David Gonsalves, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Signature]

Witness

SIGNED and SEALED in the presence of:

[Signature]

Witness

[Signature]

Witness

[Signature]

Witness

Countersigned by: David Gonsalves 3349773

[Signature]
Nevada Resident Agent

Bond Number: BX0006608**JET INSURANCE COMPANY****POWER OF ATTORNEY**

NOW ALL BY THESE PRESENTS: That **JET INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of North Carolina, having its principal office in Charlotte, North Carolina does hereby constitute and appoint

Name

David Gonsalves

Limit of Liability per Bond

\$25,000.00

its true and lawful Attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, provided that the liability of such shall not exceed the limit stated above.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon **JET INSURANCE COMPANY** as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of the following resolutions adopted by the Board of Directors of **JET INSURANCE COMPANY** by unanimous written consent dated August 3, 2018, of which the following is a true excerpt:

RESOLVED that the President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority to appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, attach the Seal of the Company thereto and deliver, bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke, at any time, any such Attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted by unanimous written consent dated August 3, 2018, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the Seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution on behalf of the Company and delivery of any bond, undertaking, contract of indemnity, recognizance and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, **JET INSURANCE COMPANY** has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 3rd day of August, 2018.

**JET INSURANCE COMPANY**

Spencer Silino, President

Richard Popp, Secretary

STATE OF NORTH CAROLINA
County of Mecklenburg

On this 3rd day of August, 2018 before me came the Individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of Jet Insurance Company, that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of said Company.

Elspeth J. Murray
Notary Public, State of North Carolina
County of Mecklenburg
My Commission Expires 12/15/2023

IN WITNESS WHEREOF, I have hereunto set my hand at Jet Insurance Company offices the day and year above written.

ELSPETH J. MURRAY
NOTARY PUBLIC
MECKLENBURG COUNTY
NORTH CAROLINA
MY COMMISSION EXPIRES 12/15/2023

I, Richard Popp, Secretary of **JET INSURANCE COMPANY**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by **JET INSURANCE COMPANY**, which is still in full force and effect.

IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this 7th day of October, 2020.



Richard Popp, Secretary

JET INSURANCE COMPANY

PO Box 471023 Charlotte, NC 28247

RIDER**TO BE ATTACHED AND FORM A PART OF:**

Bond No. BX0006608

issued by **Jet Insurance Company**
in favor of (Obligee) **State of Nevada State Board of Pharmacy**
on behalf of (Principal) **Nilesh Patel**

In consideration of the premium charged, it is understood and agreed that:

effective date : October 28th, 2020

Address change to:
40F Cotter Lane, Suite 200
East Brunswick, NJ 08816

PROVIDED, HOWEVER, that the liability of Jet Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this 28th day of October, 2020

Jet Insurance Company, Surety

By:


David Gonsalves Attorney in Fact



Bond Number: BX0006608**JET INSURANCE COMPANY****POWER OF ATTORNEY**

NOW ALL BY THESE PRESENTS: That **JET INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of North Carolina, having its principal office in Charlotte, North Carolina does hereby constitute and appoint

Name

David Gonsalves

Limit of Liability per Bond

\$25,000.00

its true and lawful Attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, provided that the liability of such shall not exceed the limit stated above.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon **JET INSURANCE COMPANY** as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of the following resolutions adopted by the Board of Directors of **JET INSURANCE COMPANY** by unanimous written consent dated August 3, 2018, of which the following is a true excerpt:

RESOLVED that the President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority to appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, attach the Seal of the Company thereto and deliver, bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke, at any time, any such Attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted by unanimous written consent dated August 3, 2018, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the Seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution on behalf of the Company and delivery of any bond, undertaking, contract of indemnity, recognizance and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, **JET INSURANCE COMPANY** has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 3rd day of August, 2018.

**JET INSURANCE COMPANY**

Spencer Siino, President

Richard Popp, Secretary

STATE OF NORTH CAROLINA
County of Mecklenburg

On this 3rd day of August, 2018 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of Jet Insurance Company; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of said Company.

Elspeth J. Murray
Notary Public, State of North Carolina
County of Mecklenburg
My Commission Expires 12/15/2023

IN WITNESS WHEREOF, I have hereunto set my hand at Jet Insurance Company offices the day and year above written.

ELSPETH J. MURRAY
NOTARY PUBLIC
MECKLENBURG COUNTY
NORTH CAROLINA
MY COMMISSION EXPIRES 12/15/2023

I, Richard Popp, Secretary of **JET INSURANCE COMPANY**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by **JET INSURANCE COMPANY**, which is still in full force and effect.

IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this 28th day of October, 2020.



Richard Popp, Secretary

SURETEC INSURANCE COMPANY

2103 CityWest Blvd Suite 1300 Houston, TX 77042

RIDER**TO BE ATTACHED AND FORM A PART OF:**

Bond No. 3468771

issued by **SureTec Insurance Company**
in favor of (Obligee) **State of Mississippi Board of Pharmacy**
on behalf of (Principal) **Nilesh Patel**

In consideration of the premium charged, it is understood and agreed that:

effective date : October 28th, 2020

Address change to:
40F Cotters Lane, Suite 200
East Brunswick, NJ 08816

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this 28th day of October , 2020 .

SureTec Insurance Company, SuretyBy: 

David Gonsalves

Attorney in Fact



SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint **David Gonsalves**

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Nilesch Patel

Obligee: State of Mississippi Board of Pharmacy

Amount: \$25,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.



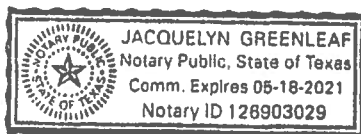
SURETEC INSURANCE COMPANY

By: John Knox, Jr., President

State of Texas
County of Harris

ss:

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 28th day of October, 2020, A.D.

M. Brent Beaty, Assistant Secretary

Any Instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0600 any business day between 8:00 am and 5:00 pm CST.

SURETEC INSURANCE COMPANY

2103 CityWest Blvd Suite 1300 Houston, TX 77042

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 3468772

issued by SureTec Insurance Company

in favor of (Obligee) State of California Board of Pharmacy

on behalf of (Principal) Nilesh Patel

In consideration of the premium charged, it is understood and agreed that:

effective date : October 28, 2020

Address change to:
40F Cotters Lane, Suite 200
East Brunswick, NJ 08816

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this 28th day of October, 2020.

SureTec Insurance Company, Surety

By:


David Gonsalves Attorney in Fact



SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint **David Gonsalves**

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Niles Patel

Obligee: State of California Board of Pharmacy

Amount: \$25,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.



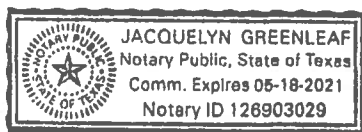
SURETEC INSURANCE COMPANY

By: John Knox, Jr., President

State of Texas
County of Harris

SS:

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 28th day of October, 2020 A.D.

M. Brent Beaty, Assistant Secretary

Any Instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.



Athem LLC
40F Cotters Lane
Suite 200
East Brunswick, NJ 08816
T: 732-307-7926
F: 732-307-7931

Labeler Code: 73152

PRODUCT LIST as of June 2019		
Product	Strengths	Regulatory Status
Folic Acid Tablets USP	1mg	Approved
Amantadine HCl Capsules	100mg	Pending approval
Amantadine HCl Tablets	100mg	Pending approval
Amantadine HCl Oral Solution USP	50mg/5mL	Pending approval
Meclizine Tablets OTC	25mg	OTC
Meclizine Tablets Rx	12.5mg and 25mg	Pending approval
Methazolamide Tablets	25mg & 50mg	Pending approval
Trifluoperazine Tablets	1mg, 2mg, 5mg, 10mg	Pending approval
Polyethylene Glycol 3350, Powder for Oral Solution	17g/scoopful	Pending approval
Ropinirole HCl Tablets	0.25, 0.5, 1, 2, 3, 4 & 5mg	Pending approval

National Drug Code Directory

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

Current through March 12, 2021

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Search Results: 73152

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CSV Excel

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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
Amantadine Hydrochloride	73152-075-01	100 1/1	TABLET	ORAL	ANDA210215	Athem LLC	73152-075	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/19/2021	N/A	ANDA	100 TABLET in 1 BOTTLE (73152-075-01)
Amantadine Hydrochloride	73152-075-05	100 1/1	TABLET	ORAL	ANDA210215	Athem LLC	73152-075	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/19/2021	N/A	ANDA	500 TABLET in 1 BOTTLE (73152-075-05)
Amantadine Hydrochloride	73152-076-01	100 mg/1	CAPSULE	ORAL	ANDA210129	ATHEM LLC	73152-076	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/19/2021	N/A	ANDA	100 CAPSULE in 1 BOTTLE (73152-076-01)
Amantadine Hydrochloride	73152-076-05	100 mg/1	CAPSULE	ORAL	ANDA210129	ATHEM LLC	73152-076	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/19/2021	N/A	ANDA	500 CAPSULE in 1 BOTTLE (73152-076-05)
Folic Acid	73152-141-01	1 mg/1	TABLET	ORAL	ANDA211064	Athem LLC	73152-141	Folic Acid	FOLIC ACID	HUMAN PRESCRIPTION DRUG	02/15/2021	N/A	ANDA	100 TABLET in 1 BOTTLE (73152-141-01)
Folic Acid	73152-141-05	1 mg/1	TABLET	ORAL	ANDA211064	Athem LLC	73152-141	Folic Acid	FOLIC ACID	HUMAN PRESCRIPTION DRUG	02/15/2021	N/A	ANDA	500 TABLET in 1

✓ SEARCHED
M.H.

VRUTI M. PATEL

Paul Avenue, Kendall Park, NJ 08824 •

• 1

PROFESSIONAL SUMMARY

Bachelor of Arts and Sciences graduate pursuing a Master's degree in Project Management to obtain a variety of interpersonal skills required for pharmaceutical management. Respected employee and leader, dedicated to delivering commendable performance and providing an uncompromising work ethic, sided with excellent written and verbal communication skills, and prepared to take upon comprehensive curriculums to undertake Regulatory Affairs and Project Management.

EDUCATION

MASTERS IN PROJECT MANAGEMENT

Northeastern University
Project Management
In progress

BACHELOR OF ARTS AND SCIENCES

Rutgers University New Brunswick
Major: Biological Sciences
Minor: Psychology
Graduated: October 2013

HIGH SCHOOL DIPLOMA

South Brunswick High School
Graduated: June 2009

SKILLS MATRIX / HONORS

PATIENT SATISFACTION ▲ QUALITY CONTROL ▲ REGULATORY COMPLIANCE ▲ PROCESS IMPROVEMENT
PATIENT SAFETY ▲ REPORTING ▲ RESEARCH ▲ PRESENTATIONS ▲ SCIENTIFIC WRITING ▲ COMMUNICATION
▲ FLUENT IN ENGLISH & GUJARATI & SPANISH

CAREER TRACK & PERFORMANCE

SECRETARY

ATHEM, LLC

SEPTEMBER 2018 – PRESENT

EAST BRUNSWICK, NJ

- ▶ Assisted in the formation of Athem, LLC (Private Label Distributor)
- ▶ Creating agreements and other compliance documents
- ▶ Assisting in business development
- ▶ Management of all administrative documentation

REGULATORY AFFAIRS / QUALITY ASSURANCE ASSOCIATE

INVATECH PHARMA SOLUTIONS

AUGUST 2013 – PRESENT

EAST BRUNSWICK, NJ

- ▶ Created detailed test procedures for chemists and lab personnel
- ▶ Filed 50+ ANDA submissions to the FDA
- ▶ Represented InvaTech and participated in a Pre-IND meeting at the FDA to start development for a new drug
- ▶ Followed up regarding clinical study data collection for investigational drug from multiple locations around the world
- ▶ Performed quality control procedures to ensure quality was maintained throughout the company
- ▶ Received multiple Certificate of Attendance for the FDA Regulatory Education for Industry (REDI) conferences on behalf of the Company to promote growth
- ▶ Participated in GPhA conferences annually
- ▶ Ensured compliance was maintained according to Company policies and FDA pharmaceutical regulations by scheduling and leading periodical meetings with mentors and employees
- ▶ Reviewed the work of lab personnel to ensure accuracy and consistency with data documentation
- ▶ Project management and communication with multiple clients to support business growth
- ▶ Attended conferences and exhibitions annually such DCAT, INTERPHEX, and CPhI
- ▶ Audited Active Pharmaceutical Ingredient vendors for API quality under current Good Manufacturing Practices

QUALITY ASSURANCE (QA) ASSOCIATE

MAY 2012 – DECEMBER 2012

HERITAGE PHARMA LABS

EAST BRUNSWICK, NJ

- ▶ Ensured the company maintained updated Standard Operating Procedures (SOPs) through continuous research
- ▶ Documented appropriate quality assurance paperwork and validated that the FDA protocol was followed
- ▶ Prepared and proofread reports of data submitted by R&D personnel
- ▶ Organized essential documentation needed for communication with the FDA

ADVANCED PRACTICE EXPERIENCES**EMERGENCY MEDICAL SERVICES SENIOR OBSERVER**

AUGUST 2013 – JULY 2014

RARITAN VALLEY REGIONAL EMERGENCY MEDICAL SERVICES

EDISON, NJ

- ▶ Assisted EMT's during 9-11 calls and community events
- ▶ Completed ambulance and station checks post incident to safeguard emergency materials (i.e. stretcher, splints, etc.)
- ▶ Received first-hand training for critical emergency calls

EMERGENCY MEDICAL TECHNICIAN (EMT)

JULY 2014 - PRESENT

EDISON FIRST AID SQUAD STATION

EDISON, NJ

- ▶ Trained cadets and senior observers on patient assessment skills, emergency equipment management/sanitation upon use, and scene safety
- ▶ Obtained direct patient care experience during medical check-ups by manually taking blood pressure, evaluating vital signs, and assisting with EKGs in the emergency room at Princeton HealthCare System in Plainsboro, NJ
- ▶ Provided medical assets and assistance to support community events and emergency incidents
- ▶ Attended multiple fire calls to assure the safety of first responders
- ▶ Delivered support and guidance in the administration of emergency protocol medications
- ▶ Verified obtainable medical history and recently taken medications in a rapid manner to create efficiencies in decision taking process

PROFESSIONAL PRESENTATIONS**POISON CONTROL HEALTH FAIR PRESENTATION**

AUGUST 2013

CHILDREN'S HEALTH & SAFETY DAY

ROBBINSVILLE, NJ

- ▶ Presented a booth on poison prevention to children (ages 5-14) at Children's Health & Safety Day
- ▶ Portrayed poisonous substances found in daily household materials
- ▶ Educated children on safety measures to prevent dangerous events

DRINKING & DRIVING PREVENTION DEMONSTRATION

MAY 2014

BISHOP GEORGE AHR HIGH SCHOOL

EDISON, NJ

- ▶ Performed and presented a prevention demonstration about drinking and driving to 500 high school students at Bishop George Ahr High School in Edison, NJ

CERTIFICATIONS & SPECIALIZED TRAINING**POISON PREVENTION TRAINER**

AUGUST 2013

NEW JERSEY POISON INFORMATION & EDUCATION SYSTEM (NJPIES)

RUTGERS UNIVERSITY, NEWARK, NJ

TRAINED BY: ALICIA GAMBINO

ADULT CPR/AED & FIRST AID CERTIFICATION

SEPTEMBER 2013

COMMUNITY SAFETY CONSULTANTS

EDISON FIRST AID SQUAD, EDISON, NJ

EMT CERTIFICATION

JULY 2014

COMMUNITY SAFETY CONSULTANTS

HUNTERDON COUNTY, NJ

ICS-100: INTRODUCTION TO INCIDENT COMMAND SYSTEM

JANUARY 2014

FEDERAL EMERGENCY MANAGEMENT SYSTEM (FEMA)

COMMUNITY SERVICE

YOUTH SERVICES COORDINATOR

2008 – 2012

BAPS, NON-PROFIT ORGANIZATION

EDISON, NJ

- ▶ Presented to guest delegates and regularly supervised 200 youths on a weekly basis
- ▶ Served as a mentor to countless youths as questions arose when balancing education, activities, and family/friends
- ▶ Tutored the youths for standardized testing and other subjects of concern

STUDENT GROUP VICE PRESIDENT

SEPTEMBER 2009 - 2013

BAPS CAMPUS FELLOWSHIP

NEW BRUNSWICK, NJ

- ▶ Conducted weekly discussions for students to overcome peer pressure, academic stress, and social troubles
- ▶ Hosted large annual fall and spring semester events at Rutgers University through BCF about cultural values/beliefs and stress relief ideas before final exams

KISHORI SEVAK TRAINING (KST) LEAD

2012 - PRESENT

BAPS, NON-PROFIT ORGANIZATION

ROBBINSVILLE, NJ

- ▶ Organized a leadership development program with 50+ participants across 4-5 states where various training and mentorship sessions took place to develop participant skills of public speaking, writing, and other personal talent

NJ JUC>101 GIVE OUT VOL

lackenzie Winne - All Ope... > 77477

- ☆ Reply
- 📝 Add note
- ➔ Forward
- 🕒 Close
- 🔗 Merge
- 🗑️ Delete
- :

Overdue

✓ **RE: [EXTERNAL] Verification of Licensure**

DOH-PHFPP reported via email

📄 Add summary

📄 **DOH-PHFPP** reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

✉ To: "SLSNYSupport.com" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: <https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/>

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | <http://nj.gov/health/ceohs>

4UU

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: PuraCap Laboratories LLC dba Blu Pharmaceuticals

Physical Address: 87 Glen Cove Road, Unit 3A

City: Greenvale State: NY Zip Code: 11548

Telephone Number: (270) 586-0061 Fax Number: N/A

Toll Free Number: N/A

E-mail: statelicense@puracap.com Website: puracap.com

Facility Manager: Mohammed Hassan

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: _____

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: Epic Pharma, LLC

Address: 227-15 North Conduit Avenue, Laurelton, NY 11413

Name: PuraCap Caribe

Address: State Road 698 Km 0.8, Barrio Mameyal, Dorado, PR 00646

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 ☒

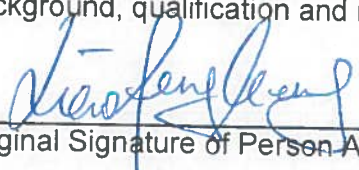
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Xiaofeng Meng

Print Name of Authorized Person

3/31/2021
Date

Board Use Only

Date Processed: _____

Amount: _____

500

Check # 2131

Processed

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: PuraCap International LLCMailing Address: 517 Route 1, Suite 4002City: Iselin State: NJ Zip: 08830Telephone: (908) 941-5456 Fax: (908) 941-5457Contact Person: Xiaofeng Meng

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

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/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

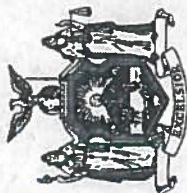
Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2021-24

NAME OF SUPERVISOR
MOHAMMED S. HASSAN



THIS IS TO CERTIFY

PURACAP LABORATORIES LLC
87 GLEN COVE RD.
UNIT 3A
GREENVALE, NY 11548

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 EIGHTH DAY OF MARCH, 2021.

THIS CERTIFICATE EXPIRES ON THE TWENTY-NINTH DAY OF FEBRUARY, 2024.

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

038665



Dina J. ...
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

Office of the Professions

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 *

03/19/2021

Type : MANUFACTURER

Legal Name : PURACAP LABORATORIES LLC

Trade Name : BLU PHARMACEUTICALS

Street Address :

87 GLEN COVE RD.

UNIT 3A

GREENVALE, NY 11548-0000

Registration No : 038665

Date First Registered : 03/08/21

Registration Begins : 03/08/21

Registered through : 02/29/24

Supervisor : HASSAN MOHAMMED S

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.



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PURACAP LABORATORIES 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 EIGHTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PURACAP LABORATORIES LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2016.

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



5968700 8300

SR# 20210826843

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: 202679655

Date: 03-08-21

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 **PuraCap Laboratories**

[CSV](#)
[Excel](#)

Filter:				
Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address
PuraCap Laboratories LLC DBA BLU Pharmaceuticals		080210964	MANUFACTURE	87 Glen Cove Road Unit 3A Greenvale New York (NY) 11548 United States (USA)
Showing 1 to 1 of 1 entries				
Data Current through Wednesday, Mar 17 2021				
Previous Next				

[Return to Drug Firm Annual Registration Status Home Page](#)

Note: If you need help accessing information in different file formats, see [Instructions for Downloading Viewers and Players](#)
 Language Assistance Available [Español](#) | [한국어](#) | [Tiếng Việt](#) | [中文](#) | [Tagalog](#) | [Pycckий](#) | [عربى](#) | [Kreyol Ayisyen](#) | [Français](#) | [Polski](#) | [Português](#) | [Italiano](#) | [Deutsch](#) | [日本語](#) | [English](#)

Home > Drug Databases > Drug Establishments Current Registration Site

Drug Establishments Current Registration Site

f SHARE TWEET in LINKEDIN PNT EMAIL PRINT

[New Search](#)

Search Results for PuraCap Lab

CSV

Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
PuraCap Laboratories LLC DBA BLU Pharmaceuticals		080210964	MANUFACTURE	87 Glen Cove Road Unit 3A, Greenvale, New York (NY) 11548 United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries

[Data Current through: Wednesday, Apr 7, 2021](#)[Return to Drug Firm Annual Registration Status Home Page](#)

Previous 1 Next

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 | 臺灣 | Tiếng Việt | 한국어 | Tagalog | Pycckий | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | English

Handwritten signature in red ink.



**PuraCap Laboratories LLC
dba Blu Pharmaceuticals**

87 Glen Cove Road, Unit 3A
Greenvale, NY 11548
Tel: 270-586-0061

Applicant: PuraCap Laboratories LLC dba Blu Pharmaceuticals
Tax ID: 81-1672475
State of Incorporation: Delaware

Parent Company: PuraCap International LLC – 100% Ownership
Parent Company Tax-ID: 32-0486821
State of Incorporation: Delaware

Officer Information for PuraCap Laboratories LLC dba Blu Pharmaceuticals

Name: Xiaofeng Meng
Title: CEO
Business Address: 87 Glen Cove Road, Unit 3A
Greenvale, NY 11548
Business Phone: (347) 238-2729
Home Address: Sinclair Court
Morganville, NJ 07751
E-mail: xiaofeng.meng@puracap.com
DOB:

Name: Ping Jiang
Title: CFO
Business Address: 87 Glen Cove Road, Unit 3A
Greenvale, NY 11548
Business Phone: (347) 238-2708
Home Address: Brickhouse Road
Princeton, NJ 08540
E-mail: p.jiang@epic-pharma.com
DOB:

Mohammed Saiful Hassan

Contact Address

Cedarcroft Rd, Apt.
Jamaica, NY-11432
Cell: 347- ----

Work Address

227-15 N. Conduit Avenue
Laurelton, NY11413
m.hassan@epic-pharma.com

OBJECTIVE

Seeking opportunities in a pharmaceutical company to utilize my academic background, experiences and skills.

EDUCATION

Master in Pharmacy (M. Pharm.)	1993
Bachelor in Pharmacy (B. Pharm. honors)	1991
University of Dhaka, Bangladesh	

SKILLS

Knowledge gained through different positions

Personnel Handling	Daily Scheduling	Inventory control
Materials handling	Validation	Documentation
Machine operating	Computing	

Computer Skills: MS Word, MS Excel, MS PowerPoint

WORK EXPERIENCE

A) EPIC PHARMA, LLC

From Nov. 2018 – Present

Working as a Mfg. Manager in Manufacturing Department (2nd Shift)

Responsibilities

- Plan, organize and oversee all activities related to the manufacturing of tablets and capsules to include delivery, inprocess, coating operation and finished product samples in a defined schedule.
- Review and compile the documents generated during the production of tablets and capsules such as batch manufacturing records and validation protocols.
- Ensure and compliance with safety, quality, productivity and performance expectations and execution of manufacturing operations.
- Provide daily supervision and support to the operators in regarding day-to-day production activities such as trouble shooting and other work tasks.
- Effective implementation of cGMP and safety practices in the operations and manufacturing of products.
- Initiate and review written procedures such as SOPs, operating instructions, cleaning procedures, safety procedures and other work procedures.
- Work with R&D on the execution of ANDA and validation batches.
- Coordinate with departments such as QA, QC, R&D, Maintenance, warehousing and other inter functional partners with respective to the completion of quality work and achieving the production schedules and performance objectives.

B) CIPLA, USA

From August 2017 – November 2018

Working as a Mfg. Manager in Production Department.

Responsibilities

- Planning, scheduling and supervision of manufacturing of different pharmaceutical products like Tablets, Capsules as well as Coating operation.
- Ensure all operations are performed in compliance with SOPs, FDA Regulations and cGMPs.
- Ensure safety policies and work habits.
- Maintain a teamwork environment of a team of 55 numbers of staffs.
- Ensures tasks are completed within set deadlines.
- Making production report, employee attendance record and incident report (if any) on daily basis.
- Assisting R&D department for validation & scaling up of a new and/or existing batches.
- Participate in cross functional department meetings to manage issues relating to SOPs, GMPs, workflow and general production backlogs.
- Supports continuous improvement activities in process efficiencies, costs and effectiveness of work and implement sustainable improvements.

C) COUNTRY LIFE, HAUPPAUGE, NY

From May 2016 – March 2017

Working as a Formulator in R&D Dept.

Responsibilities

- Design and perform R&D batches of Multivitamins & Nutraceuticals Products. (Tablet, capsule & powder)
- Review of Master Formulas & validation batches.
- Scaling up from a laboratory scale to a commercial batch size in production.
- Preparation of Master Manufacturing Record as well as samples for Marketing.
- Resolve issues related to manufacturing problems of current products.

D) KABCO INC. AMITYVILLE, NY

Sept 2006 – April 2016

Working in Production Dept. as Production Supervisor

Responsibilities

- Production Planning, scheduling and supervision of manufacturing Multivitamins and Dietary Supplements like Tablets (film, Enteric and Shellac coating), Capsules, Powders.
- Design and perform R&D batches to match with customer samples.
- Scaling up from a laboratory scale to a commercial batch size in production.
- Makes recommendations for improvement of existing products.
- Coordinate with QA, QC, Purchase, Customer Service, packaging departments, to ship product on time.
- Manage a team of 35 numbers of staffs.
- Implement and maintain strictly cleanliness and working environment.
- Follow applicable SOPs and production is performed in accordance with cGMPs.
- Documentation for cGMP compliance.

E) JULPHAR, GULF PHARMACEUTICAL INDUSTRIES, U.A.E.

March 2001 - June 2006

Worked as a Product Development Pharmacist in the field of Research and Development of different dosage forms of pharmaceutical products.

Responsibilities

- Design and perform experiments for different pharmaceutical dosage forms (Tablets, Capsules, Dry Syrups). Evaluate record and report the result of experiments.
- Preparation of Master Technical Dossiers as well as samples for registration submission.
- Scaling up from a laboratory scale to a commercial batch size in production.
- Participation in the validation of manufacturing process.
- Selection of equipment in large scale production.
- Writing, revision and implementation of operating, cleaning and system related SOP's as per requirement of FDA, cGMP and/or WHO guideline.

F) HOECHST MARION ROUSSEL LTD. CHITTAGONG, BANGLADESH

June 1995 - July 1999

Worked as a Senior Production Officer

Responsibilities

- Production Planning, scheduling and supervision of manufacturing of pharmaceutical products (like film and sugar coated tablets, capsules, dry syrup.)
- Managed a team of 20 staffs
- Participate in safety, planning and staff meetings.
- Ensure production as per GMP requirements.
- Documentation for cGMP compliance.

G) GENERAL PHARMACEUTICAL LTD. DHAKA, BANGLADESH

August 1993 - February 1995

Worked as a Production Officer

Responsibilities

- Manufacturing of tablets, capsules, syrup (liquid & dry) according to set specifications and manufacturing procedures by following applicable SOPs.
- Manage a team of 25 staffs
- Foster a team environment by promoting a teamwork atmosphere.

PROFESSIONAL MEMBERSHIP

- American Association of Bangladeshi Pharmaceutical Scientists (AABPS)
- Pharmacy Council of Bangladesh
- Bangladeshi American Pharmacist Association (BAPA)

REFERENCES

- Miran Noor - Customer Service Manager, Kabco, Inc.
- Rezaur Rahman Yousuf - VP, Operations, Kabco Inc.

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. 20BSBIJ1724

Application/License No. _____

PuraCap Laboratories, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
87 Glen Cove Road, Unit 3A, Greenvale, NY 11548, 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
One Hartford Plaza Hartford, CT 06115 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 March 30, 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
30th day of March, 2021.

APPLICANT/PRINCIPAL

PuraCap Laboratories, LLC


 Authorized Representative

SURETY COMPANY

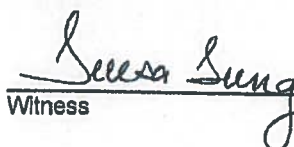
Hartford Fire Insurance Company


 Surety Company's Representative

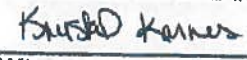
Sandy McElhaney, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:


 Witness


 Witness

SIGNED and SEALED in the presence of:


 Witness


 Witness

Countersigned by:

Non Resident Agent #3161215 For Sandy McElhaney
 Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-12

One Hartford Plaza

Hartford, Connecticut 06155

bond.claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

Agency Code: Marsh

KNOW ALL PERSONS BY THESE PRESENTS THAT:

- ☒ **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, up to the amount of unlimited:

Sandy McElhaney

of

Knoxville, TN

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments 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, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

ss. Hartford

On this 6th day of May, 2015, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Nora M. Stranko

Nora M. Stranko
Notary Public

My Commission Expires March 31, 2023

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 March 30, 2021
Signed and sealed at the City of Hartford.



Kevin Heckman

Kevin Heckman, Assistant Vice President

4VV

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_02114)
 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: BTG International Inc.

Physical Address: 300 Four Falls Corporate Center, 300 Conshohocken State Road, Suite 300

City: West Conshohocken State: PA Zip Code: 19428

Telephone Number: (484)702-1030 Fax Number: N/A

Toll Free Number: N/A

E-mail: pharmalicens@btgsp.com Website: www.btgsp.com www.btgsp.com

Facility Manager: Scott Zimmerman

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, Military

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: 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: _____

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

Lisa Thompson

Print Name of Authorized Person

Date

3/30/21

Board Use Only

Date Processed:

check 5/5/2021

Amount:

500
check # 3884111

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: BTG International Healthcare LLC

Mailing Address: 300 Four Falls Corporate Center, 300 Conshohocken State Rd, Suite 300

City: West Conshohocken State: PA Zip: 19428

Telephone: (484) 702-1030 Fax: N/A

Contact Person: Lisa Thompson

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

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

a) See Attached

Name	Business Address

b) _____

Name	Business Address

c) _____

Name	Business Address

d) _____

Name	Business Address

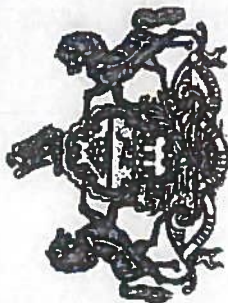
2) Provide the number of shares issued by the corporation. See Attached

3) What was the price paid per share? See Attached

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



Certificate of Record

Certificate No. 9500000010

Category:

Office/Corporate Location
No product onsite

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

BTG INTERNATIONAL INC.
300 FOUR FALLS CORPORATE CENTER
300 CONSHOHOCKEN STATE ROAD, SUITE 300
WEST CONSHOHOCKEN, PA 19428

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: March 29, 2010

Expiration Date: The Last Day of April, 2022

Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance



Alison V. Beam
Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



April 15, 2021

717.787.4779

BTG International Inc.
300 Four Falls Corporate Center
300 Conshohocken State Road, Suite 300
West Conshohocken, PA 19428

Dear Sir or Madam:

The Pennsylvania Department of Health, Drug, Device & Cosmetic Program acknowledges that the company, BTG International 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 #9500000010 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,

A handwritten signature in black ink, appearing to read "Theresa A. Ritchie", written over a horizontal line.

Theresa A. Ritchie, R.Ph.
Drug & Device Program Specialist
Division of Home Health



Certificate of Record

Certificate No. 9500000010

Category:
Office/Corporate Location
No product onsite

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

BTG INTERNATIONAL INC.
300 FOUR FALLS CORPORATE CENTER
300 CONSHOHOCKEN STATE ROAD, SUITE 300
WEST CONSHOHOCKEN, PA 19428

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: March 29, 2010

Expiration Date: The Last Day of April, 2021

Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance



Rachel L. Levine
Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Pennsylvania Department of Health
Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **BTG International Inc.** 300 Four Falls Corporate Center 300 Conshohocken State Road, Suite 300; West Conshohocken, PA 19428

Certificate(s): **9500000010** issued: 3/29/2010 expires: 4/30/2021

[Back to DD&C Home](#)

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[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.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BTG INTERNATIONAL 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-SECOND 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 "BTG INTERNATIONAL INC." WAS INCORPORATED ON THE TWELFTH DAY OF MAY, A.D. 1999.

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



3040307 8300

SR# 20210994811

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: 202792416

Date: 03-22-21



Description of Operations

Manufacturing and Distribution Information

BTG International Inc. is a “virtual” manufacturer. We are using the following contract manufacturer to produce our products:

Cangene bioPharma, Inc.

111 South Paca Street

Baltimore, MD 21230

P: (410) 332-7352

Contact: Minerva Devera

(Facility Establishment Identifier: 1000512361)

Cangene bioPharma, Inc. manufactures BTG’s product and packages finished product. At no time does Cangene bioPharma, Inc. own the product, contract with BTG customers, invoice nor sell BTG product.

The aforementioned contract manufacturer will ship the finished product directly to Integrated Commercialization Solutions (ICS). ICS is our third party logistics provider. It manages the storage and distribution of our products to wholesalers, hospitals, physicians, specialty distributors, and military, as well as the order intake process. ICS will also maintain records of BTG International Inc. sales. ICS is located at 420 International Blvd., Suite 500, Brooks, KY 40109, Attn: John Shook, (502) 955-3603.

Record of sales are also kept at BTG International Inc. Offices at 300 Four Falls Corporate Center, 300 Conshohocken State Road, Suite 300, West Conshohocken, PA 19428.

BTG International Inc.’s hours of operation are 8:30am to 5:00pm EST, Monday through Friday.

Description of Facility

BTG does not handle, store or ship commercial product from its headquarters in Pennsylvania (it is used exclusively for office space). BTG uses Integrated Commercialization Solutions (ICS) as its Third Party Logistics provider to manage the storage and distribution of its products. BTG’s headquarters in Pennsylvania (which is used exclusively for office space) does have front desk security and a key card entry security system.

Because BTG does not handle commercial product at its headquarters it does not have an alarm system specially used against theft and diversion against product nor does it have or temperature control specifically used for prescription drug storage. ICS, our contract manufacturer, has these specific items in place in ensure the safety of the products in their possession.

National Drug Code Directory

SHARE (https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

TWEET (https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

EMAIL (mailto:subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through March 16, 2021

You have searched Finished drug products

Search Results: '50633'

[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
CroFab	50633-110-12	1 g/1, 1 g/1, 1 g/1, 1 g/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	BLA103788	BTG International Inc.	50633-110	ovine crotalidae venoms immune fab	CROTALUS ATROX IMMUNE FAB ANTIVENIN (OVINE); AGKISTRODON PISCIVORUS IMMUNE FAB ANTIVENIN (OVINE); CROTALUS SCUTULATUS IMMUNE FAB ANTIVENIN (OVINE); CROTALUS ADAMANTEUS IMMUNE FAB ANTIVENIN (OVINE)	PLASMA DERIVATIVE	02/10/2000
DigiFab	50633-120-11	40 mg/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	BLA103910	BTG International Inc.	50633-120	ovine digoxin immune fab	OVINE DIGOXIN IMMUNE FAB	PLASMA DERIVATIVE	08/31/2001
Voraxaze	50633-210-11	1000 [USPU]/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	BLA125327	BTG International Inc.	50633-210	glucarpidase	GLUCARPIDASE	HUMAN PRESCRIPTION DRUG	04/01/2012

Showing 1 to 3 of 3 entries

[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)

Previous 1 Next

Verified M.H.

3/16/2021

National Drug Code Directory

See also: Drug Registration and Listing Instructions (<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)
National Drug Code Directory Data Files (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services



Ownership Information

BTG International Healthcare LLC
 5 Fleet Place
 London, UK EC4M 7RD
 P: 44-207-575-0000
 Owns 100% of BTG International Inc.

Company Information

BTG International, Inc.
 300 Four Falls Corporate Center, 300 Conshohocken State Road, Suite 300
 West Conshohocken, PA 19428
 (484) 702-1030

FEIN: 62-1794543
 State of Formation: DE
 Date Incorporated: 6/4/1990
 File Number: 2232258

Officers

Lisa Thompson, VP Legal and Compliance
 300 Four Falls Corporate Center, 300 Conshohocken State Road, Suite 300
 West Conshohocken, PA 19428
 (484) 702-1030

Scott T. Zimmerman, Director, Acute Care Sales and Marketing
 300 Four Falls Corporate Center, 300 Conshohocken State Road, Suite 300
 West Conshohocken, PA 19428
 (484) 702-1030

Kathryn Chu, VP, Commercial Finance
 300 Four Falls Corporate Center, 300 Conshohocken State Road, Suite 300
 West Conshohocken, PA 19428
 (484) 702-1030



I, **Scott Zimmerman**, am at least 21 years of age and have been employed full-time for at least 6000 hours with a virtual wholesale distributor in a capacity related to the virtual dispensing and distribution of, and recordkeeping relating to, prescription drugs. I, **Scott Zimmerman**, am currently employed by **BTG International Inc.** full time in a managerial level and I am involved in and aware of the actual daily operation of the virtual wholesale distributor. I, **Scott Zimmerman**, am only serving in the capacity of a designated representative for **BTG International Inc.**

A handwritten signature in black ink, appearing to read "Scott Zimmerman", written over a horizontal line.

5/4/21

(sign and date)

Scott Zimmerman

VP, Commercial Operations

Scott T. Zimmerman

Harvey Lane

Chadds Ford, PA 19317

610

scott.zimmerman@btgsp.com

PROFESSIONAL OBJECTIVE

Advance career along leadership trajectory, driving commercial performance through insights-based decisions

SUMMARY

- Driven, proactive, results-oriented
- Solid work ethic, high level of integrity
- Critical thinker, focused on solution delivery
- Customer relationship focus
- Strategic capability but operationally skilled
- High degree of influence & ability to lead indirectly
- Built and led commercial & cross functional teams
- MBA with 20+ years in pharma/med-tech industry
- Track record of top & bottom-line performance
- Manufacturer & vendor experience
- Commercial operations & brand strategy
- Business analytics & corporate restructuring
- Global, US and digital marketing
- Broad range of therapeutic area experience

RELATED EXPERIENCE

BTG Specialty Pharma (Formerly Boston Scientific, acquired Mar 2021); West Conshohocken, PA 2015 to present

Director, Marketing – US Commercial Operations (Nov 2018)

Core member of Pharma Leadership Team responsible for many aspects of the US business. Portfolio includes orphan drugs (antidotes) and companion diagnostics. Accountable for the delivery and execution of all strategic brand plans for the portfolio. Direct line management for the US Marketing, Health Systems Contracting, Inside Sales & Office Management functions. Responsible for upstream strategic planning, new product launch, commercial operations, KOL engagement and the assessment of acquisition targets.

Key Achievements:

- Supported development of stand-alone pharma organization (people, systems, process), which included a full reorganization of the commercial team
- Developed and executed two national performance-based contract initiatives (volume, share & revenue tiered rebates, discounting, etc.) with major GPOs and influential IDNs
- Implemented a direct product replacement program, blunting launch trajectory of competitive entry
- Brought Inside Sales function in-house (formerly 3rd party) to fully integrate with commercial team, optimizing field sales, trade operations and health system efforts
- Developed annual ex-factory and demand forecasts for the full portfolio of products
- Led reimbursement strategy incl. corporate positioning and risk assessments of government programs
- Oversaw annual account targeting, incentive compensation, trade channel strategy, contract execution and pull-through
- Partnered with the global market access team to develop a global expansion plan for DigiFab® & Voraxaze®
- Served as commercial lead on the lifecycle team, developing upstream plans including regulatory strategy, clinical study design, landscape assessments and label enhancements
- Bolstered KOL engagement via new peer-to-peer engagement initiatives, investment in speaker bureaus, more effective and frequent advisory boards, & PR campaigns

Director, Acute Care Sales and Marketing (Jan 2017)

Responsible for customer-facing and home office teams with accountability for developing and implementing strategies to meet and exceed sales targets for CroFab® (antivenom orphan drug) and DigiFab® (antidote for digoxin poisoning).

Key Achievements:

- Set franchise revenue and unit records in 2017 & 2018, exceeding national sales quotas in eight consecutive quarters
- Implemented a new field execution strategy which included new targeting, call routing, incentive compensation plans and regional budget accountability
- Instituted a comprehensive training program focused on clinical knowledge and customer profiling



Press Release

Boston Scientific Closes Acquisition of BTG plc

MARLBOROUGH, Mass., Aug. 19, 2019 /[PRNewswire](#)/ — Boston Scientific Corporation (NYSE: BSX) today announced the completion of its acquisition of BTG plc. (LSE: BTG) pursuant to the previously announced scheme of arrangement. BTG develops and commercializes products used in minimally-invasive procedures targeting cancer and vascular diseases, as well as specialty pharmaceuticals.

BTG has three key businesses, the largest of which is its highly-differentiated Interventional Medicine portfolio that encompasses interventional oncology therapeutic technologies for patients with liver and kidney cancers, as well as a vascular portfolio for treatment of deep vein thrombosis, pulmonary embolism, deep venous obstruction and superficial venous disease.

"The addition of the BTG Interventional Medicine portfolio reinforces our category leadership strategy and enables us to offer best-in-class technologies, unparalleled clinical evidence and a strengthened commercial infrastructure to support physicians treating some of the most challenging diseases impacting patient health around the world," said Mike Mahoney, chairman and chief executive officer, Boston Scientific. "Leveraging the employee talent and clinical and commercial expertise of these two high-performing organizations will generate continued innovation and access so that we may advance patient care in ways that neither company could do alone."

In addition to the Interventional Medicine product lines, the BTG portfolio also includes a specialty pharmaceutical business comprised of acute care antidotes to treat overexposure to certain medications and toxins, and a licensing business that receives royalties related to BTG intellectual property and product license agreements.

Upon the effectiveness of the scheme of arrangement, BTG became a wholly-owned subsidiary of Boston Scientific, and BTG shares no longer trade on the London Stock Exchange. Under the terms of the previously announced transaction, holders of BTG common shares will receive 840 pence in cash per share.

Boston Scientific expects to complete the previously announced sale of its global embolic microspheres portfolio – comprised of Embozene®, Embozene TANDEM® and ONCOZENE™ brands – to Varian Medical Systems, Inc. in due course, a transaction entered into in connection with obtaining the antitrust clearances required to complete the BTG transaction.

In addition, the company is initiating a process to explore the divestiture of the royalty stream associated with BTG's Zytiga® licensing arrangements and anticipates closing this divestiture by the end of 2019.



The transaction is expected to be immaterial to adjusted earnings per share in 2019 as a result of the BTG transaction closing later than originally anticipated, the divestiture of the Boston Scientific embolic microspheres portfolio, and the treatment of the licensing business as an asset for accounting purposes and its intended divestiture. The transaction is expected to be four to five cents accretive in 2020 on an adjusted basis, and increasingly accretive thereafter. On a GAAP basis, the transaction is expected to be less accretive, or more dilutive as the case may be, due to amortization expense and acquisition-related net charges.

About Boston Scientific

Boston Scientific transforms lives through innovative medical solutions that improve the health of patients around the world. As a global medical technology leader for 40 years, we advance science for life by providing a broad range of high-performance solutions that address unmet patient needs and reduce the cost of healthcare. For more information, visit www.bostonscientific.com and connect on [Twitter](#) and [Facebook](#).

Cautionary Statement Regarding Forward-Looking Statements

This press release contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements may be identified by words like "anticipate," "expect," "project," "believe," "plan," "estimate," "intend" and similar words. These forward-looking statements are based on our beliefs, assumptions and estimates using information available to us at the time and are not intended to be guarantees of future events or performance. These forward-looking statements include, among other things, statements regarding the financial impact of the BTG transaction, the closing of the divestiture of our microspheres business, our business plans, regulatory approvals, product development and product performance and impact. If our underlying assumptions turn out to be incorrect, or if certain risks or uncertainties materialize, actual results could vary materially from the expectations and projections expressed or implied by our forward-looking statements. These factors, in some cases, have affected and in the future (together with other factors) could affect our ability to implement our business strategy and may cause actual results to differ materially from those contemplated by the statements expressed in this press release. As a result, readers are cautioned not to place undue reliance on any of our forward-looking statements.

Factors that may cause such differences include, among other things: future economic, competitive, reimbursement and regulatory conditions; new product introductions; demographic trends; intellectual property; litigation; financial market conditions; and future business decisions made by us and our competitors. All of these factors are difficult or impossible to predict accurately and many of them are beyond our control. For a further list and description of these and other important risks and uncertainties that may affect our future operations, see Part I, Item 1A – *Risk Factors* in our most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission, which we may update in Part II, Item 1A – *Risk Factors* in Quarterly Reports on Form 10-Q we have filed or will file hereafter. We disclaim any intention or



obligation to publicly update or revise any forward-looking statements to reflect any change in our expectations or in events, conditions or circumstances on which those expectations may be based, or that may affect the likelihood that actual results will differ from those contained in the forward-looking statements. This cautionary statement is applicable to all forward-looking statements contained in this document.

Use of Non-GAAP Financial Measures

To supplement our consolidated financial statements presented on a GAAP basis, we disclose certain non-GAAP financial measures, including adjusted net income and adjusted net income (earnings) per share that excludes certain charges and/or credits, such as amortization expense and acquisition-related net charges (credits). These non-GAAP financial measures are not in accordance with generally accepted accounting principles in the United States and should not be considered in isolation from or as a replacement for the most directly comparable GAAP financial measures. Further, other companies may calculate these non-GAAP financial measures differently than we do, which may limit the usefulness of those measures for comparative purposes. For further information regarding our non-GAAP measures, see Part II, Item 7 - Management's Discussion and Analysis of Financial Condition and Results of Operations in our most recent Annual Report on Form 10-K, which we may update in Quarterly Reports on Form 10-Q we have filed or will file hereafter.

CONTACTS:

Trish Backes
Media Relations
Boston Scientific Corporation
(651) 582-5887 (office)
trish.backes@bsci.com

Susie Lisa, CFA
Investor Relations
Boston Scientific Corporation
(508) 683-5565 (office)
BSXInvestorRelations@bsci.com

SOURCE Boston Scientific Corporation

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. 285062150

Application/License No. WH02114

BTG International Inc. _____, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
300 Four Falls Corporate Center, Suite 300, 300 Conshohocken State Road, West Conshohocken, PA 19428-2998, as
Address of Applicant/Principal
 PRINCIPAL, and Liberty Mutual Insurance Company, a
Surety Company
 corporation organized under the laws of the state of MA,
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street, Boston, MA 02116 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 1, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised 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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5037 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 639.5037. 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

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

STG International Inc.

[Signature]
Authorized Representative

SURETY COMPANY

Liberty Mutual Insurance Company

[Signature]
Surety Company Representative

[Signature] Attorney-in-fact
Joshua Sanford



SIGNED and SEALED in the presence of:

[Signature]
Witness

Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

Countersigned by:

[Signature]
Nevada Resident Agent, License No. 3324042
Non-Resident

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees. To confirm the validity of this Power of Attorney call 610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



**Liberty
Mutual.**

SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Joshua Sanford of the city of Chicago, state of IL, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the following surety bond:

Principal Name: BTG International Inc.

Obligee Name: Nevada State Board of Pharmacy

Surety Bond Number: 285062150

Bond Amount: See Bond Form

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 12th day of December, 2018.



The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY

ss

On this 12th day of December, 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 5th day of October, 2020.



By: Renee C. Llewellyn

Renee C. Llewellyn, Assistant Secretary

2 March 2021

Subject: BTG Specialty Pharmaceuticals acquired by SERB Specialty Pharmaceuticals

Dear Distribution Partner,

I am excited to share that BTG Specialty Pharmaceuticals has been acquired by SERB, a leading European specialty pharmaceutical group focused on prescription medicines that address rare and life-threatening diseases.

Combining our companies will allow us to expand our portfolio, make the most of our capabilities, and to reach more patients around the world.

We value our vendor relationships and will continue to operate in accordance with the terms of the agreements already in place. There will be no change to our distribution channels, invoicing or payment processes, or your day-to-day contacts. Our primary aim is to ensure that we continue to provide uninterrupted service to our customers and their patients. No action is required on your part at this time.

We expect our supply chain partners to continue to comply with applicable regulatory obligations and the principles defined in our Code of Conduct.

Should you have any questions, please refer to our website at btgsp.com or reach out to Kate Stout at 615-963-4516 or at kate.stout@btgsp.com.

Sincerely,

Simon Joseph
VP, Contracts & Procurement



March 12, 2021

Via FedEx

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

In Re: Serb Closes Acquisition of BTG Specialty Pharmaceuticals

To Whom It May Concern,

On behalf of BTG International Inc. ("BTG"), please accept this application as a formal notification to your office that Serb Specialty Pharmaceuticals has acquired BTG Specialty Pharmaceuticals, a UK company, effective March 2, 2021. BTG Specialty Pharmaceuticals now resides as a wholly owned subsidiary, while its affiliates continue as surviving corporations following the acquisition, and BTG's corporate structure remains otherwise unaffected by the acquisition.

BTG, of which Serb is the great-great-great-grandparent, is licensed in your state holding the following license:

License #	License Type
WD03781	Wholesale Distributor

The licensed location of BTG, business operations remains the same, with no changes to BTG's name, federal tax ID number or operating location. All BTG Specialty Pharmaceutical companies, including the parent and great-great-great-grandparent companies, remain intact, with no changes to any federal tax ID.

The Press Release related to this acquisition is enclosed as Exhibit A.

If you have any questions or concerns regarding this notice, please contact me at (614) 578-3827 or via email at Jordan.Spadafora@twolabs.com. Please address all written communication to me at 1340 Acton Road, Columbus, OH 43224.

Serb and BTG are committed to operating in full compliance with all licensing regulations. Thank you in advance for your consideration.

Sincerely,

Jordan Spadafora
Licensing Analyst



4WW

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: Distribution Unlimited LLC

Physical Address: 8957 W. Windsor Dr. Ste 122

City: Peoria State: AZ Zip Code: 85381

Telephone Number: 623-776-2800 Fax Number: 623-776-2900

Toll Free Number: 800-716-8888

E-mail: admin@dummedical.com Website: dummedical.com

Facility Manager: Arace L. Jones

Professional qualifications and experience of facility manager: Pharm. D.

Types of licensed outlets or authorized persons firm will serve:

- | | | | |
|--|---|------------------------------------|---|
| ☐ Pharmacies | ☒ Practitioners | ☐ Hospitals | ☒ Wholesalers |
| ☐ Other: <u>surgery 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: <u>disposable medical 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: Medical Pharmaceuticals

Address: 77 Charles St., Needham, MA 02494

Name: Medline

Address: Dept LA 21558, Pasadena, CA 91185

Name: INSOURCE

Address: 80 Summit View Lane, Bastian, VA 24314

Name: NDK Inc

Address: Dept. 169, Charlotte, NC 28211

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 ☒

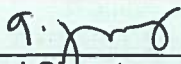
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Grace L. Jones
Print Name of Authorized Person

2.11.21
Date

Board Use Only

Date Processed: _____

Amount:

500
check # 5102

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 ✓

List names of 4 largest partners and percentage of ownership:

Name: Ramoun D. Jones %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Distribution Unlimited, LLCMailing Address: 2018 N. 6TH Ave Ste 300-173City, State Zip Code: Glendale, AZ 85308Telephone Number: 623-451-5154 Fax Number: 623-776-2900Contact Person: Ramoun D. Jones

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 partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

DISTRIBUTION UNLIMITED, LLC

ACC file number: L16468680

was incorporated under the laws of the State of Arizona on 12/15/2010, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 12/21/2020



A handwritten signature in black ink, reading "Matthew Neubert".

Matthew Neubert, Executive Director



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
<http://www.azpharmacy.gov>

Receipt Date: 10/30/2019
Receipt Number: 201977858
Receipt Amount \$: 1000.00

Wholesaler - Full Service

Issued to :

PERMIT NO
W002127
Distribution Unlimited LLC
Ramoun D. Jones
20118 N. 67TH AVE., #300-173
GLENDALE, AZ 85308

EXPIRES
10/31/2021

Distribution Unlimited LLC
8957 W WINDSOR DR., SUITE 122
PEORIA, AZ 85381

Ramoun D. Jones
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 : Ramoun D. Jones
LICENSE NUMBER : W002127
EXPIRES : 10/31/2021

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Maria Herrera

From: Grace Jones <grace.jones@ramount.com>
Sent: Tuesday, April 6, 2021 5:36 AM
To: Maria Herrera
Subject: Distribution Wholesale License
Attachments: Grace L. Jones Resume .pdf

Follow Up Flag: Follow up
Flag Status: Completed

Hi Maria,

I have attached a copy of my resume as the designated representative and the list of officers only includes Ramoun D. Jones. Let me know if you need anything else to process the application.

Regards,

Grace L. Jones



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- Tobacco Products

Establishment Registration & Device Listing

FDA Home Medical Devices Databases



New Search

Back To Search Results

Establishment:
DISTRIBUTION UNLIMITED
8957 W Windsor Drive
Suite 122
Peoria, AZ 85381
Registration Number: 3015384450
FEI Number*: 3015384450
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:
Distribution Unlimited
8957 W Windsor Drive
Suite 122
Peoria, AZ US 85381
Owner/Operator Number: 10060828

Official Correspondent:
Robert Russell
RJR Consulting, Inc.
154 E. Main St
New Albany, OH 43054
Phone: 1-614-3040110

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 04/05/2021

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 | Keyoi Ayisye | Français | Polski | Português | Italiano | Deutsch | 日本語 | 日本語 | English



Accessibility | Contact FDA | Careers | FDA Basics | FOIA | No FEAR Act | Nondiscrimination | Website Policies / Privacy

Handwritten signature
M. H.

GRACE L. JONES

i North 86th Lane
Peoria, AZ 85383

618

EDUCATION & CERTIFICATIONS

DOCTOR OF PHARMACY (Pharm.D.) / Overall GPA– 3.5 /June 2009

Midwestern University-Glendale, Glendale, AZ / University of Houston College of Pharmacy, Houston, TX
Select advanced coursework: Pharmacology, Pharmacokinetics, Medicinal Chemistry, and Therapeutics
Dean's List § Member, The Rho Chi Society

Certification: Basic Tobacco Intervention Skills: Smoking Cessation § American Pharmacist Association Immunization

PROFESSIONAL EXPERIENCE

Distribution Unlimited – Phoenix, AZ

2011-Present

Director of Pharmaceuticals

Ensure all pharmacy services provided are compliant with federal and state laws. Contribute and develop pharmacy specific policies and procedures and ensure they meet all auditing agency regulations.

ARIZONA SURGICAL SPECIALIST CENTER – PHOENIX, AZ

2017-2020

CONSULTING PHARMACIST

Ensure all pharmacy services provided are compliant with federal and state laws. Contribute and develop pharmacy specific policies and procedures and ensure they meet all auditing agency regulations. Participate on the interdisciplinary team by providing appropriate information and utilizing received information to ensure positive patient outcomes.

CLARK'S PHARMACY – CAVE CREEK, AZ

2016-2019

PRN PHARMACIST

Process prescriptions through verifying prescriptions and compounded formulations in accordance to legal and professional standards of pharmacy practice. Organize and direct pharmacy technicians work flow. Verify their preparation and labeling of medications. Dispense and provide patient counseling. Provide pharmacological information to healthcare providers.

ARIZONA PHARMACY – PHOENIX, AZ

2010-2016

PHARMACY OWNER/OPERATOR

Responsible for the efficient operations of two retail compounding pharmacies. Established standards of quality, productivity, and performance among the pharmacies. Created, maintained, executed, and updated Standard Operating Procedures. Ensured lab procedures were followed according to USP 795 standards. Conversed with patients and health care providers for custom orders. Formulated and compounded multiple dosage forms tailored to patient's needs.

WALGREEN'S – Houston, TX / Peoria, AZ

2005-2010

PHARMACIST INTERN/PHARMACIST

Applied time management and multi-tasking capabilities as member of pharmacy team with 1 pharmacist and 3 pharmacy technicians within busy retail pharmacy. Advised patients and physicians on selection, dosages, interactions, and side effects of prescription and over-the-counter medications. Provided positive customer relations, filling and transferring prescriptions. Promoted Walgreen's insurance program to help reduce customers' costs. Gained knowledge of new drugs through self study. Called insurance companies on overrides. Ordered pharmaceuticals and completed inventories. Pulled recalled drugs off shelves. Responded to questions of auditors during audits by State Board of Pharmacy.

- ú Contributed to pharmacy's high scores on secret shopper evaluations within store dispensing 650 prescriptions daily.
- ú Performed clinical activities, including drug interactions: drug-to-drug, drug-to-disease, and drug-to-allergy interactions to process prescription. Contacted doctors on interactions and recommend alternatives.

ADVANCED PHARMACY PRACTICES – Phoenix, AZ

2008-2009

PHARMACIST INTERN

Completed 6-week rotations at four different sites consisting of Safeway, Bashas', Albertsons, and Thunderbird Hospital. Filled prescriptions and responded to customer's questions at retail sites. Performed clinical activities at hospital site, including reviewing patient charts, identifying drug interactions, and reviewing lab work for drug influence. Collaborated with doctors. Assisted with ordering.

Introductory Pharmacy Practices: Boswell Hospital / Food City, Phoenix, AZ, 2007 and Wal-Mart, Houston, TX, 2006

CHRISTIAN NORTHWEST HOSPITAL – St. Louis, MO

2001-2002

PHARMACIST INTERN

Filled 500 prescriptions daily under the guidance of pharmacist within high volume, demanding hospital setting. Transferred pharmaceuticals from main pharmacy to replenish floor pharmacies and crash carts. Entered essential information into system, assisted with inventory control, and filled unit doses for emergency room and patients.

ú Received top-level ratings of "excellent" on annual performance appraisal based on knowledge and accuracy.

Foreign Language: Speak Tagalog

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. 3484007

Application/License No. _____

DISTRIBUTION UNLIMITED LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
8957 W WINDSOR DRIVE, SUITE 122, PEORIA, Arizona, 85381, as
Address of Applicant/Principal
 PRINCIPAL, and SureTec Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Texas
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2103 CityWest Boulevard, Suite 1300 Houston Texas 77042 United States 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 Jan 05, 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
19th day of January, 20 21.

APPLICANT/PRINCIPAL

DISTRIBUTION UNLIMITED LLC

[Signature]
 Authorized Representative

SURETY COMPANY

Suretec Insurance Company

[Signature]
 Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

[Signature]
 Witness

[Signature]
 Witness

SIGNED and SEALED in the presence of:

[Signature]
 Witness

[Signature]
 Witness

Countersigned by:

[Signature]
 Nevada Resident Agent
 Non



POA #: 3810001

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

John D. Weisbrot, Melissa L. McDade, Steven M. Varga

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Five Hundred Thousand and 00/100 Dollars (\$500,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the CEO, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its CEO, and its corporate seal to be hereto affixed this 7th day of November, A.D. 2018.

SURETEC INSURANCE COMPANY

By:

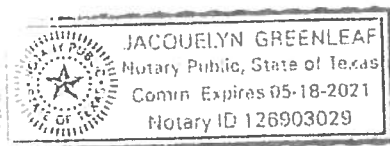
John Knox Jr., CEO

State of Texas
County of Harris

ss:



On this 7th day of November, A.D. 2018 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is CEO of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



[Signature]

Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 19th day of January, 2021, A.D.

[Signature]
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. 3810001
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.



SureTec Insurance Company
2103 CityWest Boulevard, Suite 1300
Houston, TX. 77042

FINANCIAL STATEMENT
as of December 31, 2019
Statutory Basis

Bonds	\$ 127,517,714	Reserve for Losses and Loss Expense	\$ 14,837,206
Stocks	116,957,206	Reserve for Unearned Premiums	42,701,674
Cash & Short Term Investments	45,385,559	Other Liabilities	110,468,761
Agents Balances or Uncollected Premiums	7,291,945	TOTAL LIABILITIES	168,007,641
Other Admitted Assets	1,096,866		
		Capital Stock	5,000,000
		Surplus	125,241,649
		TOTAL POLICYHOLDERS SURPLUS	130,241,649
TOTAL ASSETS	\$ 298,249,290	TOTAL LIABILITIES AND POLICYHOLDERS SURPLUS	\$ 298,249,290

Bonds and stocks are valued in accordance with the basis adopted by the National Association of Insurance Commissioners.
Securities carried in the above statement are deposited as required by law.

CERTIFICATE

David Allen Wisnoski, Treasurer, and Michael Charles Keimig, President, of the SureTec Insurance Company, being duly sworn each for himself, deposes and says that they are the above described officers of the said Company and that on the 31st day of December, 2019, the Company actually possessed the assets set forth in the foregoing financial statement, except as hereinbefore indicated, and that the foregoing statement is a correct exhibit of such assets and liabilities of said Company on the 31st day of December, 2019, according to the best of their information, knowledge and belief.

President

Treasurer

STATE OF TEXAS
COUNTY OF HARRIS

On this 4th day of March, 2020, before me came the above named officers of SureTec Insurance Company to me known to be the individuals and officers described herein, and acknowledge that they executed the foregoing instrument and affixed the seal of the corporation thereto by the authority of their office.



Notary Public

[? Help \(./help/index.html\)](#)[DRLM Home \(mainMenu.htm\)](#)

✓ Facility

✓ Products Listing

Annual Registration Successful

Facility: DISTRIBUTION UNLIMITED, Peoria, Arizona, UNITED STATES

You have successfully updated your registration and listing information for 2021.

Your registration will be valid through Dec 31, 2021.

Be sure to print this page for your records.

The next registration renewal period is October 1 - December 31, 2021.

Registering your facility and listing devices does not, in any way, constitute FDA approval of your facility or devices.

You may contact the FDA with any questions at reglist@cdrh.fda.gov.

The Owner/Operator Number for this Registration is: 10060828.

Facility Information

Registration Number:

3015384450

Initial Importer:

Y

Facility Name:

DISTRIBUTION UNLIMITED

Address:

8957 W Windsor Drive, Suite 122

Peoria, Arizona, 85381, UNITED STATES

DUNS Number:

Foreign Trade Zone:

N

Facility URL:

Other Business Trade Name(s):

Owner/Operator Information

Owner/Operator Number:

10060828

Contact Name:**Jay Lynch****Company:****DISTRIBUTION UNLIMITED****Address:****8957 W Windsor Drive , Suite 122
Peoria, ARIZONA, 85381, UNITED STATES****Telephone:****1 - 623 - 8243713****Fax:****1 - 623 - 7762900****E-mail:****jlynch@dumedical.com****DUNS Number:****Official Correspondent Information****Contact Name:****Robert Russell****Company:****RJR Consulting, Inc.****Address:****E. Main St
New Albany, OHIO, 43054, UNITED STATES****Telephone:****1 - 614 - 3040110****Fax:****1 - 614 - 3040106****E-mail:****robert russell@rjr-consulting.com****DUNS Number:****118099550****No Listings Required.****Imported Products and Manufacturers**

Manufacturer(s) Name	Address	Product Code	Device Name	Premarket Submission Number
ZHEJIANG KINDLY MEDICAL DEVICES CO., LTD	No.758, 5th Binhai Road Binhai Industrial Park, Longwan, District, WENZHOU, Zhejiang, 325025, CHINA	BSP	NEEDLE, CONDUCTION, ANESTHETIC (W/WO INTRODUCER)	K171518
CHANGZHOU MAJOR MEDICAL PRODUCTS CO., LTD.	1 BEIYANG ROAD, HEXI VILLAGE, ZOUQU TOWN, CHANGZHOU, Jiangsu, 213144, CHINA	FQM	BANDAGE, ELASTIC	

CHANGZHOU MAJOR MEDICAL PRODUCTS CO., LTD.	1 BEIYANG ROAD, HEXI VILLAGE, ZOUQU TOWN, CHANGZHOU, Jiangsu, 213144, CHINA	KGX	Tape and bandage, adhesive	
BAISHENG MEDICAL CO.,LTD.	NO.11, FUSHENG ROAD, XINHUI DISTRICT, JIANGMEN, Guangdong, 529100, CHINA	GEI	Electrosurgical, cutting & coagulation & accessories	K102372
Qidong Yongsheng Medical Products Factory	No.9, East YueLong Road,, Technology Innovation Park., Qidong City, Jiangsu, 226200, CHINA	GAX	TOURNIQUET, NONPNEUMATIC	
NINGBO MFLAB MEDICAL INSTRUMENTS CO., LTD.	Economic Development Zone, Yinzhou, District, Ningbo, Zhejiang, 315145, CHINA	CAT	CANNULA, NASAL, OXYGEN	
NINGBO MFLAB MEDICAL INSTRUMENTS CO., LTD.	Economic Development Zone, Yinzhou, District, Ningbo, Zhejiang, 315145, CHINA	KGB	MASK, OXYGEN, NON-REBREATHING	
NINGBO MFLAB MEDICAL INSTRUMENTS CO., LTD.	Economic Development Zone, Yinzhou, District, Ningbo, Zhejiang, 315145, CHINA	BYG	MASK, OXYGEN	
NINGBO MFLAB MEDICAL INSTRUMENTS CO., LTD.	Economic Development Zone, Yinzhou, District, Ningbo, Zhejiang, 315145, CHINA	FMH	CONTAINER, SPECIMEN, STERILE	
NINGBO MFLAB MEDICAL INSTRUMENTS CO., LTD.	Economic Development Zone, Yinzhou, District, Ningbo, Zhejiang, 315145, CHINA	BYY	TUBE, ASPIRATING, FLEXIBLE, CONNECTING	
NINGBO MFLAB MEDICAL INSTRUMENTS CO., LTD.	Economic Development Zone, Yinzhou, District, Ningbo, Zhejiang, 315145, CHINA	JOL	CATHETER AND TIP, SUCTION	
HUBEI RAYMED PROTECTIVE PRODUCTS CO	NO.2 FUYUAN ROAD,PENGCHANG TOWN, Xiantao, Hubei, 433018, CHINA	FYF	CAP, SURGICAL	
JIANGSU YISHUN MEDICAL EQUIPMENT CO., LTD	25 Haiyan Road, Binhai Industrial Zone, Qidong, Nantong, Jiangsu, 226200, CHINA	IMD	PACK, HOT OR COLD, DISPOSABLE	

XIAMEN COMPOWER MEDICAL TECH. CO., LTD.	Unit 301, No.16, Xianghong Road, Xiang'An Torch Industrial Zone,, Xiamen, Fujian, 361101, CHINA	BSJ	MASK, GAS, ANESTHETIC	
ANHUI KANGDA MEDICAL PRODUCTS CO., LTD.	88 ZHENXING ROAD YANGCUN TOWN, TIANCHANG CITY, ANHUI PROVINCE, Anhui, 239304, CHINA	FPA	Set, administration, intravascular	K083687
SHANGHAI ALWINGS MEDICAL INSTRUMENT CO.,LTD.	Suite 2063, 2ND Floor, Building 2, No.399, Fengyun road, Fengxian district, Shanghai 201400 China, Shanghai, Shanghai, 201400, CHINA	OEA	Non-surgical isolation gown	
SHANGHAI ALWINGS MEDICAL INSTRUMENT CO.,LTD.	Suite 2063, 2ND Floor, Building 2, No.399, Fengyun road, Fengxian district, Shanghai 201400 China, Shanghai, Shanghai, 201400, CHINA	NAB	Gauze / sponge,nonresorbable for external use	
SHANGHAI ALWINGS MEDICAL INSTRUMENT CO.,LTD.	Suite 2063, 2ND Floor, Building 2, No.399, Fengyun road, Fengxian district, Shanghai 201400 China, Shanghai, Shanghai, 201400, CHINA	BWP	SHOE AND SHOE COVER, CONDUCTIVE	
Shijiazhuang Aofeite Medical Device Co.,Ltd	East and southwest side in the fourth floor in the NO.202 of Gree supporting industrial park, No.389 of Hengshan street, High-tech Zone, Shijiazhuang, Hebei, 050000, CHINA	IQE	ORTHOSIS, LUMBAR	
ANHUI MEDPUREST MEDICAL TECHNOLOGY CO.,LTD	No.D-2, Kangmingna company, Luoling Industrial Park ,Yixiu,Anqing,Anhui, Anqing, Anhui, 246000, CHINA	OFQ	Anesthesia kit	
CHENGDU XINJIN SHIFENG MEDICAL APPARATUS & INSTRUMENT CO., LTD.	Chengdu Xinjin Shifeng Medical Apparatus & Instrument Co., Ltd. No.46, 7th group, Wanjie Village, Xinping town, Chengdu, Sichuan, 611438, CHINA	FPA	Set, administration, intravascular	K151151

CHENGDU XINJIN SHIFENG MEDICAL APPARATUS & INSTRUMENT CO., LTD.	Chengdu Xinjin Shifeng Medical Apparatus & Instrument Co., Ltd. No.46, 7th group, Wanjie Village, Xinping town, Chengdu, Sichuan, 611438, CHINA	FMF	Syringe, piston	K132553
CHENGDU XINJIN SHIFENG MEDICAL APPARATUS & INSTRUMENT CO., LTD.	Chengdu Xinjin Shifeng Medical Apparatus & Instrument Co., Ltd. No.46, 7th group, Wanjie Village, Xinping town, Chengdu, Sichuan, 611438, CHINA	FMI	Needle, hypodermic, single lumen	K132552
SHANDONG HAICHUN BIO- TECHNOLOGY CO., LTD	No. 1789 ,Fuzhou Road, Heze, Shandong, 274000, CHINA	NAD	Dressing, wound, occlusive	
SHANDONG HAICHUN BIO- TECHNOLOGY CO., LTD	No. 1789 ,Fuzhou Road, Heze, Shandong, 274000, CHINA	NAC	Dressing, wound, hydrophilic	

Date of Initial Registration: 2019-06-28 12:27:15.0

4XX

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: Horizon Medicines LLC

Physical Address: 1 Horizon Way, N. 1026

City: Deerfield State: IL Zip Code: 60015

Telephone Number: (224) 383-3000 Fax Number: N/A

Toll Free Number: N/A

E-mail: HMstatelicense@horizontherapeutics.co Website: www.horizontherapeutics.com

Facility Manager: ~~Melissa Alberts~~ Barry Moze

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?
(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: 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: _____

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

Barry Moze

Print Name of Authorized Person

3/29/21
Date

Board Use Only

Date Processed:

Amount:

Check Processed ✓

5/5/2021

\$500 Check # 3884119

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Horizon Therapeutics USA, Inc.Mailing Address: 1 Horizon Way, N. 1220City: DeerfieldState: ILZip: 60015Telephone: 224-383-3000Fax: N/AContact Person: Barry Moze

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

Business Address

b)

Name

Business Address

c)

Name

Business Address

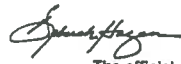
d)

Name

Business Address

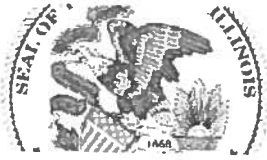
2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/AA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation****List 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. 004.004962	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:
LICENSED WHOLESALE DRUG DISTRIBUTOR	
HORIZON MEDICINES LLC MELISSA ALBERTS 1 HORIZON WAY N 1026 DEERFIELD, IL 60015-3888	
	 DEBORAH HAGAN SECRETARY  CECILIA ABUNDIS ACTING DIRECTOR The official status of this license can be verified at www.idfpr.com
EXPIRES: 12/31/2022 	
15865753	

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4379424



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
HORIZON MEDICINES LLC	Deerfield, IL 60015	.

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004962	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	03/18/2021	03/18/2021	12/31/2022	N

Generated on: 4/21/2021 1:01:10 PM

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORIZON MEDICINES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORIZON MEDICINES LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2017.

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



6602451 8300

SR# 20211084638

You may verify this certificate online at corp.delaware.gov/authver.shtmlA 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: 202847581

Date: 03-29-21



OWNERSHIP INFO

Horizon Medicines LLC
1 Horizon Way N. 1026
Deerfield, IL 60015

State of Formation: Delaware

Horizon Medicines LLC is the wholly owned subsidiary of Horizon Therapeutics USA, Inc:

Horizon Therapeutics USA, Inc.
1 Horizon Way N. 1220
Deerfield, IL 60015

Horizon Medicines LLC EXECUTIVE OFFICERS

NAME	TITLE
Timothy P. Walbert	President & CEO
Paul Hoelscher	EVP, Chief Financial Officer
Jeffrey W. Sherman, M.D., FACP	EVP & Chief Medical Officer
Brian K. Beeler	EVP, General Counsel & Secretary
Barry Moze	Chief Administrative Officer

Description of Operations and Product List

Horizon Medicines LLC ("Horizon") is a Virtual Manufacturer. Horizon's office in Deerfield, IL is a corporate office. Horizon's products, DUEXIS, PENNSAID and VIMOVO, are manufactured by contract manufacturers and distributed via a licensed third-party logistics provider (3PL). The drugs will be sold to Wholesalers, Hospitals, Pharmacies, and Physicians.

Horizon's hours of operation are 8:00am-5:00pm Central Time.

Horizon utilizes the following contract manufacturers...

DUEXIS (NDA 022519)

SANOFI (holds the contract with Horizon)

55 Corporate Drive

Bridgewater, NJ 08807

*** SANOFI then contracts with Bausch to manufacture the product:

Bausch Health Companies Inc

2150 St Elzear Blvd W

Laval, Quebec, Canada H7L4A8

FDA Establishment No: 3002807186

DUNS#: 245141858

PENNSAID (NDA 204623)

Nuvo Pharmaceuticals, Inc.

3655 Chemin de la Cote-Bissonnette, Varennes

Quebec, Canada J3X 1P7

FDA Establishment No: 3003242976

DUNS#: 244190224

VIMOVO (NDA 022511)

Patheon Pharmaceuticals, Inc.

2110 E Galbraith Rd.

Cincinnati, OH 45237

FDA Establishment No: 1510437

DUNS#: 005286822

Labeler Code: 75987

Third Party Logistics Information:

For distribution into the commercial supply channels, Cardinal SPS and Cardinal Health Specialty Pharmaceutical Services acts as Horizon's Third Party Logistics (3PL) provider to manage the storage and distribution of Horizon's product to customers throughout the United States. Cardinal Health's address is:

Cardinal SPS
15 Ingram Blvd., Suite 100
La Verne, TN 37086

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Rd., Ste. 200
La Vergne, TN 37086

From: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Sent: Thursday, July 19, 2018 1:49 PM
To: Jennifer Hays <JHays2@horizonpharma.com>
Cc: 'Marcy Rowley' <marcy.rowley@twolabs.com>
Subject: RE: Horizon Pharma - Subsidiary Company Labeler Code Request

Hello,

The information requested is below.

Please note that the same labeler code can be used for multiple sites if they are under one company (parent, subsidiary, and/or affiliate). The labeler is usually the company that owns the brand, and the company most likely associated with the LC. If the company has multiple sites, each site must have its own DUNS and FEI number, but may operate under the same Labeler Code (LC). Just to clarify, DUNS and FEI are site-specific and labeler codes are company-specific.

Regards,
eDRLS Staff (rs)

**Product List**

Proprietary Name	NDC Package Code
DUEXIS	75987-010-03
DUEXIS	75987-010-72
Pennsaid	75987-040-05
Pennsaid	75987-040-74
Vimovo	75987-031-04
Vimovo	75987-030-73
Vimovo	75987-030-04

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through April 27, 2021

You have searched Finished drug products

Search Results: 'horizon ther'

[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 1 Name
ACTIMMUNE	75987-111-11	100 ug/5mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA103836	Horizon Therapeutics USA, Inc.	75987-111	Interferon gamma-1b	INTERFERON GAMMA-1B	HUMAN PRESCRIP DRUG
Buphenyl	75987-070-09	.94 g/g	POWDER	ORAL	NDA020573	Horizon Therapeutics USA, Inc.	75987-070	sodium phenylbutyrate	SODIUM PHENYLBUTYRATE	HUMAN PRESCRIP DRUG
BUPHENYL	75987-060-08	500 mg/1	TABLET	ORAL	NDA020572	Horizon Therapeutics USA, Inc.	75987-060	sodium phenylbutyrate	SODIUM PHENYLBUTYRATE	HUMAN PRESCRIP DRUG
DUEXIS	75987-010-72	800 mg/1, 26.6 mg/1	TABLET, COATED	ORAL	NDA022519	Horizon Therapeutics USA, Inc.	75987-010	Ibuprofen and Famotidine	IBUPROFEN; FAMOTIDINE	HUMAN PRESCRIP DRUG
DUEXIS	75987-010-03	800 mg/1, 26.6 mg/1	TABLET, COATED	ORAL	NDA022519	Horizon Therapeutics USA, Inc.	75987-010	Ibuprofen and Famotidine	IBUPROFEN; FAMOTIDINE	HUMAN PRESCRIP DRUG
Krystexxa	75987-080-10	8 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	BLA125293	Horizon Therapeutics USA, Inc.	75987-080	pegloticase	PEGLOTICASE	HUMAN PRESCRIP DRUG
Pennsaid	75987-040-74	20 mg/g	SOLUTION	TOPICAL	NDA204623	Horizon Therapeutics USA, Inc.	75987-040	diclofenac sodium	DICLOFENAC SODIUM	HUMAN PRESCRIP DRUG
Pennsaid	75987-040-05	20 mg/g	SOLUTION	TOPICAL	NDA204623	Horizon Therapeutics USA, Inc.	75987-040	diclofenac sodium	DICLOFENAC SODIUM	HUMAN PRESCRIP DRUG
Pennsaid	75987-040-75	20 mg/g	SOLUTION	TOPICAL	NDA204623	Horizon Therapeutics USA, Inc.	75987-040	diclofenac sodium	DICLOFENAC SODIUM	HUMAN PRESCRIP DRUG
PROCYSBI	75987-101-08	75 mg/1	CAPSULE, DELAYED RELEASE PELLETS	ORAL	NDA203389	Horizon Therapeutics USA, Inc.	75987-101	Cysteamine bitartrate	CYSTEAMINE BITARTRATE	HUMAN PRESCRIP DRUG
PROCYSBI	75987-100-04	25 mg/1	CAPSULE, DELAYED RELEASE PELLETS	ORAL	NDA203389	Horizon Therapeutics USA, Inc.	75987-100	Cysteamine bitartrate	CYSTEAMINE BITARTRATE	HUMAN PRESCRIP DRUG

Handwritten signature: V. V. V. H.

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product 1 Name
PROCYSBI	75987-140-13	75 mg/1	GRANULE, DELAYED RELEASE	ORAL	NDA213491	Horizon Therapeutics USA, Inc.	75987-140	Cysteamine bitartrate	CYSTEAMINE BITARTRATE	HUMAN PRESCRIP DRUG
PROCYSBI	75987-140-14	75 mg/1	GRANULE, DELAYED RELEASE	ORAL	NDA213491	Horizon Therapeutics USA, Inc.	75987-140	Cysteamine bitartrate	CYSTEAMINE BITARTRATE	HUMAN PRESCRIP DRUG
PROCYSBI	75987-145-13	300 mg/1	GRANULE, DELAYED RELEASE	ORAL	NDA213491	Horizon Therapeutics USA, Inc.	75987-145	Cysteamine bitartrate	CYSTEAMINE BITARTRATE	HUMAN PRESCRIP DRUG
PROCYSBI	75987-145-14	300 mg/1	GRANULE, DELAYED RELEASE	ORAL	NDA213491	Horizon Therapeutics USA, Inc.	75987-145	Cysteamine bitartrate	CYSTEAMINE BITARTRATE	HUMAN PRESCRIP DRUG
Ravicti	75987-050-07	1.1 g/mL	LIQUID	ORAL	NDA203284	Horizon Therapeutics, Inc.	75987-050	glycerol phenylbutyrate	GLYCEROL PHENYLBUTYRATE	HUMAN PRESCRIP DRUG
Ravicti	75987-050-06	1.1 g/mL	LIQUID	ORAL	NDA203284	Horizon Therapeutics, Inc.	75987-050	glycerol phenylbutyrate	GLYCEROL PHENYLBUTYRATE	HUMAN PRESCRIP DRUG
RAYOS	75987-021-70	2 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA202020	Horizon Therapeutics USA, Inc.	75987-021	prednisone	PREDNISONE	HUMAN PRESCRIP DRUG
RAYOS	75987-022-70	5 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA202020	Horizon Therapeutics USA, Inc.	75987-022	prednisone	PREDNISONE	HUMAN PRESCRIP DRUG
RAYOS	75987-020-01	1 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA202020	Horizon Therapeutics USA, Inc.	75987-020	prednisone	PREDNISONE	HUMAN PRESCRIP DRUG
RAYOS	75987-021-01	2 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA202020	Horizon Therapeutics USA, Inc.	75987-021	prednisone	PREDNISONE	HUMAN PRESCRIP DRUG
RAYOS	75987-020-70	1 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA202020	Horizon Therapeutics USA, Inc.	75987-020	prednisone	PREDNISONE	HUMAN PRESCRIP DRUG
RAYOS	75987-022-02	5 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA202020	Horizon Therapeutics USA, Inc.	75987-022	prednisone	PREDNISONE	HUMAN PRESCRIP DRUG
RAYOS	75987-020-02	1 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA202020	Horizon Therapeutics USA, Inc.	75987-020	prednisone	PREDNISONE	HUMAN PRESCRIP DRUG
RAYOS	75987-021-02	2 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA202020	Horizon Therapeutics USA, Inc.	75987-021	prednisone	PREDNISONE	HUMAN PRESCRIP DRUG
RAYOS	75987-022-01	5 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA202020	Horizon Therapeutics USA, Inc.	75987-022	prednisone	PREDNISONE	HUMAN PRESCRIP DRUG
TEPEZZA	75987-130-15	500 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	BLA761143	Horizon Therapeutics USA, Inc.	75987-130	teprotumumab	TEPROTUMUMAB	HUMAN PRESCRIP DRUG
Vimovo	75987-031-04	375 mg/1, 20 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA022511	Horizon Therapeutics USA, Inc.	75987-031	Naproxen and Esomeprazole Magnesium	NAPROXEN; ESOMEPRAZOLE MAGNESIUM	HUMAN PRESCRIP DRUG
Vimovo	75987-030-73	500 mg/1, 20 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA022511	Horizon Therapeutics USA, Inc.	75987-030	Naproxen and Esomeprazole Magnesium	NAPROXEN; ESOMEPRAZOLE MAGNESIUM	HUMAN PRESCRIP DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product 1 Name
Vimovo	75987-030-04	500 mg/1, 20 mg/1	TABLET, DELAYED RELEASE	ORAL	NDA022511	Horizon Therapeutics USA, Inc.	75987-030	Naproxen and Esomeprazole Magnesium	NAPROXEN; ESOMEPRAZOLE MAGNESIUM	HUMAN PRESCRIP DRUG

Showing 1 to 30 of 30 entries

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)
[Previous](#) 1 [Next](#)
Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)See also: [Drug Registration and Listing Instructions](https://www.fda.gov/Drugs/RegistrationandListingInstructions)
[\(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm\)](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

Barry J. Moze

S. Elm Street, Burr Ridge, Illinois 60527
630- () ; bmoze@horizonpharma.com

PROFESSIONAL SUMMARY

A proven executive with over 26 years of demonstrated national and international advisory, consulting and leadership experience, specializing in clarity of strategies as well as alignment of structure and processes to maximize company value. A leader in the building of organizational behaviors and competencies in order to drive effective organizations.

WORK EXPERIENCE

Horizon Pharma

EVP, Chief Administrative Officer - May 2014 to Present

- Specializes in leadership of core operations and company improvements on a global scale
- Leads cross-functional teams on the implementation and maintenance of life cycle management
- Drives and coordinates multiple facets of acquisition integration, including business logistics aspects as well as human capital affairs
- Directly responsible for oversight of strategic plan, operations and employees for all of Human Resources, Information Technology, Strategic Program Office, Advocacy, Operations, Facilities and Corporate Security

Crystal Clear Communications, LLC

Partner/Owner - December 1988 to May 2014

- Specialized in working with corporate officers and boards, assisting with the development and execution of global strategies
- Worked with executive leadership of Fortune 500 and Fortune 1000 companies to devise and launch cross-company organizational development
- Cultivated and aligned organizational behaviors and competencies to strengthen overall corporate culture
- Coordinated with executives and leaders at all levels to strengthen and enforce strategic and business plans and maximize value
- Coordinated efforts with leadership in every branch to create a cohesive and dynamic work environment that maximized efficiency and improved operations
- Worked one on one with leaders at every level to promote best in class practices as well as to attract, retain and develop top tier talent to stimulate workforce productivity and longevity

Asset Management Incorporated

President/Owner – January 1989 to December 2001

- Investment advisory professional dedicated to long term wealth management
- Managed extensive portfolios for high wealth individuals to increase profitability and achieve both short and long term financial objectives
- Developed business and financial strategies for companies to promote financial diversification and sustainable wealth practices in alignment with their goals

Review Services Incorporated

President/Owner - January 1978 to December 1988

- Financial planning and analysis for clients on a variety of economic levels
- Created and maintained long and short term growth strategies to maximize opportunity for client gain
- Analyzed markets to mold and develop individual strategies for each client and provide sound investment advice in conjunction with successful decision-making and execution

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. 0797353

Application/License No. _____

Horizon Medicines, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1 Horizon Way, Deerfield, IL 60015, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Illinois
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
4200 Six Forks Rd, Suite 1400 Raleigh, NC 27609 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 April 14, 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
14th day of April, 2021.

APPLICANT/PRINCIPAL

Horizon Medicines, LLC

 Authorized Representative

SURETY COMPANY

Harco National Insurance Company

 Surety Company's Representative

Julie Kames

 print name

Attorney-in-fact

SIGNED and SEALED in the presence of:

 Witness

 Witness

SIGNED and SEALED in the presence of:

 Witness Lori Wright

 Witness Bonnie Rice

Countersigned by:

N/A

 Nevada Resident Agent

POWER OF ATTORNEY

HARCO NATIONAL INSURANCE COMPANY

INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

Bond #

0797353

706

KNOW ALL MEN BY THESE PRESENTS: That HARCO NATIONAL INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, and INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

KATHY L. DELGRECO, RACHEL A. CHAVERIAT, MICHELLE LUTE-HEATHERLY, JESSICA FREDERICK, JULIE KARNES, BONNIE L. RICE, MARY Y. VOLMAR, ANDREA ALLMAN, JOY M. WILLIAMS, CAROLYN E. WHEELER, VICKI NOBINGER, LORETTA M. JONES, SANDY MCELHANEY, THELMA M. LETT
Knoxville, TN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surely, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of HARCO NATIONAL INSURANCE COMPANY at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY have each executed and attested these presents on this 31st day of December, 2019



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman
Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2019, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley
Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, April 14, 2021

A00795

Irene Martins
Irene Martins, Assistant Secretary

Lori A Wright

Marsh USA Inc.
1111 Northshore Drive Suite N-550
Knoxville, TN 37919

lori.a.wright@marsh.com
www.marsh.com

April 15, 2021

**Mara Wachholder
Horizon Therapeutics
150 S. Saunders Rd.
Lake Forest, IL 60045**

Subject: New Bond

**Principal: Horizon Medicines, LLC
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler Bond
Bond Amount: \$100,000.00
Bond Number: 0797353
Surety Name: Harco National Insurance Company
Bond Effective Date: April 14, 2021**

Dear Mara:

Enclosed is the above-referenced bond in response to your request dated 04/14/2021. The bond is based on the information we received with the request. Please recheck the bond for accuracy, and have it signed, sealed, and forwarded to the Nevada State Board of Pharmacy for acceptance and filing.

In the event you do not accept and file the bond with the obligee, please return this original document to Marsh so we can notify the surety company that the bond was not accepted and filed; otherwise, the surety company will process a premium billing for the bond.

You will be receiving our invoice for this transaction in the amount of \$1,500.00. Marsh will receive 30.00% of this amount from the surety company. Unless otherwise notified, Marsh will receive the established commission on all subsequent billings for as long as the bond remains in force. Your signature on the bond and payment of our invoice constitutes your agreement to our compensation by the surety for this bond.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

Lori A Wright,
Enclosure



April 27, 2021

Via Fed Ex

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern:

On behalf of Horizon Medicines LLC ("Horizon"), attached is Horizon's application for Wholesale Drug Distributor.

Horizon believes science and compassion must work together to transform lives. Our mission to deliver medicines for rare, autoimmune and severe inflammatory diseases and provide compassionate support comes from our strong and simple philosophy to make a meaningful difference for patients and communities in need.

Horizon 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 Horizon's office. Horizon's products are not controlled substances. Accordingly, Horizon is not required to obtain a DEA registration.

I hope this narrative is helpful as you review Horizon's application. If you have a question regarding this application, please contact me at 614-370-2801 or via email at stacie.borngrebe@twolabs.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
PharmaLicense

4YY

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: Mayne Pharma, Inc.

Physical Address: 1240 Sugg Parkway

City: Greenville State: NC Zip Code: 27834

Telephone Number: (252) 752-3800 Fax Number: (252) 758-8522

Toll Free Number: N/A

E-mail: MPM@slny.com Website: www.maynepharma.com

Facility Manager: Carl Turner

Professional qualifications and experience of facility manager: Senior Logistics Manager at Mayne Pharma since July 2013.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Manufacturers; Distributors; Retail Pharmacies/Medical Supply Chains; Clinics and Institutions; US Government

Type of Products to be handled or wholesaled by firm:

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

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: Teva Pharmaceuticals

Address: 400 Interpace Parkway, #3 Parsippany NJ 070754

Name: Mikart

Address:

Name: DPT Viatiras

Address: 318 Maccullough Ave., San Antonio TX 78215

Name: Patheon ThermoFisher

Address: CA

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

John Stewart Ross

Print Name of Authorized Person

2-13-2021

Date

Board Use Only

Date Processed: _____

Amount:

500

check # 1879

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NC

Parent Company if any: Mayne Pharma Group Limited

Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

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

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

100 percent sole owner a) Mayne Pharma Group Limited 1538 Main North Road, Salisbury South, South Australia 5106

Name Business Address

b) _____

Name Business Address

c) _____

Name Business Address

d) _____

Name Business Address

- 2) Provide the number of shares issued by the corporation. N/A- 100 percent owned by Mayne Pharma Group Limited

- 3) What was the price paid per share? N/A- 100 percent owned by Mayne Pharma Group Limited

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A- 100 percent owned by Mayne Pharma Group Limited

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.

NC Dept. of Agriculture & Consumer Services

ORIGINAL HOME STATE
714
VOL

Food & Drug Protection Division

Firm Name: Mayne Pharma Inc.

Address: 1240 Sugg Parkway Greenville, NC 27834

License Type: Manufacturer

License Number: 59

Status: Active - in good standing

Issue Date: 12/14/2020

Expiration Date: 12/31/2021



2021

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
59

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE:

Manufacturer

TYPE

PRESCRIPTION DRUG LICENSE

Expiration Date

12/31/2021

LICENSEE
OR
CERTIFICATOR

Mayne Pharma Inc.
1240 Sugg Parkway
Greenville

NC

27834



Steve Troxler
STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

NORTH CAROLINA CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

**Department of Health and Human Services
Raleigh, North Carolina**

THE N.C. Controlled Substances Act of 1971 reads in part as follows:

90-103(a): A registration under G.S. 90-102 to manufacture, distribute, or dispense a controlled substance, may be suspended or revoked by the Commission upon a finding that the registrant:

- (1) has furnished false or fraudulent information in any application filed under this Article;
- (2) has been convicted of a felony under any State or federal law relating to any controlled substance; or
- (3) has had his federal registration suspended or revoked to manufacture, distribute or dispose controlled substances.

DHHS Registration Number	This Registration Expires
NC-PM 0000 1904	12/31/2021
Schedules	Business Activity
2, 2N, 3, 3N, 4, 5	Manufacturer
	Date Issued
	12/10/2020

Form DHHS-223



Mayne Pharma

1240 Sugg Parkway
Greenville NC 27834

This registration is not transferable on change of ownership, control, location or business activity



NORTH CAROLINA

Department of the Secretary of State

717

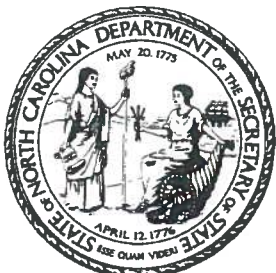
CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MAYNE PHARMA INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of March, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of March, 2021.

Elaine F. Marshall

Secretary of State



NORTH CAROLINA

Department of the Secretary of State

718

CERTIFICATE OF EXISTENCE

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

MAYNE PHARMA INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of March, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of June, 2020.

Elaine F. Marshall

Secretary of State



Mayne Pharma, Inc.



Corporate Address: 1240 Sugg Parkway, Greenville, NC 27834 USA
FEIN: 56-1870457
www.maynepharma.com

Drug Labeler Code: 68308
Incorporation State: NC
Incorporation Date: 3/25/1994

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
1240	1240 Sugg Parkway Greenville, NC 27834 County: Pitt	3000209735	RM0462440, RM0462767, RM0485804, RM0469622, 007296MRX	86-722-0261	No	(252) 752-3800	(252) 758-8522

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Carl Albert Turner Jr.	3 Lexington Farms Ct. Greenville, NC 27834-4702	Designated Representative	No			NC & TN
Michael Kirk Rogerson	Oxford Rd Greenville, NC 27858-4954	Designated Representative				

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Mayne Pharma Group Limited	1538 Main North Road Salisbury South, South Australia 5106 Australia	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Richard Duwayne Offield	Morehead Hill Court Durham, NC 27703	Treasurer and Secretary	No			
Scott A. Richards	3ainwater Road Raleigh, NC 27615	CEO and Managing Director	No			
John Stewart Ross	Hardwick Dr. Raleigh, NC 27615	President	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
CT Corporation						
3PLS Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Exel, Inc. dba DHL Supply Chain	98 Excellence Way Vonore, TN 37885					

CARL TURNER

Lexington Farms Ct, Greenville, NC 27834
(224)
carl.turner@maynepharma.com

North Carolina Wesleyan College

BACHELOR OF SCIENCE, BIOLOGY/BIOLOGICAL SCIENCES 1989-1993

Experience

Mayne Pharma

Vice President Supply Chain, Greenville, N.C. February 2016-Present

Responsible oversight of Inbound and outbound warehousing, logistics, and distribution operations for solid oral dose pharmaceuticals in compliance with FDA and DEA requirements.

PFIZER

DIRECTOR, SUPPLY CHAIN AND ONE2ONE OPERATIONS (Rocky Mount, N.C.) September 2015-February 2016

Responsible for oversight of 40,000 pallet automated Hi-RiseAS/RS (Automated Storage and Retrieval System) for storage and distribution of Injectable pharmaceuticals and devices for distribution Domestically and Internationally in compliance with FDA and DEA requirements.

HOSPIRA

DIRECTOR, SUPPLY CHAIN OPERATIONS (ROCKY MOUNT, N.C.) JULY 2011-SEPTEMBER 2015

Responsible for oversight of 40,000 pallet automated Hi-RiseAS/RS (Automated Storage and Retrieval System) for storage and distribution of Injectable pharmaceuticals and devices for distribution Domestically and Internationally in compliance with FDA and DEA requirements.

DIRECTOR, GLOBAL PLANNING AND DEPLOYMENT (LAKE FOREST, IL) SEPTEMBER 2007-July 2011

OPERATIONS MANAGER-GLOBAL DEPLOYMENT (LAKE FOREST, IL) 2006-2007

OPERATIONS MANAGER- PRIVATE FLEET OPERATIONS (PLEASANT PRAIRIE, WI) 2005-2006

ABBOTT LABORATORIES

OPERATIONS MANAGER/CUSTOMER SERVICE (ABBOTT PARK, IL) 2003-2005

OPERATIONS MANAGER, GLOBAL PHARMA DISTRIBUTION (ABBOTT PARK, IL) 1999-2003

Responsible for distribution of Pharmaceutical products in a 500,000 sq foot warehouse in Abbott, Park, IL.

WAREHOUSE MANAGER, WESTERN REGION (LOS ANGELES, CA) 1997-1999

Responsible for distribution of Pharmaceutical products in a 125,000 sq foot warehouse in Santa fe Springs, California.

WAREHOUSE SUPERVISOR (ABBOTT PARK) 1996-1997

Responsible for distribution of Pharmaceutical products in a 500,000 sq foot warehouse in Abbott Park, IL

WAREHOUSE SUPERVISOR (Rocky Mount, N.C.) 1995-1996

Responsible for distribution of Pharmaceutical products in a 500,000 sq foot warehouse in Rocky Mount, N.C.

CHEMIST (Rocky Mount, N.C.) 1993-1995

VOLUNTEER EXPERIENCE

BOARD CHAIRMAN

BOARD OF VISITORS, N.C. WESLEYAN COLLEGE JUNE 2014-JUNE 2016

BOARD OF TRUSTEES

N.C. WESLEYAN COLLEGE JUNE 2016-PRESENT

EXECUTIVE BOARD

BOY SCOUTS OF AMERICA, EAST CAROLINA COUNCIL NOVEMBER 2016-PRESENT

Smason replied

4 months ago (Wed, 20 May 2020 at 12:19 PM)

To: "SLSNYSupport.com" <help@slnysupport.com>

You may retrieve your permit verification from our website, we do not generate letters, and haven't for years, now. Additional questions regarding verifications should be directed to Leslie Wilson, lwilson@ncbop.org . Thanks!

Regards,

Stacie P. Mason
Licensing Specialist
North Carolina Board of Pharmacy
6015 Farrington Road, Suite 201
Chapel Hill, NC 27517
919-246-1050
smason@ncbop.org
www.ncbop.org
Twitter: @NCBOP_Students

This e-mail message and any replies potentially are subject to disclosure under the Public Records Law and therefore could be disclosed to third parties.



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))

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))



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 **Mayne Pharma**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Mayne Pharma Inc.	3000209735	867220261	ANALYSIS; LABEL; MANUFACTURE; PACK;	1240 Sugg Parkway, Greenville, North Carolina (NC) 27834, United States (USA)	12/31/2021 ✓
Mayne Pharma International Pty Ltd.	3004090027	756003745	ANALYSIS; LABEL; MANUFACTURE; PACK;	1538 Main North Road, Salisbury South, South Australia 5106, Australia (AUS)	12/31/2021

Showing 1 to 2 of 2 entries

[Previous](#)[Next](#)

Data Current through: Wednesday, Feb 10, 2021

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

*verified
M.H*

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. 016229508

Application/License No. _____

Mayne Pharma Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1240 Sugg Parkway, Greenville, NC, as
Address of Applicant/Principal
PRINCIPAL, and The Ohio Casualty Insurance Company, a
Surety Company
corporation organized under the laws of the state of New Hampshire
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1240 Sugg Parkway, Greenville, NC 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 August 18, 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 18th day of August, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Mayne Pharma Inc.

The Ohio Casualty Insurance Company

[Signature]
Authorized Representative

[Signature]
Surety Company's Representative

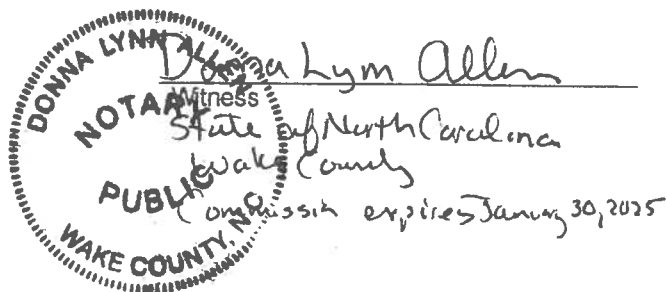
Mary Y. Volmar, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

[Signature]
Witness Lori A. Wright



[Signature]
Witness Jeremy Knapp
Countersigned by:
Loretta Jones
Nevada Resident Agent Loretta Jones



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Mary Y. Volmar all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company



By: David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 18th day of August, 2020.



By: Renee C. Llewellyn

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.



THE OHIO CASUALTY INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2019

Assets		Liabilities	
Cash and Bank Deposits.....	(\$3,063,860)	Unearned Premiums.....	\$1,281,143,437
*Bonds — U.S Government.....	1,006,099,793	Reserve for Claims and Claims Expense.....	3,445,256,612
*Other Bonds.....	3,994,316,104	Funds Held Under Reinsurance Treaties.....	0
*Stocks.....	192,977,450	Reserve for Dividends to Policyholders.....	183,012
Real Estate.....	0	Additional Statutory Reserve.....	0
Agents' Balances or Uncollected Premiums.....	762,342,997	Reserve for Commissions, Taxes and	
Accrued Interest and Rents.....	33,878,311	Other Liabilities.....	196,783,603
Other Admitted Assets.....	919,548,302	Total.....	\$4,923,366,664
Total Admitted Assets.....	<u>\$6,906,099,097</u>	Special Surplus Funds.....	\$ 5,242,951
		Capital Stock.....	4,500,000
		Paid in Surplus.....	738,183,897
		Unassigned Surplus.....	1,234,805,586
		Surplus to Policyholders.....	1,982,732,434
		Total Liabilities and Surplus.....	<u>\$6,906,099,098</u>



* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from The Ohio Casualty Insurance Company's financial statement filed with the state of Ohio Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of The Ohio Casualty Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2019, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 27th day of March, 2020.

T. Mikolajewski

Assistant Secretary

4ZZ

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: Nomax Inc. / Amcon Laboratories Inc.

Physical Address: 9735 Green Park Industrial Drive

City: St Louis State: MO Zip Code: 63123

Telephone Number: 314-815-5200 Fax Number: 314-815-5050

Toll Free Number: NA

E-mail: Juliefa@nomax.com Website: www.amconlabs.com

Facility Manager: Charles L. Voellinger

Professional qualifications and experience of facility manager: President

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: McKesson Medical Surgical

Address: PO Box 933027 Atlanta GA 31193-3027

Name: A Korn

Address: 1925 West Field Court Ste 300 Lake Forest IL 60045

Name: B+L

Address: 400 Somerset Corporate Blvd Bridge Water NJ 08807

Name: Sandoz

Address: 100 College Road West Princeton NJ 08540

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

Julie Farrell
Print Name of Authorized Person

6/29/2020
Date

Board Use Only

Date Processed: _____

Amount: 500.00

State of Missouri

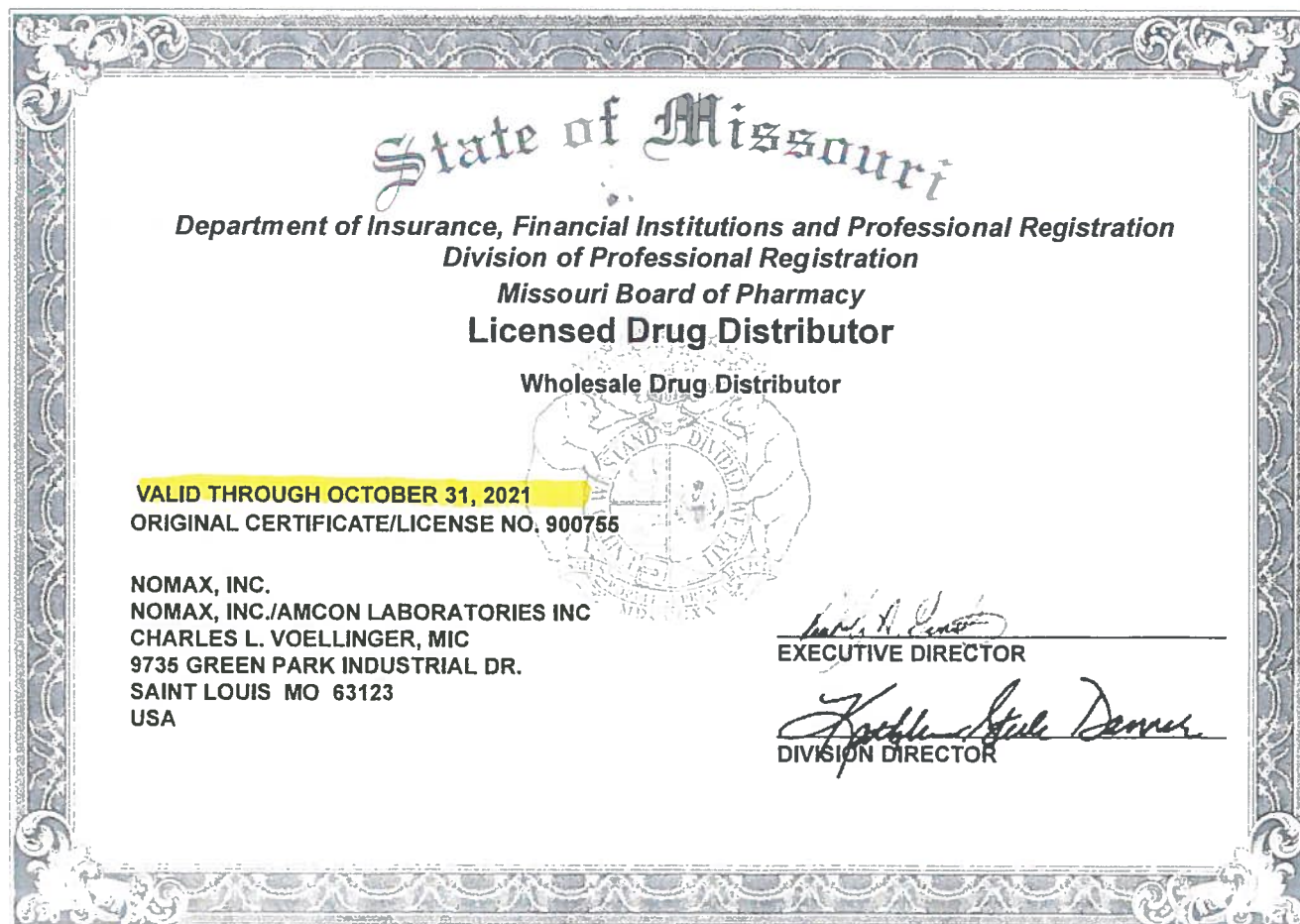
Division of Professional Registration

Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 900755
NOMAX, INC.
NOMAX, INC./AMCON LABORATORIES INC
CHARLES L. VOELLINGER, MIC
9735 GREEN PARK INDUSTRIAL DR.
SAINT LOUIS MO 63123
USA

NOMAX, INC.
NOMAX, INC./AMCON LABORATORIES INC
CHARLES L. VOELLINGER, MIC
9735 GREEN PARK INDUSTRIAL DR.
SAINT LOUIS MO 63123
USA



STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

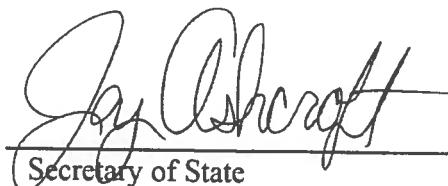
I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

NOMAX, INC.

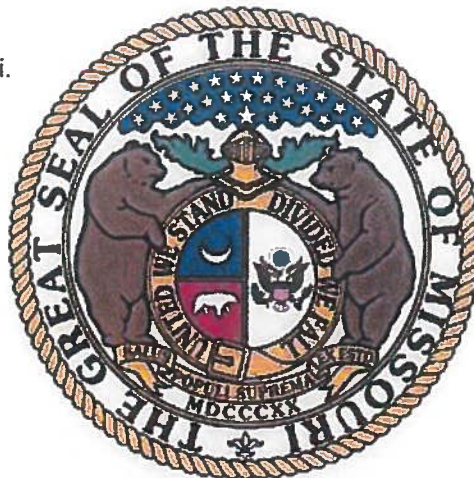
00241971

A Missouri entity was created under the laws of this State on 6/2/1982, and in Good Standing, 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 23rd day of April, 2021.


Secretary of State

Certification Number: CERT-IN78141



Nomax officers

Charles L Voellinger, President

Patricia Voellinger, Treasurer



Michael L. Parson
Governor
State of Missouri

Sheila Solon, Acting Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard P.O. Box 625
Jefferson City, MO 65109
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
MissouriBOP@pr.mo.gov
pr.mo.gov/pharmacists

This is to certify that the records of the Missouri Division of Professional Registration indicate the following information regarding Nomax, Inc..

LICENSE TYPE:	Drug Distributor
LICENSE NUMBER:	900755
ADDRESS:	Charles L. Voellinger, MIC 9735 Green Park Industrial Dr. Saint Louis, MO 63123
DATE ISSUED:	8/2/1995
STATUS:	Active
EXPIRATION DATE:	10/31/2021
DISCIPLINARY ACTION:	None



Sandra Henke
Missouri Board of Pharmacy

Feb. 17, 2021
Date

This is the only form that will be used by the Missouri Board of Pharmacy for the purpose of license verification.

Display 50 records per page

Search for text in the table:

Pledge 1 Flex

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research

✓ verified
4/27/2021
m-x

Diagnostic Dye
[FPI] Dyes
[FPIa]

1 Plant

Verified
#51801
MS
8/26/17

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
+	Dry Eye Test	51801-008-15	.12 mg/1	STRIP	OPHTHALMIC		Nomax Inc.	51801-008	Fluorescein Sodium	FLUORESCEN SODIUM	HUMAN PRESCRIPTION DRUG	12/05/2013
	+	Effer-K	51801-001-30	977.5 mg/1	TABLET, EFFERVESCENT	ORAL	Nomax Inc.	51801-001	POTASSIUM BICARBONATE	POTASSIUM BICARBONATE	HUMAN PRESCRIPTION DRUG	01/30/2013
	+	Effer-K	51801-007-30	977.5 mg/1	TABLET, EFFERVESCENT	ORAL	Nomax Inc.	51801-007	POTASSIUM BICARBONATE	POTASSIUM BICARBONATE	HUMAN PRESCRIPTION DRUG	01/30/2013
+	Effer-K	51801-011-30	782 mg/1	TABLET, EFFERVESCENT	ORAL		Nomax Inc.	51801-011	POTASSIUM BICARBONATE	POTASSIUM BICARBONATE	HUMAN PRESCRIPTION DRUG	01/30/2013

National Drug Code Directory

f [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULTS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/nmdc/dsp_searchresults.cfm)

t [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULTS.CFM\)](https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/nmdc/dsp_searchresults.cfm)

in [LINKEDIN \(HTTPS://WWW.LINKEDIN.COM/SHARE/ARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULTS.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA\)](https://www.linkedin.com/share/article?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/nmdc/dsp_searchresults.cfm&title=NATIONAL%20DRUG%20CODE%20DIRECTORY&source=fda)

@ [PIN IT \(HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULTS.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY\)](https://www.pinterest.com/pin/create/button/?url=https://www.accessdata.fda.gov/scripts/cder/nmdc/dsp_searchresults.cfm&description=NATIONAL%20DRUG%20CODE%20DIRECTORY) **+**

✉ [EMAIL \(MAILTO:SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULTS.CFM\)](mailto:SUBJECT=NATIONAL%20DRUG%20CODE%20DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULTS.CFM) **🖨** [PRINT](#)

Current through August 26, 2020

You have searched Finished drug products

Search Results: '51801'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

CSV Excel

Display **50** records per page

Search for text in the table:

NDC										Start
Proprietary	Package	Strength		Dosage	Route		Appl.	Labeler	Product	Marketing
Name	Code			Form			No.	Name	NDC	Date
								Nonproprietary	Substance	Product
								Name	Name	Type Name

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
+ Effer-K	51801-012-30	782 mg/1	TABLET, EFFERVESCENT	ORAL		Nomax Inc.	51801-012	POTASSIUM BICARBONATE	POTASSIUM BICARBONATE	HUMAN PRESCRIPTION DRUG	01/30/2013
+ Effer-K	51801-013-30	391 mg/1	TABLET, EFFERVESCENT	ORAL		Nomax Inc.	51801-013	POTASSIUM BICARBONATE	POTASSIUM BICARBONATE	HUMAN PRESCRIPTION DRUG	01/30/2013

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
GloStrips	51801-003-40	.6 mg/1	STRIP	OPHTHALMIC		Nomax Inc.	51801-003	Fluorescein Sodium	FLUORESCCEIN SODIUM	HUMAN PRESCRIPTION DRUG	07/30/2013
GloStrips	51801-004-40	1.3 mg/1	STRIP	OPHTHALMIC		Nomax Inc.	51801-004	Rose Bengal Sodium	ROSE BENGAL SODIUM	HUMAN PRESCRIPTION DRUG	08/20/2013
GloStrips	51801-009-50	1 mg/1	STRIP	OPHTHALMIC		Nomax Inc.	51801-009	Fluorescein Sodium	FLUORESCCEIN SODIUM	HUMAN PRESCRIPTION DRUG	07/30/2013
GloStrips	51801-003-50	.6 mg/1	STRIP	OPHTHALMIC		Nomax Inc.	51801-003	Fluorescein Sodium	FLUORESCCEIN SODIUM	HUMAN PRESCRIPTION DRUG	07/30/2013

Showing 1 to 15 of 15 entries

Background Information (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.Gov>)

See also: **Drug Registration and Listing Instructions (<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)**

National Drug Code Directory Data Files (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Maria Herrera

From: Julie Farrell <juliefa@nomax.com>
Sent: Friday, April 23, 2021 11:47 AM
To: Maria Herrera
Subject: RE: [EXTERNAL EMAIL] RE: Nevada Wholesaler Application- Nomax Inc / Amcon Laboratories Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

I can verify that Charles L. Voellinger is the representative for only one pharmacy. Let me know if you need anything else.

Thank you,
 Julie

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, April 23, 2021 1:41 PM
To: Julie Farrell <juliefa@nomax.com>
Subject: RE: [EXTERNAL EMAIL] RE: Nevada Wholesaler Application- Nomax Inc / Amcon Laboratories Inc.

Correct.

From: Julie Farrell <juliefa@nomax.com>
Sent: Friday, April 23, 2021 11:40 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: [EXTERNAL EMAIL] RE: Nevada Wholesaler Application- Nomax Inc / Amcon Laboratories Inc.

Hi Maria,
 I just want to make sure I understand. Is it the highlighted 4. (d) you are questioning?
 Thank you,
 Julie

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, April 23, 2021 1:32 PM
To: Julie Farrell <juliefa@nomax.com>
Subject: RE: [EXTERNAL EMAIL] RE: Nevada Wholesaler Application- Nomax Inc / Amcon Laboratories Inc.

Hi Julie,

No worries 😊

One more thing, I have attached the resume of the designated representative and per NAC 639.505 (4)(d) he does not meet this qualifications, please verify.

NAC 639.5005 Representative of pharmacy: General requirements; exceptions; approval; enforcement. (NRS 639.070, 639.231)

1. Except as otherwise provided in this subsection, an applicant for a license, or a licensee with a license, to conduct a pharmacy shall designate at least one natural person who will be the representative of the pharmacy. The Board will not

issue a license to an applicant or renew the license of a licensee that is required to designate a representative of a pharmacy pursuant to this section unless the Board determines that the designated natural person meets the qualifications set forth in subsection 2 and approves that natural person to be the designated representative of the pharmacy. The requirement to designate a representative set forth in this subsection does not apply to:

- (a) An applicant or a licensee that is a publicly traded corporation;
 - (b) An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or
 - (c) An applicant or licensee in which a majority interest of the applicant or licensee is owned by a pharmacist who is:
 - (1) Licensed by the Board; and
 - (2) A resident of this State.
2. Except as otherwise provided in subsection 3, the Board will approve a natural person to be a representative of a pharmacy if the applicant for a license to conduct a pharmacy or the licensee presents proof satisfactory to the Board that the natural person:
- (a) 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 relating to, prescription drugs;
 - (b) Has received a score of at least 75 percent on an examination given by the Board regarding federal and state laws and pharmacy practices; and
 - (c) Is at least 21 years of age.
3. The Board may, based upon any of the grounds set forth in [NRS 639.210](#), refuse to approve a natural person for service as the representative of a pharmacy, regardless of whether the person is otherwise qualified.
4. A representative of a pharmacy designated pursuant to this section:
- (a) Must be actively involved in and aware of the actual daily operation of the pharmacy;
 - (b) Must be employed full-time in a managerial level position in the pharmacy;
 - (c) Must be physically present at the site of the pharmacy during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
 - (d) **May serve in this representative capacity for only one pharmacy at a time.**
5. A pharmacy that is required to designate a natural person as its representative pursuant to this section shall not open or operate the pharmacy unless that representative is actually employed full-time in the operation of the pharmacy and is physically present at the site of the pharmacy 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, thus leaving the pharmacy without a representative in violation of this section, the pharmacy shall:
- (a) Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy; and
 - (b) Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy has left the employ of the pharmacy.

Thank you,

Maria H.

From: Julie Farrell <juliefarrell@nomax.com>

Sent: Friday, April 23, 2021 5:15 AM

To: Maria Herrera <m.herrera@pharmacy.nv.gov>

Subject: RE: [EXTERNAL EMAIL] RE: Nevada Wholesaler Application- Nomax Inc / Amcon Laboratories Inc.

Hi Maria,

I'm sorry for the confusion. Please see the attached certificate of good standing. Let me know if you need anything else.

Thank you,

Julie

Julie Farrell

Assistant Brand Manager

CHARLES L. VOELLINGER**9735 Green Park Industrial Drive, St. Louis, MO 63123****Phone: 314-815-5200**Education:

B.S. in Chemistry, St. Louis University,
St. Louis, MO, 1966

M.S. in Chemistry, St. Louis University,
St. Louis, MO, 1968

Experience:

President/CEO

Nomax, Inc., St. Louis, MO (1982 to Present)

Amcon Laboratories, St. Louis, MO (1986 to Present)

Char-Lite Products, Inc., St. Louis, MO (1989 to Present)

Dakota Laboratories, LLC, Mitchell, SD (2008 to Present)

Responsibilities:

Production of OTC drug, prescription drug and medical device products
manufactured at Nomax, Inc.

Quality assurance and quality control of OTC drug, prescription drug and
medical device products manufactured at Nomax, Inc.

Inventory, shipping, storage and control of all OTC drug, prescription drug
and medical devices products manufactured at Nomax, Inc. and sold by
Amcon Laboratories.

Contact person for the FDA and Missouri State Board of Pharmacy since
1982.

Work History:

Technical Sales Representative, Emery Industries
Cincinnati, OH (1975 to 1998)

Pharmaceutical Marketing Representative, Ethical Drugs, E.R. Squibb
& Sons
Princeton, NJ (1968-1975)

Chemistry Instructor, St. Mary's College
O'Fallon, MO (1968)

Quality Control Chemist, Bristol Myers Co.
St. Louis, MO (1967)

Medical Laboratory Technician, U.S. Air National Guard,
131st Tactical Air Command Hospital
St. Louis, MO (1967-1973)

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. 107264980

Application/License No. NEW

Nomax, Inc. _____, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

9735 Green Park Industrial Drive, St. Louis MO 63123, as
Address of Applicant/Principal

PRINCIPAL, and The Travelers Casualty & Surety Co. of America, a
Surety Company

corporation organized under the laws of the state of Missouri
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

985 Damonte Ranch Pkwy, Suite 206, Reno, NV 89521 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 07/01/2020.

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
1st day of July, 2020.

APPLICANT/PRINCIPAL

SURETY COMPANY

 Authorized Representative

 Surety Company's Representative

Kristi Schaake, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

 Witness

 Witness

 Witness

 Witness

Countersigned by:
John R. Drew
 Nevada Resident Agent



Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

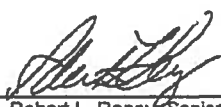
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Kristi G Schaake** of **ST LOUIS Missouri**, 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.

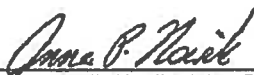
By: 
 Robert L. Raney, Senior Vice President

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 undertaking 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 1st day of JULY 2020




 Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

State of Missouri
City of St. Louis

On 07/01/2020, before me personally appeared Kristi Schaaake to me known to be an Attorney-in-Fact of Travelers Casualty and Surety Company of America the corporation described in the within instrument, and she acknowledged that she executed the within Instrument as the act of the said Company in accordance with authority duly conferred upon her by said Company.



Theresa M Bellamy
Notary Public

Notary Public

7/7/2020

Compliance Express™



Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer
Casualty, Health, Life, Property

JOHN R DREW
THE DANIEL & HENRY CO.
1001 HIGHLANDS PLAZA DR W STE 500
SAINT LOUIS, MO 63110-1337

is authorized to transact business as described above

License No: 208120

Issue Date: 09-01-2005

Expiration Date: 10-01-2020

Generated by Sircon 218355594

**Nevada Division of
Insurance**

THIS IS TO CERTIFY THAT



JOHN R DREW
THE DANIEL & HENRY CO., 1001 HIGHLANDS PLAZA DR
W STE 500, SAINT LOUIS, MO 63110-1337

LICENSE NUMBER: 208120

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Non-Resident Producer
Casualty, Health, Life, Property

Issue Date: 09-01-2005

Expiration Date: 10-01-2020

Generated by Sircon 218355594



Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer Firm

Casualty, Health, Life, Property, Surety

DANIEL & HENRY CO. (THE)

1001 HIGHLANDS PLAZA DR W STE 500

SAINT LOUIS, MO 63110-1337

is authorized to transact business as described above

License No: 5244

Issue Date: 10-01-2001

Expiration Date: 02-01-2022

Generated by Sircon 204403801

Nevada Division of Insurance

THIS IS TO CERTIFY THAT



DANIEL & HENRY CO. (THE)
1001 HIGHLANDS PLAZA DR W STE 500, SAINT LOUIS,
MO 63110-1337

LICENSE NUMBER: 5244

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Non-Resident Producer Firm

Casualty, Health, Life, Property,
Surety

Issue Date: 10-01-2001

Expiration Date: 02-01-2022

Generated by Sircon 204403801

GENERAL INFORMATION ON COVID-19 (</general-covid-19.asp>)

Missouri Division of Professional Registration

PR Home (<https://pr.mo.gov/>)

Detail

Primary Source Verification

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

Licensee Name:	Nomax, Inc.
Profession Name:	Drug Distributor
Licensee Number:	900755
Expiration Date:	10/31/2021
Original Issue Date:	8/2/1995
Address:	Charles L. Voellinger, MIC
Address Con't:	9735 Green Park Industrial Dr.
City, State Zip:	Saint Louis, MO 63123
County:	St. Louis County
Practitioner DBA Name:	Nomax, Inc./Amcon Laboratories Inc
Certification Type:	
Classification:	Wholesale Drug Distributor
Current Discipline Status:	None

4AAA

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: Oryza Pharmaceuticals, Inc

Physical Address: 4117 NW 124th Avenue

City: Coral Springs State: FL Zip Code: 33065

Telephone Number: 941-518-6851 Fax Number: 941-666-5401

Toll Free Number: _____

E-mail: tjanthony@oryzapharma.com Website: www.oryzapharma.com

Facility Manager: Thomas Anthony

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?
(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 ☐ *M.H.*

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

Thomas Anthony

March 2, 2021

Print Name of Authorized Person

Date

Board Use Only

Date Processed: _____

Amount:

500

check # 010025

Processed

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: _____

Mailing Address: 4117 NW 124th Avenue

City: Coral Springs State: FL Zip: 33065

Telephone: 941-518-6851 Fax: 941-666-5401

Contact Person: Thomas Anthony

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>Dachang Tian</u>	<u>4117 NW 124th Avenue Coral Springs, FL 33065</u>
Name	Business Address
b) <u>Bangqian Xu</u>	<u>4117 NW 124th Avenue Coral Springs, FL 33065</u>
Name	Business Address
c) <u>Jing Li</u>	<u>4117 NW 124th Avenue Coral Springs, FL 33065</u>
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.

Certificate of Good Standing

The document will verify that the organization is
compliant within the state of incorporation.

State of Florida

Department of State

I certify from the records of this office that ORYZA PHARMACEUTICALS, INC. is a corporation organized under the laws of the State of Florida, filed on March 15, 2016, effective March 15, 2016.

The document number of this corporation is P16000024597.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on June 15, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the First day of March, 2021*



Randy R. Lee
Secretary of State

Tracking Number: 5239643546CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047**

(850) 487-1395

**ORYZA PHARMACEUTICALS, INC.
4117 NW 124TH AVENUE
CORAL SPRINGS FL 33065**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

20390

ISSUED: 12/13/2020

**PRESCRIPTION DRUG MANUFACTURER
ORYZA PHARMACEUTICALS, INC.**

**HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date: DEC 31, 2022 L2012130000560**

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS**

LICENSE NUMBER	
20390	

**The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: DEC 31, 2022**

**ORYZA PHARMACEUTICALS, INC.
4117 NW 124TH AVENUE
CORAL SPRINGS FL 33065**



ISSUED: 12/13/2020

DISPLAY AS REQUIRED BY LAW

SEQ # L2012130000560

★ List of Officers★

Dacheng Tian, CEO

Residence Street Address: SW 20th Street

City, State, Zip Code: Miramar, FL 33027

Telephone Number: 941-

Social Security Number (Last 4 Digits Only):

Date of Birth:

Percent Owned: 85%

Bangqian Xu, COO

Residence Street Address: Yardley Dr #214

City, State, Zip Code: Tamarac, FL 33321

Residence Telephone Number: 941

Social Security Number (Last 4 Digits Only):

Date of Birth:

Percent Owned: 10%

Jing Li, Executive Vice President

Residence Street Address: Oakbook Dr

City, State, Zip Code: Weston, FL 33332

Telephone Number: 941-

Social Security Number (Last 4 Digits Only):

Date of Birth:

Percent Owned: 5%

Thomas Joseph Anthony, Vice President

Residence Street Address: Hammock Edge Pl

City, State, Zip Code: Bradenton, FL 34212

Telephone Number: 941-

Social Security Number (Last 4 Digits Only):

Date of Birth

Percent Owned: 0%

Maria Herrera

From: Jeremy LaJoice <jeremy@prescriptionanalytics.com>
Sent: Thursday, April 8, 2021 10:44 AM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- Oryza Pharmaceuticals, Inc.

Hi Maria!

The FDA Labeler code for Oryza is 72516

Jeremy LaJoice

EVP, Government Pricing
 Prescription Analytics, Inc.
 121 S. Wilson Ave | Hartford, WI 53027
 Office: 262.706.0439

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, April 08, 2021 12:37 PM
To: Jeremy LaJoice <jeremy@prescriptionanalytics.com>
Subject: Nevada Wholesaler Application- Oryza Pharmaceuticals, Inc.

Hello Jeremy,

We received a copy of the surety bond in the office today for Oryza Pharmaceuticals, Inc., please note all I need is the FDA Labeler code to proceed with the application.

Thank you,

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.

G6760															
NDC/NHR															
1	Labeler	Firm Name													
i739	35456	Cherokee Pharma LLC													
i740	45964	Synthon s.r.o.													
i741	75454	Strategic Buying Group													
i742	73090	EUSA Pharma (UK) Ltd													
i743	77397	AmmMm, Inc.													
i744	50302	Panrosa Enterprises, Inc.													
i745	72563	Avara Boucherville Pharmaceutical Services, Inc.													
i746	43221	Frog Prince (China) Daily Chemicals Co., Ltd.													
i747	42233	eb5 Corporations													
i748	13838	Phytodyne of Kentucky, Inc.													
i749	63032	Stiefel Laboratories Inc													
i750	62217	Fruit Of The Earth, Inc.													
i751	79490	X-ProUSA, LLC													
i752	76478	Oak Pharmaceuticals, Inc.													
i753	67511	Salina Regional Home Medical Services, LLC													
i754	74936	Level 1 Health LLC													
i755	71064	Relion Manufacturing													
i756	75411	Healthmeds Inc													
i757	60219	Amneal Pharmaceuticals LLC													
i758	79059	SLA TRADING, INC.													
i759	52316	DSC Laboratories, Div. of DSC Products Inc.													
i760	72516	Oryza pharmaceuticals Inc.													
i761	62184	RETURNS DISTRIBUTION													
i762	77383	Novosel LLC													
i763	81743	Citizen Supply Ltd. Co.													
i764	65517	Dukal Corporation													
i765	75981	GEISS, DESTIN AND DUNN, INC.													

✓ verified N.H

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. W150401432

Application/License No. _____

Oryza Pharmaceuticals Inc, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
4117 NW 124th Avenue Coral Springs, FL 33065, as
Address of Applicant/Principal
 PRINCIPAL, and Old Republic Surety Company, a
Surety Company
 corporation organized under the laws of the state of Wisconsin
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
445 S Moorland Rd, Suite 200 Brookfield, WI 53005 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 3/15/2021.
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 imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

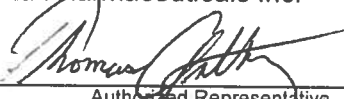
THIS BOND is subject to the following conditions:

- (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.

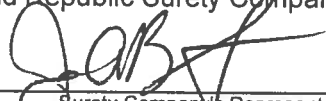
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
15th day of March, 2021.

APPLICANT/PRINCIPAL
 Oryza Pharmaceuticals Inc.

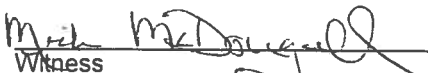

 Authorized Representative

SURETY COMPANY
 Old Republic Surety Company


 Surety Company's Representative
Jason A. Braatz, Attorney-in-fact
 print name

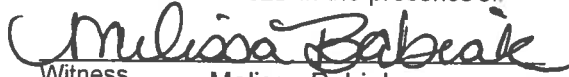


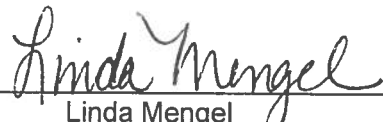
SIGNED and SEALED in the presence of:


 Witness

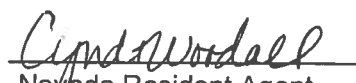

 Witness

SIGNED and SEALED in the presence of:


 Witness
 Melissa Babiak


 Witness
 Linda Mengel

Countersigned by:


 Nevada Resident Agent



OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

Randy L. Brehmer, Cynthia J. Brehmer, Terence R. Geszvain, Jason A. Braatz, Melissa Babiak

Chris Brehmer, Linda Mengel of Butler, WI

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, **(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds)**, as follows:

ALL WRITTEN INSTRUMENTS

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 19th day of August, 2020.

Karen J. Haffner
Assistant Secretary



OLD REPUBLIC SURETY COMPANY

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 19th day of August, 2020, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Kathryn R. Pearson
Notary Public

My Commission Expires: September 28, 2022
(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

24-4544



Signed and sealed at the City of Brookfield, WI this 15th day of March, 2021.

Karen J. Haffner
Assistant Secretary

Thomas J. (T.J.) Anthony, Jr.

941- (mobile)

1

QUALIFICATIONS

I have over 40 years of experience in sales, management, marketing, business development, logistics, API's, supplements, OTC's, and vitamins in the generic industry including the development of seven (7) companies from ground zero with no presence in the US market to becoming companies with hundreds of millions of sales dollars in the US market. This includes the staffing and management of all departments. In those 38 years, I have successfully launched 8 new generic labels into the US market. I have an established relationship with the buyers through executive management teams in all major accounts and manufacturers in the industry. I am a hands-on executive with a record of successfully implementing, achieving and exceeding assigned personal and corporate goals and objectives. A leader that also knows how to manage business and a conscientious leader who knows how to organize business departments and sales teams while utilizing available resources to accomplish objectives. As an employee, I have always exceeded my goals and objectives. Bottom line is that I am an effective manager (people and accounts) and problem solver, skilled at identifying opportunities to maximize sales and profit.

ACCOMPLISHMENTS

- Maintained and increased sales contributions to profit plan, developing programs and staffing requirements, exceeding goals every year of my career.
- Created, implemented, and managed productive regulatory, contracts, bids, returns, HR, distribution logistics, marketing, sales and customer service departments for tangibles and intangibles.
- Established value added sales programs, identifying and developing non-price benefits, achieving #1 supplier status in many accounts.
- Designed and implemented sales plans, presentations, and the launching of new products that realized market penetrations of up to 85%.
- Identified US acquisition targets for Employers and Private Equity Companies that resulted in the raising of over \$400 million for the acquisitions in the Private Equity sector and securing 7 facility acquisitions and multiple ANDA purchases and licensing-in deals.
- Co-founded Nivagen Pharmaceuticals, I have resigned my position due to potential conflict issues.
- Served several terms on the HDMA Generic Advisory Committee.
- Implemented and chaired customer advisory boards.
- Successfully launched 7 generic labels in the United States.
- Developed and maintained Revenue and Expense Budgets for US based business for Rugby Laboratories Inc., Watson Pharma, Pliva Inc., Menlo Pharma, Nivagen Pharmaceuticals, Wockhardt USA, Carlsbad, Westminster, and Yiling

EXPERIENCE

Oryza Pharmaceuticals Inc. *September 2019 – present*

Coral Springs, FL

I was hired to open and managed Oryza Pharmaceuticals Commercial operations. I am responsible for the management of the Oryza's Pharmaceutical and Scientific divisions. This includes, but not limited to, ANDA sales & marketing, licensed-in products, acquiring ANDA's to add to the US portfolio, logistics, operations, CMS, state and federal licensing, and to establish a staff.

Yiling Pharmaceutical, Inc. *January 2016 – August 2019*

Beijing, China

Officer, Vice President Sales & Marketing, Director BD USA

I was hired to open the US division of Yiling Pharmaceutical. I was responsible for the sales and marketing of the Yiling ANDA's, licensing in additional ANDA's to add to the US portfolio, logistics, operations, and to establish a US based manufacturing facility and staff. Resigned August 2019.

Westminster Pharmaceuticals *November 2014 – January 2016*

Tampa, FL

Vice President Sales, Marketing & Business Development

Westminster Pharmaceuticals was entering the generic space by commercializing ANDA's for other companies while developing their own ANDA's and NDA's. I was responsible for ground up development. Successfully launched 2 products in November before my departure

Carlsbad Technology, Inc. *May 2010 – November 2014*

Carlsbad, CA

Vice President Sales, Marketing, & Business Development

Carlsbad Technology, Inc. is the US affiliate of Yung Shin Pharm. Ind. Co. Ltd. out of Taiwan. The company has 11 ANDA's. I was hired to set up and develop direct selling of the CTI label in the United States. To date, 6 of these ANDA's are being actively promoted in the US market. Number 1 in market share was achieved on 2 of these ANDA's, number 2 in market share was achieved on an additional 2 of these products, number 3 in market share was achieved on 1 additional product, and a number 5 position on the last product within the first two year period of selling. I was also responsible for identifying and securing additional ANDs, M&A's, and joint ventures. Customer base went from 3 to over 100 under me and units went from 6 million annually to over 600 million annually.

Consulting *February 2007 – May 2010*

Dublin, OH

Owner

I formed a consulting company specializing in generic pharmaceuticals. I brokered current approved products to the trade, sold API and contract manufacturing in the US, and develop long-term strategies that will enable companies to become pharmaceutical entities in the United States. I had clients from India, China, and the US.

Menlo Pharma
Director

San Francisco, CA

I started in January 2008 in order to build a US centric generic pharmaceutical company with API, R&D and manufacturing in India. During the process, we raised over \$400 million in capital to acquire US generic pharmaceutical companies as well as API and finished dose companies in India. I identified the companies in the US to acquire and was involved in all phases of the process.

Nivagen Pharmaceuticals

Mountain View, CA

Director of the Board – Co Founder

In January 2008, I Co-founded Nivagen which is engaged in the development, acquisition and sales of generic prescription drugs and OTC product for the North American market. We contract with global partners and the best FDA approved manufacturing facilities across the world. Resigned in May, 2010.

Reliance Pharmaceuticals Pvt. Ltd. *February 2007 – January 2008*

Mumbai, India

Vice President Business Development

I represented Reliance as their Vice President of Business Development for North America. I developed sales and marketing for all Product, API and Contract Manufacturing in North America until Reliance closed the business segment in January of 2008.

Wockhardt USA, Inc. *July 2004 – February 2007*

Bedminster, NJ

Vice President Sales & Marketing, Acting Country Head (Last 6 months)

I had total responsibility for all Sales and Marketing activities and introducing the Wockhardt Generic portfolio into the United States. I handled the development of IT, HR, Chain Supply, and Regulatory as well as Sales and Marketing. I was active in the management of every major account. I handled all issues pertaining to the US business including development and management of Revenue and Expense Budgets and reported directly to the Executive Director of Wockhardt Limited in Mumbai, India. Business went from \$0 to \$63 million gross under my leadership.

PLIVA, Inc. / Sidmak Laboratories, Inc. *October 2001 - July 2004* East Hanover, NJ

Vice President Sales & Marketing

I was promoted to Vice President Sales and Marketing with additional global corporate responsibilities as well as directing the marketing staff, bids/contracts staff, returns staff, and customer service staff. I was responsible for all facets of the generic business, which was generating \$370,000,000 annually. I had an active role with every major account. I was also responsible for the development and management of the Expense and Revenue Budgets.

Senior Director of Sales

PLIVA, Inc. purchased Sidmak Laboratories, Inc. on June 11, 2002.

In March of 2003, I was promoted to Senior Director of Sales with additional corporate responsibilities.

Director of Sales

I started with Sidmak on October 16th, 2001 as a Corporate Account Manager. In that position, I represented the company on all generic products in their portfolio to the trade. Everything from AR issues to the placement of new product is included.

Customer base consists of wholesalers, chains, managed care, distributors, and GPOs. My territory sales increased by 33% in my first four months. After four months, I was promoted to Director of Sales. In this position, I was responsible for four Corporate Account Managers, corporate sales functions, and I still personally called on selected key accounts coast to coast.

Watson Pharmaceuticals, Inc. / Rugby Laboratories, Inc. *November 1981 – July 2001*

Watson Pharmaceuticals, Inc.

Corona, CA

Area Director, Eastern Sales

After Watson acquired Rugby in April 1998, I accepted a position as a National Account Manager for Watson. My job was to represent the company on all brand and generic products to the trade. Everything from AR issues to the placement of new products was included. After six months, I was promoted to Area Director, Eastern Sales. My responsibilities in this position included the management of four National Account Managers and their customers, development of a business plan for my Area, development of a corporate budget for my Area, development of new product launch programs, development of bonus programs, and representing the company at all trade events. Customer base consisted of wholesalers, chains, managed care, distributors, and GPOs.

Rugby Laboratories, Inc.

West Hempstead, NY

Vice President Sales

I started my career at Rugby as a Retail Sales Representative and advanced into management positions as a District Sales Manager, Regional Sales Manager, Key Account Manager, Vice President of Key Accounts, and finally as Vice President Sales. As Vice President Sales, I was responsible for 23 Retail Sales Representatives, 2 District Sales Manager, 9 Customer Service Representatives, and 3 National Account Managers. I was also responsible for the management of all business functions for my department. Customer base consisted of wholesalers, chains, independents, hospitals, managed care, distributors, GPOs, and government accounts. I also personally handled Cardinal and AmeriSource in the east at the same time.

Goldline *October 1978 – November 1981*

Hollywood, FL

Territory Manager

I called on all pharmacies in the state of Ohio until I was transferred to the corporate office in 1980 to work part time on a special project (introduction of an OTC line) and part time as a Territory Manager in southern Florida.

Kingsdale Pharmacy *April 1971 – December 1977*

Columbus, OH

Pharmacy Internship Program

As part of the required College of Pharmacy curriculum. Responsibilities included the compounding and dispensing of medication, taking all drug and vitamin inventories, and ordering the majority of pharmaceuticals.

EDUCATION

The Ohio State University

Columbus, OH

B.S., Zoology, 4 years completed College Of Pharmacy

GPA: 3.1, Major GPA: 3.4

Extensive background in anatomy, human physiology, and radiation physiology.

College Of Pharmacy, 1972 - 1977

Coursework in pharmaceuticals, pharmacognosy, pharmacology, medicinal chemistry, biochemistry, disease, anatomy, physiology, and other pharmacy courses.

Personal and Trade References are available upon request

4BBB

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 02209)
 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: Primary Pharmaceuticals, INC

Physical Address: 1019 Government St, Suite E

City: Ocean Springs State: MS Zip Code: 39564

Telephone Number: 877-337-0682 Fax Number: 877-337-0683

Toll Free Number: _____

E-mail: frank@primarypharmaceuticals.com Website: www.primarypharmaceuticals.com

Facility Manager: Frank Stumbo

Professional qualifications and experience of facility manager: Worked in pharma industry since 2010 and have been operations manager for Primary Pharmaceuticals since 2015.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ 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)

MFT
Labeler code
72275

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: Independent Pharmaceutical Distributor

Address: 703 S Salisbury Street, Lexington, NC 27292

Name: Teligent

Address: 75 Remittance Drive, Suite 1291, Chicago, IL 60675

Name: Avondale Pharmaceuticals

Address: 850 Shades Creek Parkway, Suite 320, Birmingham, AL 35209

Name: Dsquared Pharmaceutical

Address: 4050 E Cotton Center Blvd, Suite 63, Glendale, CA 91225

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

Frank Stumbo

Print Name of Authorized Person

3/10/2021

Date

Board Use Only

Date Processed: _____

Amount:

500
check # 4292

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Mississippi

Parent Company if any: _____

Mailing Address: 1019 Government St, Suite ECity: Ocean SpringsState: MSZip: 39564Telephone: 877-337-0682Fax: 877-337-0683Contact Person: Frank Stumbo

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

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

a) Frank Stumbo 1019 Government St, Suite E, Ocean Springs, MS 39564

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. 20003) What was the price paid per share? \$2,500.00

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 corporationList of officers and directors Attached

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions *Attached*

<http://bop.nv.gov/uploadedFiles/bopnv.gov/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. *Attached*
- 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". *Attached*



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 20th day of November, 2015, the State of Mississippi issued a Charter/Certificate of Authority to:

PRIMARY PHARMACEUTICALS, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said PRIMARY PHARMACEUTICALS, INC. is in good standing at this time.

Given under my hand and seal of office
the 17th day of March, 2021

Certificate Number: CN21105693

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



MISSISSIPPI

Board of Pharmacy



Permit #
15258 / 16.5

Drug Facility
Wholesale Distributor (In-State)

Primary Pharmaceuticals, Inc

1019E Government Street
Ocean Springs, MS 39564
Jackson

Permit Holder:
Stumbo, Frank L

This permit is not transferable or assignable.

Signed: 03/18/2021

Renewed: 03/18/2021

Expires: 12/31/2021

Anna McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851



Primary Pharmaceuticals, Inc.

is hereby awarded Quality and Security Accreditation[®] by the National Coalition for Drug Quality & Security[®] for the facility located at:

1019 GOVERNMENT ST, SUITE E, OCEAN SPRINGS, MS 39564

This facility has demonstrated compliance with Quality and Security (QAS) standards developed by the National Coalition of Drug Quality & Security.


Denise M. Frank, RPh, Director

March 09, 2021 to March 08, 2024
Period of Accreditation

National Coalition for Drug Quality & Security | 8 The Green, Suite A Dover, DE 19901 | www.ncdqs.org

FRANK STUMBO
President, Primary Pharmaceuticals, INC
 Maple Drive, Ocean Springs, MS 39564
 228
 Email: frank@primarypharmaceuticals.com

EDUCATION

School of Communication, University of South Alabama, Mobile, AL
 B.A., Communication in a Print Journalism track W/ English minor; GPA 3.44
California Designated Wholesale Representative

May 2012 – Present

Florida Designated Wholesale Representative

September 2016 - Present

Continuing Education

Annual cGMP, Quality, SOP, DSCSA training

10-YEAR WORK EXPERIENCE

Primary Pharmaceuticals, Inc. – June 2015 to present

Vice President/Operations Manager – Controls and manages all aspects of Primary Pharmaceuticals' day-to-day operations as well as all other internal tasks.

- Shipping and Receiving – Supervises all incoming and outgoing shipments to ensure products are not damaged, suspect or illegitimate and in compliance with all state and federal requirements, and picked, packed and shipped in accordance with company SOPs. Continuous employee training to ensure the above tasks are completed on a daily basis.
- Sourcing – Sources all products purchased and ensures all vendor licenses, agreements, payments, etc...are up-to-date. Verifies all DSCSA Transaction reports are accurate and in compliance with all state and federal requirements.
- Warehouse – Ensures the warehouse and office are clean, pest and rodent free warehouse. Supervises the organization, shelving and proper storage of all controlled room temp product, as well as refrigerated product in accordance with USP standards.
- Compliance –Ensures all vendors and customers are in compliance (and remain in compliance), verified and licensed in Mississippi, Home state license and the FDA. Acquires, maintains and renews all state licenses as well as files annual FDA reports
- Financial – Manages Accounts Payable/Accounts Receivables for Primary Pharmaceuticals.

Gulf Coast Pharmaceuticals Plus, LLC – November 2010 to June 2015

Assistant to Operations Manager - Received extensive on the job training in all aspects of Pharmaceutical Warehouse Operations from the direct supervisor including, but not limited to:

- Shipping and receiving – Shipment and product inspection; identifying damaged, suspect and/or illegitimate product, inventory control, picking, packing and shipping product in compliance with all rules and regulations.
- Warehouse – Maintained a clean, pest and rodent free warehouse. Organization, shelving and proper storage of all controlled room temp product, as well as refrigerated product in accordance with USP standards.
- Compliance –Vendors and customer compliance such as initial and ongoing Mississippi and Home state license verification, initial set up, quality agreements. Etc... BOP and Federal licensing and reporting, maintenance and other related issues.

Primary Pharmaceuticals, Inc.

Ownership Information

State of Incorporation – Mississippi

EIN# 20-2613311

Duns# 06-612-6126

Office & Warehouse Address:

Primary Pharmaceuticals, Inc.

1019 Government Street, Suite E

Ocean Springs, MS 39564

Owner:

Frank Stumbo – 100%

Corporate Officers:

Frank Stumbo - President – Designated Representative – Point of Contact

Employees:

Michael Tillis - Operations

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Primary Pharmaceuticals, Inc.	WDD	5261	US-NH	06/30/2022	2021	1019 Government St. Suite E Ocean Springs MS	Frank Stumbo	frank@primarypharmaceuticals.com
Primary Pharmaceuticals, Inc.	WDD	5004880	US-NJ	01/31/2021	2021	1019 Government St. Suite E Ocean Springs MS	Frank Stumbo	frank@primarypharmaceuticals.com
Primary Pharmaceuticals, Inc.	WDD	WD00011622	US-NM	12/31/2022	2021	1019 Government St. Suite E Ocean Springs MS	Frank Stumbo	frank@primarypharmaceuticals.com
Primary Pharmaceuticals, Inc.	WDD	WH02209	US-NV	10/31/2022	2021	1019 Government St. Suite E Ocean Springs MS	Frank Stumbo	frank@primarypharmaceuticals.com
Primary Pharmaceuticals, Inc.	WDD	31745	US-NY	12/31/2021	2021	1019 Government St. Suite E Ocean Springs MS	Frank Stumbo	frank@primarypharmaceuticals.com

✓ verified
M.H.

Porter - Primary Pharmaceuticals, Inc (066126126)

Contact Address Telephone Number Email Address

City

Name Address ID/FEI

Business Operations

wholesale drug distributor - (licensing). License Info (Number: 012645000, State: US-OH, Status: active). (licensing). License Info (Number: W1-0004583, State: US-OR, Status: active). (licensing). License Info (Number: State: US-MI, Status: active). (licensing). License Info (Number: W1170002533, State: US-ME, Status: active). (licensing). License Info (Number: W11022209, State: US-NV, Status: active). (licensing). License Info (Number: State: US-RI, Status: active). (licensing). License Info (Number: 15258/16.5, State: US-MS, Status: active). (licensing). License Info (Number: WDO4610, State: US-AR, Status: active). (licensing). License Info (Number: AL, Status: active). (licensing). License Info (Number: 004.003906, State: US-IL, Status: active). (licensing). License Info (Number: W03138, State: US-KY, Status: active). (licensing). License Info (Number: 201600312 Status: active). (licensing). License Info (Number: 5004880, State: US-NJ, Status: active). (licensing). License Info (Number: WD00011622, State: US-NM, Status: active). (licensing). License Info (Number: 31745, State active). (licensing). License Info (Number: 30000009375, State: US-PA, Status: active). (licensing). License Info (Number: WD00011622, State: US-SD, Status: active). (licensing). License Info (Number: 4004, State: US-TN active). (licensing). License Info (Number: 1001771, State: US-TX, Status: active). (licensing). License Info (Number: 39-0116137, State: US-VT, Status: active). (licensing). License Info (Number: PHWH.FX.60397965, State: U active). (licensing). License Info (Number: WD0559435, State: US-WV, Status: active). (licensing). License Info (Number: 39-0116137, State: US-VT, Status: active). (licensing). License Info (Number: PHWH.FX.60397965, State: U Status: active). (licensing). License Info (Number: DM0000202, State: US-DC, Status: active). (licensing). License Info (Number: PHWH10003556, State: US-GA, Status: active). (licensing). License Info (Number: LMD2/ Status: active). (licensing). License Info (Number: 5-31151, State: US-KS, Status: active). (licensing). License Info (Number: 7938, State: US-LA, Status: active). (licensing). License Info (Number: 362838, State: US-MP (licensing). License Info (Number: 5261, State: US-NH, Status: active). (licensing). License Info (Number: PHA-WDD-LIC-35047, State: US-MT, Status: active). (licensing). License Info (Number: 88-W-3425, State: US , (licensing). License Info (Number: W002789, State: US-AZ, Status: active). (licensing). License Info (Number: OSD6892, State: US-CA, Status: active). (licensing). License Info (Number: A4-0002301, State: US-DE, S (licensing). License Info (Number: 039.0116137, State: US-NE, Status: active). (licensing). License Info (Number: 2767-45, State: US-WI, Status: active). (licensing). License Info (Number: 1478, State: US-NC, Status: a License Info (Number: 0219001752, State: US-VA, Status: active). (licensing). License Info (Number: 232645, State: US-FL, Status: active). (licensing). License Info (Number: 17263, State: US-SC, Status: active)

Contact Address Telephone Number Email Address

k Stumbo +1-877-337-0682 frank@primarypharmaceuticals.com

ised: 7/2020

National Drug Code Directory

- f** SHARE (HTTPS://WWW.FACEBOOK.COM/SHARERSHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDCC/DSP_SEARCHRESULT.CFM)
- t** TWEET (HTTPS://TWITTER.COM/MENT/TWEET/TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDCC/DSP_SEARCHRESULT.CFM)
- in** LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHARE/ARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDCC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)
- @** PIN.IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUITON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDCC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)



E MAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDCC/DSP_SEARCHRESULT.CFM)



Current through April 05, 2021

You have searched Finished drug products

Search Results: '72275'

[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
Acyclovir	72275-733-77		KIT	ORAL; TOPICAL	ANDA206261	Primary Pharmaceuticals Inc.	72275-733	Acyclovir		HUMAN PRESCRIPTION DRUG	09/20/2020	N/A	ANDA	1 KIT in 1 CARTON (72275-733-77) * 7.1 g in 1 TUBE * 100 CAPSULE in 1 BOTTLE

verified
4/5/21

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
+ Clindavix	72275-741-77		KIT	TOPICAL	ANDA064050	Primary Pharmaceuticals, Inc.	72275-741	Clindamycin Phosphate, Dimethicone		HUMAN PRESCRIPTION DRUG	12/01/2020	N/A	ANDA	1 KIT in 1 CARTON (72275-741-77) * 60 mL in 1 BOTTLE, WITH APPLICATOR * 114 g in 1 TUBE
+ Clobetavix	72275-717-77		KIT	TOPICAL	ANDA208589	Primary Pharmaceuticals, Inc	72275-717	Clobetasol Propionate, Hydrocolloid		HUMAN PRESCRIPTION DRUG	08/15/2020	N/A	ANDA	1 KIT in 1 CARTON (72275-717-77) * 60 g in 1 TUBE * 60 g in 1 TUBE
+ CML	72275-006-15	2.5 mg/100mg, 2 mg/100mg, 4 mg/100mg	PATCH	TOPICAL	part348	Primary Pharmaceuticals, Inc.	72275-006	Camphor, Lidocaine, and Methyl Salicylate	LIDOCAINE; CAMPHOR (NATURAL); METHYL SALICYLATE	HUMAN OTC DRUG	08/15/2020	N/A	OTC MONOGRAPH NOT FINAL	5 POUCH in 1 BOX (72275-006-15) > 3 PATCH in 1 POUCH > 8650 mg in 1 PATCH
+ Dermalid	72275-732-77		KIT	TOPICAL	ANDA200675	Primary Pharmaceuticals, Inc.	72275-732	Lidocaine Patch		HUMAN PRESCRIPTION DRUG	08/01/2020	N/A	ANDA	1 PATCH in 1 CARTON (72275-732-77) > 1 KIT in 1 PATCH * 30 POUCH in 1 CARTON (0591-3525-30) > 1 g in 1 POUCH
+ Didovix	72275-702-77		KIT	ANDA202769	Primary Pharmaceuticals, Inc	72275-702	72275-702	diclofenac sodium, with camphor, lidocaine, and methyl salicylate patch		HUMAN PRESCRIPTION DRUG	03/17/2019	N/A	ANDA	1 KIT in 1 KIT (72275-702-77) * 150 mL in 1 BOTTLE (52565-002-05) * 5 POUCH in 1 BOX (53225-1030-1) > 3 PATCH in 1 POUCH > 8650 mg in 1 PATCH

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. PB12289500020

Application/License No. _____

PRIMARY PHARMACEUTICALS, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1019 GOVERNMENT ST., OCEAN SPRINGS, MS 39564, as
Address of Applicant/Principal
PRINCIPAL, and PHILADELPHIA INDEMNITY 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
231 ST. ASAPH'S RD., SUITE 100, BALA CYNWYD, PA 19004, 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 20, 2016.
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
20TH day of JANUARY, 2016.

APPLICANT/PRINCIPAL
 PRIMARY PHARMACEUTICALS, INC.



Authorized Representative

SURETY COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY



Surety Company's Representative

DAVID C. JOSEPH, 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

PHILADELPHIA INDEMNITY INSURANCE COMPANY
 231 St. Asaph's Rd., Suite 100
 Bala Cynwyd, PA 19004-0950

Power of Attorney

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 **Clark Fitz-Hugh, Conway C Marshall, Elizabeth Schott, Linda C Sheffield, Darlene A Bornt, Catherine C Kehoe, Emily G Lapeyre, David C Joseph, Jessica Palmeri, Kristine Donovan, Stephen Beahm and Candice Gros of Global Surety, LLC**, 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** at a meeting duly called the 1st day of July, 2011.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company to: (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 the respect to any bond or undertaking to which it is attached.

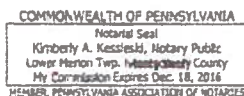
IN TESTIMONY WHEREOF, **PHILADELPHIA INDEMNITY INSURANCE COMPANY** HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 10TH DAY OF JUNE 2013.



(Seal)

Robert D. O'Leary Jr., President & CEO
 Philadelphia Indemnity Insurance Company

On this 10th day of June 2013, 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

(Notary Seal)

residing at

Bala Cynwyd, PA

My commission expires

December 18, 2016

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 10TH day of June 2013 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 20th day of January 20 16



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

4CCC

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: Tanvex BioPharma USA, Inc.

Physical Address: 10394 Pacific Center Court

City: San Diego State: CA Zip Code: 92121

Telephone Number: (858) 210-4100 Fax Number: N/A

Toll Free Number: _____

E-mail: License@tanvex.com Website: www.tanvex.com

Facility Manager: Samuel Lum

Professional qualifications and experience of facility manager: _____

See attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Specialty Pharmacies and Distributors, and Long-term care facilities

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

Allen Chao
Print Name of Authorized Person

Sept. 29, 2020
Date

Board Use Only

Date Processed: _____

Amount: 500
Check # 3526508

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CaliforniaParent Company if any: Tanvex BioPharma, Inc.Mailing Address: 2030 Main Street, Suite 600City: Irvine State: CA Zip: 92614Telephone: 949-483-8500 Fax: _____Contact Person: Allen Chao

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	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/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.

BOARD OF PHARMACY**LICENSING DETAILS FOR: WLS 7803****NAME:** TANVEX BIOPHARMA USA INC**LICENSE TYPE:** WHOLESALER**LICENSE STATUS:** CLEAR**ADDRESS**

10394 PACIFIC CENTER CT

SAN DIEGO CA 92121

SAN DIEGO COUNTY

ISSUANCE DATE

SEPTEMBER 22, 2020

EXPIRATION DATE

SEPTEMBER 1, 2021

CURRENT DATE / TIME

FEBRUARY 3, 2021

4:02:31 PM

LICENSE RELATIONSHIPS**NAME:** LUM, SAMUEL LEE

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED
PHARMACIST**LICENSE NUMBER:** 47608 **PRIMARY STATUS:** CLEAR



Board of Pharmacy

ORIGINAL CERTIFICATE



Wholesale Drug Permit

LICENSE NO. WLS 7803

ISSUE DATE SEPTEMBER 22, 2020

TANVEX BIOPHARMA USA INC

10394 PACIFIC CENTER CT
SAN DIEGO CA 92121

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
SAMUEL LEE LUM

EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL SEPTEMBER 01, 2021

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: TANVEX BIOPHARMA USA, INC.
File Number: C3345150
Registration Date: 01/01/2011
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of February 21, 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 22, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: R3V3WGY

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.



Secretary of State Certificate of Status

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

Entity Name: TANVEX BIOPHARMA USA, INC.
File Number: C3345150
Registration Date: 01/01/2011
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of October 13, 2020 (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 October 14, 2020.

A handwritten signature in black ink, reading "Alex Padilla".

ALEX PADILLA
Secretary of State

Certificate Verification Number: Z1B3PBR

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.

Description of Operations

Tanvex BioPharma USA, Inc. is a VirtualManufacturer. Tanvex BioPharma USA, Inc.'s product Filgrastim, is manufactured by a Contract Manufacturer and will be distributed to Wholesalers, Specialty Distributors, Specialty Pharmacies & Hospital Pharmacies by their Third-Party Logistics Provider, Integrated Commercialization Solutions, Inc. ("ICS") , 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: Steve Folio, Sr. Director QA & Regulatory

Contact Number: (858) 281-7429

Ajinomoto Althea, Inc. manufactures Tanvex BioPharma USA, Inc.'s product and packages finished product. At no time does Ajinomoto Althea, Inc. own the product, contract with Tanvex BioPharma USA, Inc.'s customers, invoice, nor sell a Tanvex BioPharma USA, Inc. product. Tanvex BioPharma USA, Inc.'s products are not Controlled Substances.

Labeler Code:

72374

Third Party Logistic information:

For distribution into the commercial supply channels, Integrated Commercialization Solutions, Inc. ("ICS") acts as Tanvex BioPharma USA, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Tanvex BioPharma USA, Inc.'s product to Wholesalers, Specialty Distributors, Specialty Pharmacies & Hospital Pharmacies throughout the United States. Integrated Commercialization Solutions, Inc. ("ICS")'s address is:

Integrated Commercialization Solutions, Inc. ("ICS")

420 International Blvd. Brooks, KY 40109

#WH00857

Tanvex BioPharma USA, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

File Home Insert Page Layout Formulas Data Review View Help Nuance PDF Tell me what you want to do

Cut Copy Paste Format Painter

Font: Arial, 10, Bold, Italic, Underline, Text Color, Background Color, Paragraph, Alignment, Merge & Center, Wrap Text

Text: \$, %, .00, .00

Number: 51

Conditional Formatting: Normal, Check Cell, Bad, Exploratory...

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Labeler	Firm														
18052	62620	Fedora International Co., Ltd.														
18053	40087	Weifang Shengtai Medicine Co., Ltd.														
18054	77997	Six Feet Away LLC														
18055	76439	VIRTUS PHARMACEUTICALS LLC														
18056	53304	EMINENCE BIOTECH CORPORATION LIMITED														
18057	54014	Gilead Alberta ULC														
18058	48417	Palmer Fixture Company														
18059	86116	Mantel Technologies														
18060	80938	Peach Town Wholesale Inc.														
18061	52119	Swati Spentose Pvt. Ltd. Unit I														
18062	52693	Hindustan Pharmaceuticals														
18063	42513	LIVZON GROUP FUZHOU FUJING PHARMACEUTICAL CO., LTD.														
18064	81469	First Nation Group, LLC														
18065	75072	Elysian Labs														
18066	0071	Parke-Davis Div of Pfizer Inc														
18067	11045	SE Operations Pty Ltd														
18068	52241	Greenstone Pharmaceutical H.K. Inc.														
18069	51932	Kimball Electronics, Inc.														
18070	61442	Carlsbad Technology, Inc.														
18071	62735	Fill it Pack It Inc														
18072	1594	Delpharm Tours														
18073	72374	Tanvex BioPharma USA, Inc.														
18074	14783	Ventura International LTD														
18075	45747	Zhejiang Candorly Pharmaceutical Co., Ltd.														
18076	65376	Minteq U K LTD														
18077	71599	ARC I ARORATORIES INC														

Verified ✓
mt 3/10/21

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. 0794513

Application/License No. _____

Tanvex BioPharma USA, Inc. _____, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
10394 Pacific Center Court, San Diego, CA 92121, as
Address of Applicant/Principal
 PRINCIPAL, and Harco National Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Illinois
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Newark Center, 20th Floor, Newark, NJ 07102 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 1/21/2021.
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 21st day of January, 2021.

APPLICANT/PRINCIPAL

Tanvex BioPharma USA, Inc.



Authorized Representative

SURETY

Harco National Insurance Company



Surety Company's Representative

Aidan Smock, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

See attached notary
Witness acknowledgment

SIGNED and SEALED in the presence of:

See attached notary acknowledgment
Witness

Witness

Witness

Countersigned by: Aidan Smock



Nevada Resident Agent

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Bond # 0794513

803

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, MARTA COLLETT, SANDRA CORONA, RICHARD HALLETT, AIDAN SMOCK, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, January 21, 2021

A00874

Irene Martins, Assistant Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

County of San Diego }

On JAN 21 2021

Date

before me,

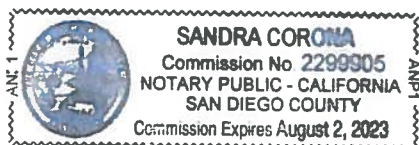
Sandra Corona

Insert Name of Notary exactly as it appears on the official seal

, Notary Public,

personally appeared Aidan Smock

Name(s) of Signer(s)



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature

Sandra Corona

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

Signer is Representing: _____

Signer's Name: _____

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

Signer is Representing: _____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange)

On January 22, 2021 before me, Carissa Chandler, Notary Public
(insert name and title of the officer)

personally appeared Allen Chao,
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.

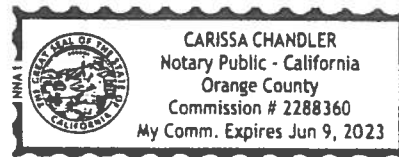
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Carissa Chandler

(Seal)



**Ownership Info**

Tanvex BioPharma USA, Inc. is owned by Tanvex BioPharma, Inc. (owns 100% of Tanvex BioPharma USA, Inc.)

Tanvex BioPharma, Inc. is located at
P.O. Box 31119, Grand Pavilion, Hibiscus Way
802 West Bay Road, KY1-1205
Cayman Islands
P: 866-2-2701-0518

Company Information

Tanvex BioPharma USA, Inc.
Corporate Office Address: 10394 Pacific Center Court, San Diego, CA 92121
P: 949-483-8500
F: 949-333-3308
www.tanvex.com
license@tanvex.com

FEIN: 27-4486362
State of Formation: California
Date Incorporation: 01/01/2011

Sole Corporate Officer

Dr. Allen Y. Chao, Chief Executive Officer

Samuel L. Lum Pharm.D., MBA
 Wells Lane
 San Ramon, CA 94582
 C (925) W (949) 483-8519

Extensive knowledge in Pharmaceutical contracting, negotiating and procurement of specialty medications, consumer goods, biosimilars, branded and generic pharmaceuticals. Previously directed and managed annual pharmaceutical contract purchases of \$8.7 B annually, covering over 12 M lives over 8 states for the largest non-profit, integrated healthcare system in the U.S.

Currently extending industry business and management background as a biosimilar executive for Tanvex BioPharma. Ability to assess sales, clinical and marketing opportunities in a growing and upcoming pharmaceutical area that improves affordability and access to costly biologics.

A discipline, results driven director and seasoned pharmacist with 25 plus years of pharmaceutical business and operational experience in retail, hospital and managed care settings.

Specialties: Utilization Review Accreditation Commission (URAC), Accreditation Association for Ambulatory Health Care (AAAHC), Risk Evaluation and Mitigation Strategies (REMS), Elements to Ensure Safe Use (ETASU), OTC Planogram/Marketing, Warehouse/Supply Chain Logistics, Generic Pipeline/Forecasting, Rebate Reconciliation, and Fair Market Value Service (FMV) Fee Analysis.

WORK EXPERIENCE

2018- Present

Tanvex Bio BioPharma USA, Inc.

Vice President, Commercial Sales and Marketing, Business Development

Responsible for leading the commercial preparation of pending FDA approvals on biosimilar products. This includes setting up distribution, state registrations, packaging, pharmacovigilance, compendia, HUB services and serialization. Developed channel strategy and market access for potential sales along with identifying marketing plans that differentiated both company and product. Business development tasks involved research for potential molecules and cell lines for discovery that aligned with our business model. Clinical, Regulatory and Financial models were evaluated accordingly. Business development also involved outreach to industry and investors for possible licensing or joint venture arrangements. This was witness with our attempt to enter the Canadian regions with TX-01.

The first 3 biosimilars in pipeline are:

TX-01 (Filgrastim),
 TX-05 (Trastuzumab), and
 TX-16 (Bevacizumab)

Lead, develop and implement marketing / sales strategies which also includes customer targeting, forecasting, website development, digital marketing, and market assessment.

Jan 2020-President**Xekina Pharma Services**

President

In addition to current responsibilities at Tanvex Biopharma USA, XPS is a newly established and registered business entity of Tanvex Biopharma, Inc. My team will be responsible for marketing and business development of XPS. This entity will provide consulting services that support commercial and market access activities, specific to start-up domestic and foreign pharmaceutical companies. XPS will also provide services that assist IDN's and the retail space with business strategies that can potentially drive top line sales, assess and develop unique brand/generic/OTC and SP/SD contracting opportunities, improve margin expansion, analyze and develop plans to drive greater operational efficiencies and supply chain logistics and strategies.

Projects- Bakertilly LLP- Insmed (Arikace-Amikacin Liposomal)

-TwoLabs- Seattle Genetics (Adcetris and Tukysa)

-Sagent-Infliximab evaluation (biosimilar)

-Two Labs-Abbvie (Elezanumab)

-Amerisource Bergen-IDN Distribution Strategy

2016-Present**Lum AVM Organization**

President and Founder

Responsible for marketing, business development and arranging fund raising ideas and events to support this organization and to ensure its long-term viability. Identifying how funds are to be utilized and dispersed appropriately while ensuring budgets are met. (<http://lumavmorganizatoion.weebly.com>)

This 501 (c) 3 and 170 (b) 1 (a) non-profit Charitable Organization was formed to support 3 areas:

*To provide funds for research on early diagnosis and awareness of brain aneurysm

*To provide local schools with academic and athletic scholarships

*To give back to local churches and under-recognized charities that directly affect lives

2015-Present**SLM Consulting Works**

Inventor- Created a Methods & Systems for Grouping Pharmaceutical Containers According to Grouping Preferences (Provisional Patent Filed, Pending Patent Approval)

Responsible for sales and marketing of product life cycle, understanding customer life cycle for similar commercial products and setting up product advisory panels upon PTO approval. Currently working with manufacture on dye and mold production and template.

Application No. 15/658,478

Filing Date: July 25, 2017

LN 71404.US

2005-2018**Kaiser Permanente Foundation Hospital**

Director-National Pharmaceutical Contracting and Strategies

(Generics / Specialty Pharmaceuticals / (OTC) Consumer Goods / Biosimilars)

Lead Business Development and Strategist to KP National Specialty Pharmacy

Lead Business Development and Strategist to OTC/ PL Program

Lead Business Development and Strategist to Pharmacy Supply Chain

Lead Advisor and Strategist for Generic Pharmaceuticals and Biosimilars

Responsible for strategic procurement, negotiations and contracting of five categories of pharmaceuticals (generics, brands, Over the Counter (OTC), Biosimilars and access to limited distribution specialty pharmaceuticals (orphan) for 12.2 + Million lives within 8 States. Developed proactive strategies and business models that best aligns to program's warehouse capabilities which leads to improved drug cost savings and affordability to our KP members. Identified drug utilization management opportunities and initiatives to drive additional drug cost savings based upon drug evidence and conversion thru collaboration with our medical group. Some successes listed below.

<u>Description</u>	<u>Details</u>
Warehouse Generic Strategy (WGS)	Identified generic pharmaceuticals that provide a high return on investment (ROI) by sourcing directly into KP warehouses. Evaluation and strategy was driven by many factors such as appropriate inventory turns, annual volume, price, level of competition and seasonal trends that maximize cash flow and savings. Currently yields over \$40 M annual savings for the program.
Specialty Pharmacy Internalization (KPNSP)	Created a business model that is not only focused on direct access for limited distribution products and was also able to leverage clinical background to drive price concessions based upon product evidence and indication to improve cost of goods. The model also generated revenue through new fair market value service agreements, services performed above and beyond the normal dispensing process. Currently yields a 12% ROI, or approximately \$30 M annual savings. Reduced Specialty Pharmacy Outsourcing Spend by over 100 M+ by contracting for distribution access and discounts.
Consumer Goods Model and Strategy (OTC)	Created business model that aligned with company model that grew both top-line sales and margins under a "cross selling" strategy. Was able to leverage KP branding and improve quality of OTC offerings by negotiating for private label products that drive affordability and accessibility. Was able to identify and support RX to OTC conversion opportunities that align to KP formularies. Collaborated and coordinated with OTC team to re-engineer zone pricing and product mix.
Oral Contraception (OC) Strategy for Standardization	Created strategy that leveraged volume to maximize savings and standardization of OC product offering. Since hormones can cause unwanted side effects, leading to compliance and confusion for our members, my goal is to work with clinicians to standardize our formulary offering in this category. Based upon their algorithm, I was able to leverage volume and intel to maximize savings and improve quality offering and compliance of this product category to our members.

Secure and Drive Biosimilar Opportunities

Since inception of US FDA approval of Biosimilars, I was responsible for negotiating, contracting and securing vital product data for our clinicians to evaluate for program use. I was also responsible to ensure KP's ability to access and maximize cost savings on these high-cost biologics, especially as these biosimilars have limited supply and lack visibility in contrast to small molecule generics. Efforts to coordinate, educate, and provide any additional support to drive these conversion opportunities help yield great savings for the organizations. Recent product examples are the following: Omnitrope, Glatopa, Zarxio

Annual Generic Bid Process

- Lead and mentored my team on a new annual generic bid model. This model streamlined the overall bid process and narrowed vendor selection based upon their core competency. The new review process and updated bid sheets provided greater savings, quicker implementation and efficiency, and less product shortages. Results have yielded no less than 20% annually for the past 8 bid cycles.
- Strategically coordinated and developed the "Day 1 generic" program which yielded additional millions in drug savings since implementation (2008).
- Developed strategy and business case for addition of CII vault within DWNY (SCAL) warehouse, capitalize additional cost savings on direct purchases, and safeguard supply.
- Assisted to improve generic utilization and compliance within KP via reduced Progen spend, create new vendor partnerships, and strategize for greater access to supply.

Drug Forecast and Budget Analysis

Developed and reviewed annual generic pipeline opportunities along with drug cost impact for the organization. This provided leadership and finance department the crucial information needed for their annual drug budget. I would also assist in identifying additional warehousing opportunities (speculative buys) that created additional cost savings for the following fiscal year.

2005-2007

Outpatient Pharmacy Manager III

Responsibilities included implementing new practices under labor management partnership, managing tight inventory, coaching for efficient staffing and workflow, providing superior customer service, and providing pharmaceutical care along with medical clinicians to meet preventative care initiatives.

- Recruited, mentored and developed staff according to company model.
- Built stronger intradepartmental relationship between pharmacy and medical group.
- Improved prescription fill time to decrease wait time to 15 mins. on 80% of fills.
- Promoted utilization for KP Central Pharmacy (42%)
- Involved with budgeting, planning, and forecasting pharmacy expenses.

Antioch-Diablo Service Area

The Permanente Medical Group

Outpatient Pharmacy Manager II
Pleasanton-Diablo Service Area
The Permanente Medical Group

1994-2005

Safeway Food and Drugs, Inc.

National Category Manager-Category Director
Corporate Pharmacy Operations- Generic Pharmaceuticals

Responsibilities included contracting and negotiating for generic pharmaceuticals to support 1200 + pharmacies spread over 22 States, developed in-house formulary, and evaluated CMS compliance with vendor awards.

- Developed initial retail specialty pharmacy program.
- Improve vendor rebate reconciliation process for collection/invoicing
- Decrease COG by \$36 M+ (2004)

Pharmacy Manager- Retail Operations
3496 Camino Tassajara Road, Danville

Staff Pharmacist- Retail Operations
Union City and Livermore

Responsibilities included business development, managing tight inventory, coaching for efficient staffing and workflow, providing superior customer service, and stimulating pharmaceutical care that best aligns the vision of the company

Eight plus years in management / supervisory roles associated with minimal employee turnover and high inventory turns (13+ turns in 2003).

- Reduced operation costs by running an O/R of 107 while growing service scores to 95+% (2003).
- Managed a pharmacy to be in the top 8% of all pharmacies (NorCal) based on 2003 sales.
- Donald J. Smith Exceptional Achievement Award
- President's Award for consecutive customer service achievements
- Number one pharmacy sales in District 7 (without any acquisitions)
- Floating relief pharmacist in 24 plus stores within NorCal Division
- Astra/Merck Pharmacist of the Year Nominee
- Project leader and consultant for PickPoint Dispensing Systems

1998-2000

Pacific Coast Hospital and Clinics

Consultant Clinical Pharmacist
Inpatient Services
California College of Podiatric Medicine-1210 Scott Street, San Francisco

Responsibilities included serving on the Pharmacy and Therapeutics Committee (P and T) as well as Infection Control Committee to provide workable policies and procedures in conformance with JACHO, Federal, state, and local laws and regulations. In addition, completed drug procurement, dispensing, chart reviews, storage, and quality improvement audits.

- Two plus years in hospital consulting that resulted in successfully maintaining JACHO and state accreditation.

1998**Rheinisch Medical Management, Inc.**

Managed Care Consultant, San Ramon, CA
Individual Practice Association (IPA)

Responsibilities included contracting and underwriting between IPA (Hills Physician Group) and Physicians within that network, Reimbursement schedules, Formulary compliance, HEDIS (Healthcare Effectiveness Data and Information Set) measures and clinical pharmacy opportunities which promoted patient compliance and minimized healthcare costs.

1993-1995**Sawyer Technical College**

Pharmacy Technician Instructor, San Jose, CA

1988-1991**Valley Memorial Hospital**

Hospital Pharmacy Technician, Livermore, CA

EDUCATION

Master in Business Administration (MBA) 1997
University of Phoenix

Doctorate of Pharmacy (PharmD) 1994
University of Pacific

Associate Arts Degree-Pre-Pharmacy 1990
Chabot Community College

Pharmacy Technician Certification (ChpT) 1988
Chabot Community College

BOARDS AND ASSOCIATIONS

<u>Description</u>	<u>Roles</u>	<u>Start Year</u>	<u>End Year</u>
American Managed Care Pharmacy	Member and Advocate	2008	Present
California Society Health Pharmacies	Member and Advocate	2008	Present
American Society of Hospital Pharmacy	Member and Advocate	2008	2016
Board Committee - Kaiperm CU	Improve member service/ exp.	2006	2007

4DDD

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALE 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: Emily Corporation dba DDP Medical Supply

Physical Address: 11800 28th St. N.

City: St. Petersburg State: FL Zip Code: 33716

Telephone Number: 727-572-4288 Fax Number: 800-571-9444

Toll Free Number: 800-437-4455

E-mail: lgorbet@ddpmedical.com Website: www.ddpmedical.com

Facility Manager: Joseph Spinosa

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?
(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: InSource

Address: 135 Durysa Road, Melville, NY 11747

Name: Genetco, Inc.

Address: 711 Union Parkway, Ronkonkoma, NY 11779

Name: PD-Rx Pharmaceuticals, Inc.

Address: 727 N. Ann Arbor, Oklahoma City, OK 73127

Name: NDC, Inc.

Address: 407 New Sanford Road, La Vergne, TN 37086

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.

Linda M. Gorbet
Original Signature of Person Authorized to Submit Application, no copies or stamps

Linda M. Gorbet
Print Name of Authorized Person

3/22/2021
Date

Board Use Only

Date Processed: _____

Amount: 500
Check # 42809

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
 Parent Company if any: Emily Corporation
 Mailing Address: 11800 28th St. N.
 City: St. Petersburg State: FL Zip: 33716
 Telephone: 727-572-4288 Fax: 800-571-9444
 Contact Person: Linda Gorbet

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>Joseph W. DiFabio</u>	<u>11800 28th St. N.</u> <u>St. Petersburg, FL 33716</u>
Name	Business Address
b) <u>Brian T. O'Neill</u>	<u>11800 28th St. N.</u> <u>St. Petersburg, FL 33716</u>
Name	Business Address
c) <u>Glen E. Geiger</u>	<u>11800 28th St. N.</u> <u>St. Petersburg, FL 33716</u>
Name	Business Address
d) <u>John W. Oberding</u>	<u>11800 28th St. N.</u> <u>St. Petersburg, FL 33716</u>
Name	Business Address

2) Provide the number of shares issued by the corporation. 1,100

3) What was the price paid per share? \$ 6.12182

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.

State of Florida

Department of State

I certify from the records of this office that EMILY CORPORATION is a corporation organized under the laws of the State of Florida, filed on November 5, 1997.

The document number of this corporation is P97000095001.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 16, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eighth day of January, 2021*



Randy R. ...
Secretary of State

Tracking Number: 2061891722CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047**

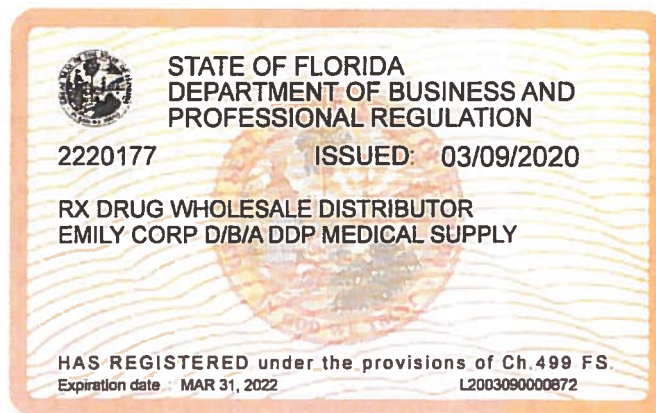
(850) 487-1395

**EMILY CORP D/B/A DDP MEDICAL SUPPLY
11800 28TH ST N
SAINT PETERSBURG FL 33716**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

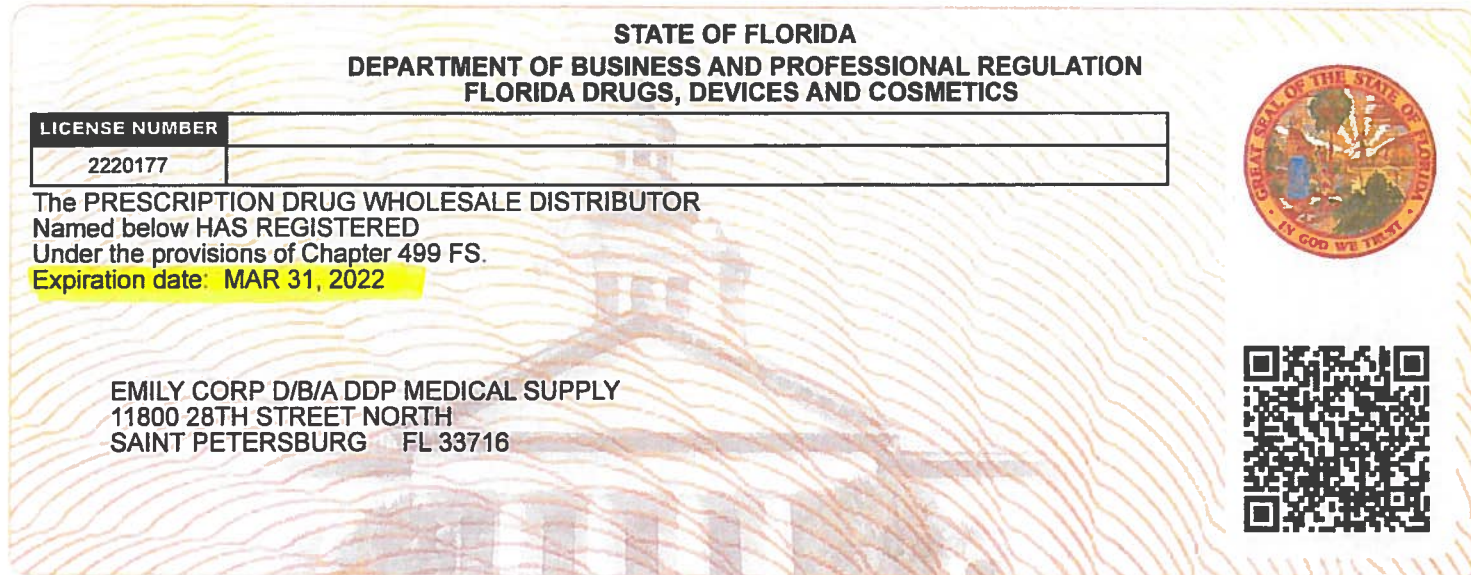
Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY



ISSUED: 03/09/2020

DISPLAY AS REQUIRED BY LAW

SFO # 12003090000872

Emily Corporation
dba DDP Medical Supply
11800 28th St. N.
St. Petersburg, FL 33716

State of Incorporation: Florida

Corporate Officers:

Joseph W. DiFabio
Title: President/CEO

Brian T. O'Neill
Title: V.P. of Sales

Glen E. Geiger
Title: Shareholder

John W. Oberding
Title: Shareholder

NABP ACCREDITED

DRUG DISTRIBUTOR

Emily Corporation dba DDP Medical Supply

located at

11800 28th St North, St. Petersburg, FL 33716

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



12/14/2018 - 12/13/2021

Period of Accreditation

Issued
M.H.

Employment History Summary

Joseph Spinosa

August 2019 – Present – DDP Medical Supply

Oversee the proper receipt, storage, and distribution of prescription drugs. Maintained all DSCSA Track and Trace requirements. Authenticated all inbound shipments for accuracy and inspected products for authenticity quarantining items when necessary. Established effective controls to prevent Misbranded or Adulterated products from entering the supply chain. Maintained proper record keeping requirements including but not limited to Invoices, Purchase orders, Recalls, Transaction History, Transaction Information and Transaction Statements. Comply with all licensing requirements of the jurisdiction in which the establishment was located. Developed policy and procedures to ensure best practices during the normal course of business. Maintained the establishment to meet all physical state and federal requirements. Reported all sales of controlled substances to the proper agencies quarterly or as required. Monitored and maintained proper temperature and humidity requirements as necessary, noting any excursions as required. Maintained effective controls against theft and diversion.

November 2018 – August 2019 - Integra Pharma

Responsible for the proper receipt, storage, and distribution of prescription drugs. Maintained all DSCSA Track and Trace requirements. Authenticated all inbound shipments for accuracy and inspected products for authenticity quarantining items when necessary. Established effective controls to prevent Misbranded or Adulterated products from entering the supply chain. Maintained proper record keeping requirements including but not limited to Invoices, Purchase orders, Recalls, Transaction History, Transaction Information and Transaction Statements. Comply with all licensing requirements of the jurisdiction in which the establishment was located. Developed policy and procedures to ensure best practices during the normal course of business. Maintained the establishment to meet all physical state and federal requirements. Reported all sales of controlled substances to the proper agencies quarterly or as required. Monitored and maintained proper temperature and humidity requirements as necessary, noting any excursions as required. Maintained effective controls against theft and diversion. Prepared facility for NABP accreditation inspection.

April 2008 – October 2018 - Red Parrot Distribution, Inc.

Responsible for the proper receipt, storage, and distribution of prescription drugs. Maintained all DSCSA Track and Trace requirements. Authenticated all inbound shipments for accuracy and inspected products for authenticity quarantining items when necessary. Established effective controls to prevent

Misbranded or Adulterated products from entering the supply chain. Maintained proper record keeping requirements including but not limited to Invoices, Purchase orders, Recalls, Transaction History, Transaction Information and Transaction Statements. Comply with all licensing requirements of the jurisdiction in which the establishment was located. Developed policy and procedures to ensure best practices during the normal course of business. Maintained the establishment to meet all physical state and federal requirements. Reported all sales of controlled substances to the proper agencies quarterly or as required. Monitored and maintained proper temperature and humidity requirements as necessary, noting any excursions as required. Maintained effective controls against theft and diversion.

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. 107402648

Application/License No. _____

EMILY CORPORATION d/b/a -DDP MEDICAL SUPPLY, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
11800 28TH STREET N. SAINT PETERSBURG, FL 33716, 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 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 16, 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
16 day of March, 2021.

APPLICANT/PRINCIPAL

EMILY CORPORATION d/b/a -DDP MEDICAL SUPPLY

Joseph W. Wata
 Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America

Cynthia M. Webster
 Surety Company's Representative

Cynthia M. Webster, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

Linda M. Dabot
 Witness

M. Hooper
 Witness

SIGNED and SEALED in the presence of:

Deanna D. Kirch
 Witness

Lashun D. Watts
 Witness

Countersigned by:

Nevada Resident Agent Non-Resident Agent License #666260



**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

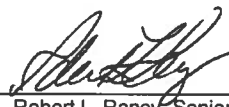
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **CYNTHIA M WEBSTER** of **ST PETE**, **Florida**, 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

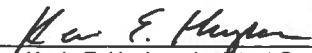
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice 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 _____ day of _____




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.**

4EEE

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: MXR IMAGING INC.

Physical Address: 604 LAMBERT POINT DR. BLDG C

City: HAZELWOOD State: MO Zip Code: 63042

Telephone Number: 314-431-3555 Fax Number: _____

Toll Free Number: _____

E-mail: tracy.wilkinson@mxrimaging.com Website: mxrimaging.com

Facility Manager: TRACY WILKSON

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

(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: 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: NV20201755367

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 ☒

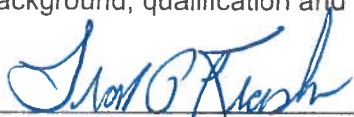
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

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

FRANK A. KRASHOC

Print Name of Authorized Person

3-25-21

Date

Board Use Only

Date Processed: _____

Amount:

500

Check # 11052263

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: California

Parent Company if any: _____

Mailing Address: 4909 Murphy Canyon Road, Suite 120City: San Diego State: CA Zip: 92123Telephone: (440)701-1451 Fax: (440)701-1314Contact Person: Frank Krashoc

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

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

a) Leo Zuckerman 4909 Murphy Canyon Road, Suite 120 San Diego, CA 92123
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 1,0003) What was the price paid per share? .01A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20201755367**Include with the application for a non-publicly traded corporation**List of officers and directorsCertificate 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.

LISTING OF ALL SOURCES FROM WHICH WE		BUY PRESCRIPTION LEGEND DRUGS & DEVICES		
NAME, CITY, STATE	MANUFACTURER OR NON-MANUFACTURER	AFFILIATE OR NON-AFFILIATE	MOST RECENT DATE OF BUSINESS	ACTIVE OR NON-ACTIVE
GE HEALTHCARE PO BOX 640200 PITTSBURGH, PA 15264	MANUFACTURER	NON-AFFILIATE	7/6/2020	ACTIVE
MCKESSON SPECIALTY 1220 SENLAC DRIVE CARROLLTON, TX 75006	NON-MANUFACTURER	NON-AFFILIATE	8/6/2020	ACTIVE
BRACCO DIAGNOSTICS PO BOX 101819 ATLANTA, GA 30392	MANUFACTURER	NON-AFFILIATE	8/7/2020	ACTIVE
GUERBET, LLC 1034 S BRENTWOOD BLVD SUITE 800 RICHMOND HEIGHTS MO 63117	MANUFACTURER	NON-AFFILIATE	8/2/2020	ACTIVE
ACIST MEDICAL SYSTEMS INC 7905 FULLER ROAD EDEN PRAIRIE MN 55344	MANUFACTURER	NON-AFFILIATE	12/4/2019	ACTIVE
INTEGRA PAIN MANAGEMENT 3948 WEST 2400 SOUTH WEST VALLEY CITY UT 84119	MANUFACTURER	NON-AFFILIATE	11/26/2019	ACTIVE
MXR IMAGING 181 WHEELER CRT, SUITE A-1 LANGHORNE, PA 19047	NON-MANUFACTURER	AFFILIATE	5/7/2020	ACTIVE



Officers & Directors

Charles Zuckerman **President**
 4909 Murphy Canyon Rd. Suite 120
 San Diego, CA 92123
 Phone- 858-565-4472

Charles.Zuckerman@mxrimaging.com

Sondra Beith **Secretary/Treasurer**
 4909 Murphy Canyon Rd. Suite 120
 San Diego, CA 92123
 Phone- 858-565-4472

Sondra.beith@mxrimaging.com

Ownership

MXR Imaging Inc 100%
 Leo Zuckerman,
 4909 Murphy Canyon Rd. Suite 120
 San Diego, CA 92123
 FIN – 95-2295473
 858-565-4472
 Incorporated in - California

CORPORATE OFFICE

MXR Imaging Inc
8020 Tyler Blvd
Mentor, OH 44060
FIN- 95-2295473
440-701-1451

Corporate Trade Names – Merry X-Ray Corp



Facility Contacts

Frank A Krashoc

800 Tyler Blvd.

Mentor, Ohio 44060

Phone 440-

Fax 440-744-4444

Email – frank.krashoc@mxrimaging.com

Regulatory Manager

(contact for any application questions)

Tracy Wilkson

Warehouse Manager

Designated Represented

604 Lambert Point Dr, Bldg. C

Hazelwood, MO 63042

Tracy.wilkson@mxrimaging.com

PH 314-431-3555

Fax 314-666-1234

Corporate offices

MXR Imaging Inc.

4909 Murphy Canyon Rd., Suite 120

San Diego, CA 92123

FIN-95-2295473

State Incorporated: California

MXR Imaging Inc

8020 Tyler Blvd

Mentor, OH 44060

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MXR IMAGING, INC.

FILE NUMBER: C0469614
FORMATION DATE: 04/24/1964
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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

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

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 13, 2020.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State



Secretary of State Certificate of Status

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

Entity Name: MXR IMAGING, INC.
 File Number: C0469614
 Registration Date: 04/24/1964
 Entity Type: DOMESTIC STOCK CORPORATION
 Jurisdiction: CALIFORNIA
 Status: ACTIVE (GOOD STANDING)

As of September 30, 2020 (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 October 1, 2020. —exp.

ALEX PADILLA
Secretary of State

Certificate Verification Number: RPNPJGZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.

A0836845

NCTO

	Secretary of State Certificate of Amendment of Articles of Incorporation Name Change Only - Stock	AMDT- STK-NA
	IMPORTANT — Read instructions before completing this form. Filing Fee — \$30.00 Copy Fees — First Page \$1.00 & .50 for each attachment page; Certification Fee — \$5.00	
1. Corporation Name (Enter the exact name of the corporation as it currently is recorded with the California Secretary of State.) Merry X-Ray Chemical Corporation		2. 7-Digit Secretary of State File Number C0469614

FILED *MRB/VLM*
 Secretary of State
 State of California
 DEC 19 2019

CC This Space For Office Use Only

- Item 3a:** Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "1," "First," or "A"). See instructions if the provision in the Articles of Incorporation being amended does not include a number, letter, or other designation. Any attachment is made part of this document.
- Item 3b:** Enter the new corporate name.

3. New Corporation Name

3a. Article 1 of the Articles of Incorporation is amended to read as shown in Item 3b below:

3b. The name of the corporation is MXR Imaging, Inc.

4. Approval Statements

4a. The Board of Directors has approved the amendment of the Articles of Incorporation.

4b. Shareholder approval was (check one):

☒ By the required vote of shareholders in accordance with California Corporations Code section 902. The total number of outstanding shares of the corporation entitled to vote is 1000. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.

☐ Not required because the corporation has no outstanding shares.

5. Read, sign and date below (See instructions for signature requirements. Note: Both lines must be signed.)

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.

12/17/19
Date

Signature

Ted Sloan

Type or Print Name of President

12/17/19
Date

Signature

Sondra Belth

Type or Print Name of Secretary



I hereby certify that the foregoing
transcript of 1 page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

OCT 05 2020

Date: _____

Alex Padilla

ALEX PADILLA, Secretary of State

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

MXR Imaging, Inc.

Nevada Business Identification # NV20201755367

Expiration Date: 04/30/2022

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 03/31/2021.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Certificate Number: B202103311558124

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

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

BARBARA K. CEGAVSKE*Secretary of State*OFFICE OF THE
SECRETARY OF STATE**KIMBERLEY PERONDI***Deputy Secretary for
Commercial Recordings**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**

04/07/2020

Work Order Item Number: W2020040700031 - 509759**Filing Number:** 20200592158**Filing Type:** Foreign Qualification**Filing Date/Time:** 04/07/2020 06:09:32 AM**Filing Page(s):** 10**Indexed Entity Information:****Entity ID:** E5921592020-2**Entity Name:** MXR Imaging, Inc.**Entity Status:** Active**Expiration Date:** None

Commercial Registered Agent

C T CORPORATION SYSTEM

701 S CARSON ST STE 200, Carson City, NV 89701, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE

Secretary of State

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF AUTHORITY

WHEREAS,

MXR Imaging, Inc.
F001334381

has complied with the Missouri General and Business Corporation Law which governs Foreign Corporations; by filing in the office of the Secretary of the State of Missouri authenticated evidence of its incorporation and good standing under the Laws of the State of California.

NOW, THEREFORE, I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that said corporation is from this date duly authorized to transact business in this State, and is entitled to all rights and privileges granted to Foreign Corporations under the General and Business Corporation Law.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 7th day of April, 2020.


Secretary of State



State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration

Missouri Board of Pharmacy
Licensed Drug Distributor

Wholesale Drug Distributor



VALID THROUGH OCTOBER 31, 2021

ORIGINAL CERTIFICATE/LICENSE NO. 2003000910

Tracy Wilkson

MXR IMAGING INC

MXR IMAGING INC

TRACY WILKSON, MIC

604 LAMBERT POINT DRIVE, BLDG C

HAZELWOOD MO 63042

USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

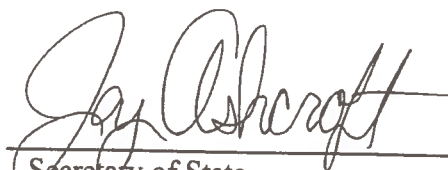
I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

MXR Imaging, Inc.

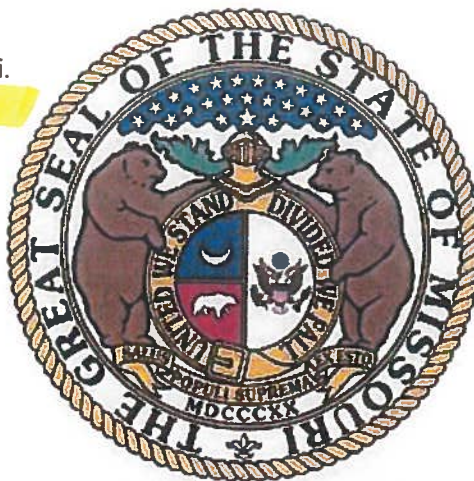
F001334381

A California entity was created under the laws of this State on 4/7/2020, and in Good Standing, 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 15th day of April, 2021.


Secretary of State

Certification Number: CERT-IN76176





State of Missouri

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

F001334381
Date Filed: 4/7/2020
John R. Ashcroft
Missouri Secretary of State

Application for Certificate of Authority For a Foreign For-Profit Corporation

(Submit with filing fee of \$155.00)

- The corporation's name is MXR Imaging, Inc.
and it is organized and existing under the laws California
- The name it will use in Missouri is MXR Imaging, Inc.
- The date of its incorporation was 4/24/1964, and the period of its duration is Perpetual
month/day/year
- The address of its principal place of business is 4909 Murphy Canyon Road, Suite 120 San Diego CA 92123
Address City/State/Zip
- The name and physical address of its registered agent and office in the State of Missouri is
C T CORPORATION SYSTEM 120 SOUTH CENTRAL AVENUE CLAYTON MO 63105
Name Address City/State/Zip
- The specific purpose(s) of its business in Missouri are:
Sale, distribution, service of medical supplies and equipment. Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of the state of Missouri.
- The name of its officers and directors and their business addresses are as follows:

President	Sloan, Ted	4909 Murphy Canyon Road, Suite 120	San Diego CA 92123
Secretary	Beith, Sondra	4909 Murphy Canyon Road, Suite 120	San Diego MO 92123
Treasurer	Beith, Sondra	4909 Murphy Canyon Road, Suite 120	San Diego MO 92123
Director	Beith, Sondra	4909 Murphy Canyon Road, Suite 120	San Diego CA 92123

- The effective date of this document is the date it is filed by the Secretary of State of Missouri unless you indicate a future date is Otherwise indicated : _____

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Sondra Beith

Must be an Officer or Chairman listed in #7

Treasurer

Title

04/07/2020

Date of Signature

Name and address to return filed document:

Name: C T Corporation System

Address: Email: GFTEVIDENCE@WOLTERSKLUWER.COM

City, State, and Zip Code: _____

Application for Certificate of Authority For a Foreign For-Profit Corporation

Note: A current (not more than 60 days old) original certificate of good standing or certificate of existence must be submitted with this application. This may be obtained from the Secretary of State or other authority that issues corporate characters in the state of domicile.

Maria Herrera

From: Frank Krashoc <Frank.Krashoc@mxrimaging.com>
Sent: Thursday, April 15, 2021 4:23 AM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- MXR Imaging, Inc.
Attachments: NV Surety Bond 2021.pdf; NV - MXR Imaging Inc. Bus License exp 2022.pdf; Tracy Wilkson Resume.doc; VAWD commenced active letter 3-16-21.pdf; MXR Imaging, Inc.-MO-Qualification.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Maria Good Morning.

I've attached additional the updated documentation you requested, Please note the active letter from VAWD, at this time they have not supplied us with an updated certificate since we are in the process of going through our 3rd year re-accreditation but as stated our **current accreditation is active during this process. Once completed I will forward the updated certificate. Please be advise the 3 year inspection can take up to 3 months or longer.**

If you should have any questions or need additional information please let me know.

Thanks again for your assistance.

Frank, Stay Safe.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, April 8, 2021 10:11 AM
To: Frank Krashoc <Frank.Krashoc@mxrimaging.com>
Subject: RE: Nevada Wholesaler Application- MXR Imaging, Inc.

Good Morning Frank,

This is something the bank can just leave blank for now, unfortunately we have no license number until everything is finalized and approved by the Board.

Best Regards,

Maria H.

From: Frank Krashoc <Frank.Krashoc@mxrimaging.com>
Sent: Thursday, April 8, 2021 2:52 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: FW: Nevada Wholesaler Application- MXR Imaging, Inc.

Hi Maria,

Frank Krashoc

From: vawd@nabp.pharmacy
Sent: Tuesday, March 16, 2021 12:04 PM
To: Frank Krashoc
Subject: MXR Imaging, Inc, Hazelwood, MO - Reaccreditation Acknowledgement

Dear Frank,

The Drug Distributor Accreditation reaccreditation for MXR Imaging, Inc, Hazelwood, MO has commenced. Your facility's accreditation remains active while the process is completed.

As additional information is needed, NABP will contact you using either this email address or the phone number that is on file. We encourage facilities to regularly check their email and ask that it is ensured mail systems accept communications from vawd@nabp.pharmacy that include attachments (.doc, .xlsx, .pdf, .zip). Any changes to the information you have provided or changes in facility operations must be communicated in writing to NABP within 14 days of their occurrence. Direct such correspondence to vawd@nabp.pharmacy.

If your facility is interested in using a consultant to assist in this process, many are available and NABP does not discourage this; however, we will not engage directly with a consultant contacting us on behalf of a client, or, accept documents submitted by a consultant on behalf of a client. An Internet search will return multiple consultant options.

Direct questions to vawd@nabp.pharmacy or 847/391-4539.

Cordially,

Craig Siwik, SSYBC

Coordinator, Distribution Accreditations

P: 847/391-4539

D: 847/391-4435

National Association of Boards of Pharmacy

1600 Feehanville Dr, Mount Prospect, IL 60056

www.nabp.pharmacy | vawd@nabp.pharmacy

vdip@nabp.pharmacy



[Main Menu](#)

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State

(All)

[Search](#) [Reset](#)

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
MXR Imaging, Inc	604 Lambert Point Dr, Bldg C Hazelwood, MO 63042	Reaccreditation in process

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[Contact](#)

Search NABP

NABP ACCREDITED

DRUG DISTRIBUTOR

MXR Imaging, Inc

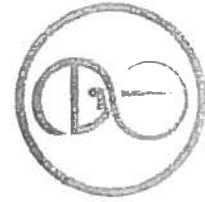
located at

604 Lambert Point Dr, Bldg C, Hazelwood, MO 63042

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



3/20/2018 - 3/19/2021 exp
Period of Accreditation

Tracy Wilkson

Work History:

1982-1988 Star Manufacturing Company
10 Sunnen Drive, St Louis MO 63143
Phone: 314-781-2777

Data Processing Operation Coordinator

Responsible for mainframe computer operations. Analyzed data, found information and solved problems to write reports that others requested using Cobol programming. Responsible for accounts payable, cash receipts and payroll.

1988-1995 Madison County Wood Products
3311 Chouteau Avenue, St Louis MO 63103
Phone: 314-772-1722

Controller's Assistant

Supervise accounting department consisting of three additional employees. Responsible for accounts payable, accounts receivable and payroll functions. Process month end closing, prepare and analyze monthly financial statements. Prepare analysis and work papers for yearly audit.

1995-1997 General X-ray Inc
13266 Lakefront Drive, Earth City MO 63045

Controller's Assistant

Prepared monthly financial statements for multiple branches. Maintain fixed asset ledger. Analysis inventory monthly for shrinkage and costing error. Process sales tax and payroll taxes for multiple states. Prepared work papers for yearly audit.

1997-2003 Diagnostic Imaging (purchased General Xray)
13266 Lakefront Drive, Earth City MO 63045

Operations Manager

Managed the operations of a distribution branch consisting of ten office personnel covering customer service, accounts payable, accounts receivable and purchasing and ten warehouse personnel covering shipping, receiving and delivery.

~~*SourceOne Healthcare Technologies, Inc~~ MXR Imaging
604 Lambert Point #C, Hazelwood MO 63042
Phone: 314-731-3555 Corp: 1-800-635-9729

Note: SourceOne purchased Diagnostic Imaging and all administrative functions were consolidated to a corporate level, moved warehouse. *Business name changed to MXR Imaging.

2003-Present Operations Manager

Manage the daily warehouse operations of a Pharmaceutical distribution center consisting of five employees. Center covers 20 states around the Mid-West.

Shipping 400 pieces a day using FedEx Ground Shipper Manager Software and some LTL.

Duties include; shipping and receiving, billing, inventory control using SAP software.

Education:

Ritenour High School, Overland MO

Graduated 1982

Columbia College, Columbia MO

Associate in Computer Information Systems
Bachelor of Science in Business Administration

RIDER

TO BE ATTACHED TO AND FORM PART OF BOND NO. 0738238

PRINCIPAL MXR Imaging, Inc.

IN FAVOR OF State of Nevada and the to the Nevada State Board of Pharmacy

IS AGREED THAT:

The following address is added:

604 Lambert Point Drive, Bldg C

Hazelwood, MO 63402

The attached bond shall be subject to all its agreements, limitations and conditions except as herein expressly modified.

THIS RIDER IS EFFECTIVE: April 8th, 2021

Signed and dated this 27th day of April, 2021.

Harco National Insurance Company



By: _____

Cyndi Beilman, Attorney-in-Fact



POWER OF ATTORNEY

Bond # 0760469

**HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY**

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That HARCO NATIONAL INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, and INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

DANA MICHAELIS, REBECCA JAMES, CYNDI BEILMAN, ANNE WRIGHT

La Mesa, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of HARCO NATIONAL INSURANCE COMPANY at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY have each executed and attested these presents on this 31st day of December, 2019



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2019, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.



Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, April 27, 2021

A01222



Irene Martins, Assistant Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

County of San Diego }

On 4/27/2021 before me, Rebecca James, Notary Public,
Date Insert Name of Notary exactly as it appears on the official seal

personally appeared Cyndi Beilman

Name(s) of Signer(s)



Place Notary Seal Above

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

Rebecca James
Signature of Notary Public Rebecca James

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☒ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

Signer is Representing: _____

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

Signer is Representing: _____

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. 0738238 Premium: \$500.00

Application/License No. _____

MXR Imaging, Inc., doing or intending to do business as
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
4909 Murphy Canyon Road, #120, San Diego, CA 92123, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Illinois
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
702 OBERLIN ROAD, RALEIGH, NC 27605 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 04/08/2021.
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 imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 8th day of April, 2021.

APPLICANT/PRINCIPAL
MXR Imaging, Inc.

Jung B C
Authorized Representative

SURETY COMPANY
Harco National Insurance Company


Surety Company's Representative

Cyndi Beilman, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness 

Witness Alfred Appadifo

SIGNED and SEALED in the presence of:

Witness Rebecca James

Pamela Jones
Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Bond # 0738238

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That HARCO NATIONAL INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, and INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

DANA MICHAELIS, REBECCA JAMES, CYNDI BEILMAN, ANNE WRIGHT

La Mesa, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of HARCO NATIONAL INSURANCE COMPANY at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY have each executed and attested these presents on this 31st day of December, 2019



STATE OF NEW JERSEY
County of Essex

[Signature]

Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2019, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

[Signature]

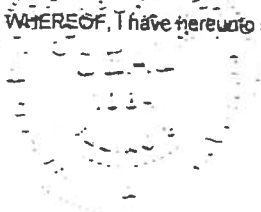
Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 4/08/2021

A01222



[Signature]

Irene Martins, Assistant Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

County of San Diego

On 4/08/2021 before me, Anne M. Wright, Notary Public,
Date Insert Name of Notary exactly as it appears on the official seal

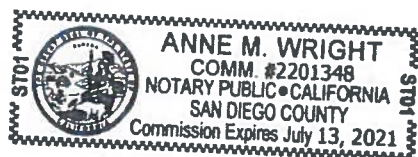
personally appeared Cyndi Beilman
Name(s) of Signer(s)

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 [Signature]
Signature of Notary Public Anne M. Wright



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer is Representing: _____

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer is Representing: _____


Bank of America

P.O. Box 15284
Wilmington, DE 19850

|||||
N4 1117 924 780 27452 #001 AB 0.419
MERRY X RAY CHEMICAL CORPORATION
4909 MURPHY CANYON RD STE 120
SAN DIEGO CA 92123-4300

*NV
Bd of Pharm*

Date
November 15, 2020

Account ending 1005

Customer service
1.888.827.1812

Account information
bankofamerica.com

Your 12M Featured CD has been automatically renewed for the new term listed below.

Here's a summary of your renewal information.

Account Number: 700 074 6370 1005

Renewal Account Information:

Product:	12M Featured CD	Interest Rate:	0.05%
Term:	12 Months	Annual Percentage Yield (APY):	0.05%
Maturity Date:	November 8, 2021	Current Balance:	\$101,826.78

What you need to know

- Since this is a(n) 12M Featured CD, your Interest Rate will not change during your new term.
- The APY assumes that the interest earned on your CD will not be withdrawn and will remain on deposit until the maturity date.
- Withdrawals from your CD will reduce your earnings.

We're here to help

We appreciate the opportunity to help you with your savings needs. If you have any questions, please don't hesitate to call us at the number listed above, visit a nearby financial center, or write to us at Bank of America, N.A., TX2-979-02-14, P.O. Box 619040, Dallas, TX 75261-9943.

Rate Information: The interest rate and annual percentage yield (APY) on this account may be based on the factors listed below. The interest rate, APY and factors are all subject to change at maturity.

County SAN DIEGO

State California

Line of Business Consumer or Small Business Client

Other:

4FFF

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.

*Name change effective 11/02/2020

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 01777**)
 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: Optum Frontier Therapies, LLC

Physical Address: 325 W. Atherton Rd., Suite 1W

City: Flint State: MI Zip Code: 48507

Telephone Number: (855) 768-9727 Fax Number: (866) 991-9929

Toll Free Number: (855) 768-9727

E-mail: orxpharmic@optum.com Website: https://envoyhealth.diplomat.is/

Facility Manager: ~~Katie Martin~~ Martin Reyes Rodriguez

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?
(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: Genzyme a Sanofi Company

Address: 2500 Southpoint Dr, Forest Park, GA 30297

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.

Karen Peterson

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

Karen Peterson

10/26/2020

Print Name of Authorized Person

Date

65967696 - check ✓
 processed 5/13/21

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Entity is an LLC - Formed in MichiganParent Company if any: Optum Frontier Therapies Holdings, LLCMailing Address: 11000 Optum CircleCity: Eden Prairie State: MN Zip: 55344Telephone: 224 231 1514 Fax: 844 623 0424Contact Person: Aileen Warren

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

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

a) No individual owners

Name

Business Address

b)

Name

Business Address

c)

Name

Business Address

d)

Name

Business Address

2) Provide the number of shares issued by the corporation. N/A - entity is an LLC3) What was the price paid per share? N/A - entity is an LLCA 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.

Intracompany Transfer

Before

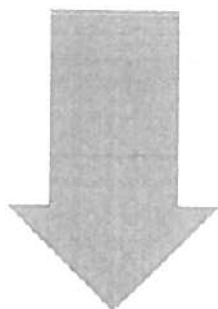
Optum, Inc.
30-0580620
100%



OptumRx Holdings, LLC
N/A
100%



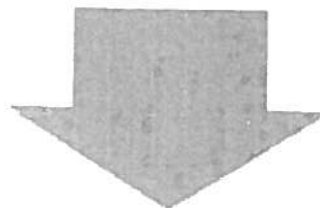
Diplomat Pharmacy, Inc.
38-2063100
100%



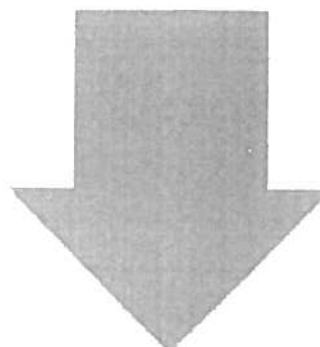
Envoy Health Management, LLC
45-2301399

After

Optum, Inc.
30-0580620
100%



Optum Frontier Therapies Holdings, LLC
85-2786455
100%



Optum Frontier Therapies, LLC
45-2301399

Martin Reyes Rodriguez

Kings Pointe Rd.
Grand Blanc, MI 48439

Telephone:

05 • Email: 1

Experience:

Optum Frontier Therapies, LLC (fka Envoy Health Management), Flint, MI **April 2019- Current**
Pharmacist

- Verify prescriptions are accurate and compliant with Patient Assistance Program parameters.
- Assist with development and implementation of client specific programs.
- Ensure wholesale compliance with Federal and State regulations during daily operations.

Genesys Regional Medical Center, Grand Blanc, MI **January 2016- April 2019**
Hospital Inpatient Pharmacist

- Verify medication orders meet appropriate use criteria.
- Participate in Antimicrobial stewardship by assisting physicians with selecting appropriate antibiotics.
- Providing pharmacokinetic dosing of antibiotics and warfarin dosing/monitoring.
- Verify sterile and non-sterile products are compounded appropriately.
- Participate in Advanced Cardiovascular Life Support scenarios.

Diplomat Specialty Pharmacy, Flint, MI **September 2013-January 2016**
Specialty Pharmacist

- Counseled patients with rare and serious disease states such as: Cancer, Hep C, HIV, and autoimmune disorders.
- Verified prescriptions were within appropriate care and in compliance with Risk Evaluation and Mitigation Strategies (REMS) programs, if necessary.

Compounding Pharmacist

- Verify correct compounding of medications according to formulation guidelines in both a sterile and non-sterile environment.
- Assist physicians in creating patient specific medications.
- Ensuring medication is appropriate according to therapeutic guidelines.
- Counseling patients on appropriate administration, storage and stability, and medication safety.

Rite Aid Pharmacy, Eaton Rapids, MI **June 2013-July 2013**
Pharmacist

- Ensure appropriate medication dispensation.
- Administer appropriate vaccinations.
- Counsel and recommend various over-the-counter preparations when appropriate.

Education:

Ferris State University **2007-2013**

Pre-Pharmacy **2007-2009**
College of Pharmacy **2009-2013**
Pharm.D.

Licenses/Certifications:

- **Registered Pharmacist**
 - AL, AR, KY, LA, MI, MS, NE, TN, TX, WV

Skills:

- Familiarity with utilizing PK pharmaceutical compounding software and Allscripts based Computerized Provider Order Entry
- Previous experience with building formulas for sterile and non-sterile products
- Participated in PCCAs Comprehensive Compounding Course
- Pharmacokinetic dosing of antibiotics and warfarin monitoring

Disciplinary Action History

Optum Frontier Therapies, LLC (fka Envoy Health Management, LLC)

(Pharmacy) Maine Board of Pharmacy, 2018. Envoy Health Management, LLC failed to notify the Maine Board of Pharmacy of a Pharmacist-in-Charge change within the required 7 days in 2017. Envoy entered into a Consent Agreement with the Maine Board of Pharmacy and paid a fine of \$250.00. The effective date of the Consent Agreement was March 28, 2018. Envoy is currently in good standing with the Maine Board of Pharmacy.

(Wholesaler) California Board of Pharmacy, 2019. Allegation against facility regarding failure to notify the Board of a change in the representative-in-charge. The facility paid a non-disciplinary fine and the matter was resolved. Importantly, the matter was resolved in a non-disciplinary manner. Although the citation is not discipline, we are disclosing it out of an abundance of caution.

A handwritten signature in black ink, appearing to read "Kamgokto", with a long horizontal flourish extending to the right.

Optum Frontier Therapies, LLC**Officer & Manager List**

Name	Title
Michael Zeglinski	Manager, CEO & President
Jeffrey Grosklags	Manager, Executive Vice President
Peter Gill	Treasurer
Karen Peterson	Secretary
Timothy Langdon	Assistant Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary

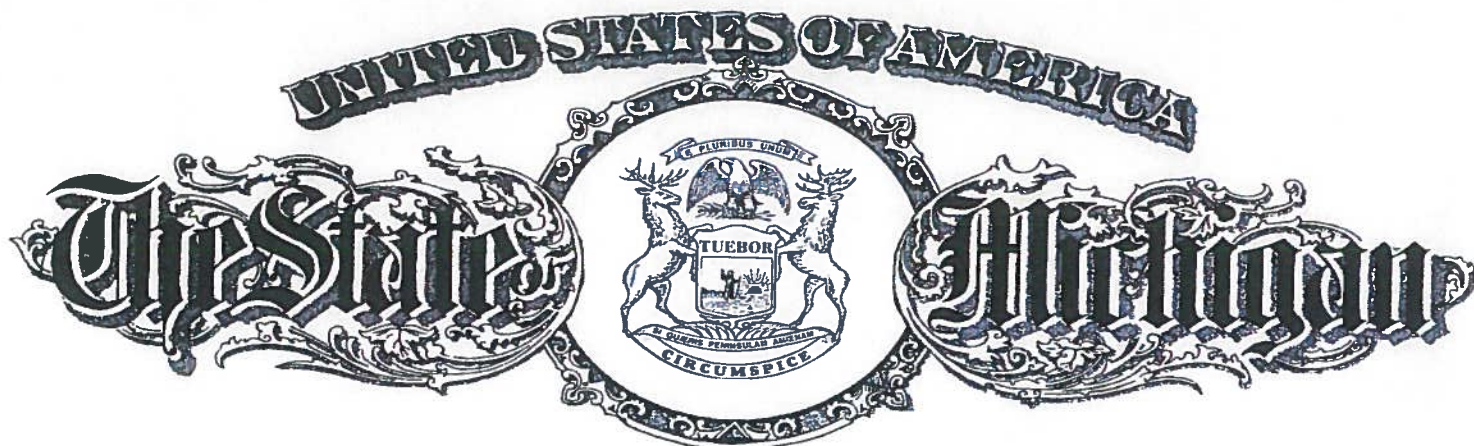
The facility is wholly owned by:

Optum Frontier Therapies, LLC

FEIN: 45-2301399

11000 Optum Circle

Eden Prairie, MN 55344



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

OPTUM FRONTIER THERAPIES, LLC

was validly authorized on May 16, 2011, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

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: 21050162308

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 7th day of May, 2021.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

OPTUM FRONTIER THERAPIES, LLC
325 W ATHERTON ROAD - SUITE 1W
FLINT, MI 48507

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS BY EMAILING
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITNER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
WHOLESALE DISTRIBUTOR LICENSE

OPTUM FRONTIER THERAPIES, LLC
325 W ATHERTON ROAD - SUITE 1W
FLINT, MI 48507

LICENSE NO.
5306003240

EXPIRATION DATE
8/10/2022

20308121108

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

CSC/CD-715 (Rev. 07/19)

08 E4

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

10/13/2020 9:25

AC1

(FOR BUREAU USE ONLY)

S125 MC CEPAS 20101308512769

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

FILED

OCT 13 2020

ADMINISTRATOR
CORPORATIONS DIVISION

Name

Address

9900 Bren Road East, AZ990-1000

City

Minnetonka

State

MN

ZIP Code

55353

EFFECTIVE DATE: 11/2/2020

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by Limited Liability Companies

(Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate of Amendment:

1. The present name of the limited liability company is:

Envoy Health Management, LLC

2. The identification number assigned by the Bureau is:

801595512

3. The date of filing the original Articles of Organization was: 05/16/2011

4. Article 1 of the Articles of Organization is hereby amended to read as follows:

The name of the limited liability company is: Optum Frontier Therapies, LLC

Article II is hereby amended to read as follows: The purpose or purposes for which the limited liability company is formed is to engage in activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan, including but not limited to operating a licensed pharmacy.

Article VIII of the Articles of Organization is hereby added to read: The principal address of the limited liability company is: 11000 Optum Circle, Eden Prairie, MN 55344

5. ☐ The amendment was approved by a majority in interest if an operating agreement authorizes amendment of the articles of organization by majority vote.

☒ The amendment was approved by unanimous vote of all the members entitled to vote.

6. The effective date shall be: November 2, 2020

This document is hereby signed as required by Section 103 of the Act.

Signed this 10/9/2020 day of October, 2020

By John Prince
(Signature of Member, Manager, or Authorized Agent)

John Michael Prince, Manager
(Type or Print Name and Capacity)



Find an Accredited Drug Distributor

Facility Name:

State: 

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years
Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Optum Frontier Therapies, LLC	325 W Alherton Rd Flint, MI 48507	05/13/19

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®). [Contact](#)

NABP ACCREDITED

DRUG DISTRIBUTOR

Optum Frontier Therapies, LLC

located at

325 W Atherton Rd, Flint, MI 48507

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/.



Lemroy "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



5/13/2019 - 5/12/2022

Period of Accreditation

R I D E R

To be attached to and form part of:

Bond Number 105531443
 Issued by the TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
 on behalf of OPTUM FRONTIER THERAPIES, LLC
 (Principal)
 and in favor of STATE OF NEVADA AND THE NEVADA STATE BOARD OF
PHARMACY
 (Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The principal name shall be amended:

FROM: Diplomat Pharmacy, Inc. dba Diplomat Specialty Pharmacy

TO: OPTUM FRONTIER THERAPIES, LLC

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 2nd day of November, 2020.

Signed, Sealed & Dated this 3rd day of November, 2020.

OPTUM FRONTIER THERAPIES, LLC
 (Principal)

By: _____

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
 (Surety)

By: _____

Kristin L. Hannigan, Attorney-in-Fact


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 **Kristin L. Hannigan** of **CHICAGO** Illinois

their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 17th day of January, 2019.



State of Connecticut

City of Hartford ss.

By:

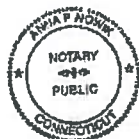


Robert L. Raney, Senior Vice President

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 3 day of November, 2020




Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.**

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105531443 by TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, dated December 1, 2010, in the amount of One Hundred Thousand and 00/100 Dollars (\$100,000.00) on behalf of DIPLOMAT PHARMACY, LLC DBA DIPLOMAT SPECIALTY PHARMACY (as Principal) in favor of STATE OF NEVADA AND THE NEVADA STATE BOARD OF PHARMACY (as Obligee), covers a term which began on December 1, 2019, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, Sealed and Dated 9/3/2020

TRAVELERS CASUALTY AND SURETY COMPANY
OF AMERICA

By

Sandra M. Winsted , Attorney-In-Fact

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Sandra M. Winsted** of **Chicago** Illinois, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of February, 2017.



State of Connecticut

City of Hartford ss.

By: *Robert L. Raney*
 Robert L. Raney, Senior Vice President

On this the 3rd day of February, 2017, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021



Marie C. Tetreault
 Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 3 day of September 2020



Kevin E. Hughes
 Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

4GGG

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.

3PL
☒ 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: UPS Supply Chain Solutions, Inc.

Physical Address: 700 Manor Park Drive, Suite 100

City: Columbus State: OH Zip Code: 43228

Telephone Number: 614-208-0396 Fax Number: 302-631-5238

Toll Free Number: N/A

E-mail: ralicensing@ups.com Website: www.ups.com

Facility Manager: Matthew S. Wheeler

Professional qualifications and experience of facility manager: see attachment #3

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)

See Attachment # 4

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

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

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

Name: *see attachment # 5*

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 ☐

See Attachment #10

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



Print Name of Authorized Person



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: United Parcel Service of America, Inc.
 Mailing Address: 12380 Morris Road
 City: Alpharetta State: GA Zip: 30005
 Telephone: 678-746-4100 Fax: 302-631-5238
 Contact Person: Thomas Page

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 See Attachment #7
 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/A

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

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

Include with the application for a non-publicly traded corporation

List of officers and directors see attachment # 8

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. see attachment #1

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification. *See Attachment #4*
- 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". *See Attachment #9*

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvqgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

State Of Delaware

Entity Details

4/23/2021 4:13:37PM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

State Of Delaware

Entity Details

10/23/2020 1:42:49PM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

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Status: Good Standing

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Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401



**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.

UPS Supply Chain Solutions, Inc.

700 Manor Park Dr Ste 100

Columbus, OH 43228-9397

License Number: 0170000027

Third-Party Logistics - Category 2

Expiration Date: June 30, 2021

CLASS: Third-Party Logistics - Category 2
BUSINESS TYPE: 3PL - Third-Party Logistics

Responsible Person - Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print) Matthew S. Wheeler	Signature of Responsible Person 
--	---

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

MATTHEW WHEELER
 Rising Sun Dr • Grove City, Oh 43123

SUMMARY

- Extensive Pharmaceutical Warehousing and Distribution/Inventory Control/Supply Chain experience
- Diversified business skills with solid supervisory experience
- Effective analytical and organizational abilities; excellent interpersonal and communication skills
- Expertise in ERP systems (SAP)
- Expertise in Microsoft Excel, Word, and PowerPoint

EXPERIENCE

UPS Supply Chain Solutions Inc., Columbus, Ohio

8/2019 – Present

Distribution Manager II • Global Logistics and Distribution

- Serving as the Columbus facility designated representative for required state licensing
- Responsible for receiving and distribution activities related to the Boehringer Ingelheim account
- Review and approve all SOP's, Work Instructions, and Forms for owned accounts
- Meet Financial Expectations - Headcount, budget, Profit/Loss analysis
- Ensure Customer Satisfaction
- Manages and Develops Others
- Manages Productivity Indicators
- Reviews Performance and Systems Reporting

Boehringer-Ingelheim Pharmaceuticals Inc. (BIPI), Columbus, Ohio

5/2015 – 8/2019

Distribution Solutions Manager • Warehousing and Distribution

- Manager of Inventory Control and Order Management team. Manages the integrity of inventory, including cycle count management within distribution. Manage the order fulfillment planning function while communicating with BI Customer Service, Trade Relations, Sales and Marketing, Distribution Operations and others.
- Manager of the Technical Learning Group. Responsible for developing learning curricula and learning plans for all warehouse and distribution positions from floor level to director of warehousing and distribution. Ensuring all training and required learning items are added to the Learning Management System. Facilitates class room training for all associates, as well as the NEO program (New Employee Orientation).
- Responsible for the analysis and compliance of corporate and local procedures. Creation/author of local SOP's, Work Instructions, Forms, and Training Modules. Department project lead to review and revise 120+ procedures after recent reorganization.
- Serving as the Logistics Incident Key Contact for global intercompany shipments. Evaluate damage or temperature excursions. Determine root cause and CAPA (Corrective Action/Preventive Action).
- Warehousing and Distribution reporting of KPI's/Site Metrics and Right the First Time reporting.
- Headcount and budget analysis.
- Responsible for Carrier Management including; supporting carrier qualifications, maintaining relationships with service providers, reviewing services, rates, evaluating carrier performance, and facilitating business reviews.
- SAP Super-user and trainer, SAP system enhancements and testing within development and quality environments, SAP process improvements, and SAP master data maintenance.

(Continued on next page)

- Support day to day warehouse operations, PSS (Product Safety and Security) serialization project lead for warehouse, new product launch planning, leading and participating on departmental and inter-departmental projects, participating on global project teams, launch teams, and supporting internal and external audits, validations, or qualifications as required.
- Lead, coach, and mentor direct reports to accomplish organizational and Distribution Solutions priorities. Bi-weekly one-on-one meetings with direct reports, quarterly one-on-one performance reviews, performance management, and yearly calibrations with management team to determine salary adjustments and bonus eligibility.

Boehringer-Ingelheim Roxane, Inc. (BIRI), Columbus, Ohio

3/2014 – 5/2015

Distribution Solutions Specialist III • Warehousing and Distribution

- Assisted with distribution analysis and compliance with corporate and local procedures as well as serving as the Logistics Incident Key Contact for global intercompany shipments.
- Assisted with Carrier Management including; supporting carrier qualifications, maintaining relationships with service providers, reviewing services, rates, evaluating carrier performance, and facilitating business reviews.
- Additional responsibilities include inventory problem solving to support Warehouse Operations, SAP Super-user and Trainer, SAP system enhancements and testing, process improvements, new product launch planning, SAP master data maintenance, leading and participating on departmental and inter-departmental projects, and supporting internal and external audits as required.

Boehringer-Ingelheim Roxane, Inc. (BIRI), Columbus, Ohio

7/2011 – 3/2014

Demand Manager/Planner III • CHC Products and Third Party Management (3PM) Team Member

- Develops Net Requirements Plan (NRP) based on forecasts to ensure short-term and long-term strategies can be met.
- Review forecasts and create forecasts for Business OPU's (BOPUs and POPUs).
- Considers current supply status.
- Challenge the business where appropriate.
- Utilize extensive knowledge of the business and the systems available (SAP, BIX@ and others).
- Negotiate with internal and external suppliers to reach a final Net Requirements Plan (NRP).
- Interacts with stakeholders on a continuous basis to bring resolution to problems identified, share best practices, and enhance overall knowledge of the business.
- Examples include addressing product availability issues and prioritizing supply bottlenecks with production supply plants.
- Executes product labeling changes into the market as required.
- Manage transition timing of inventory to meet the in-market date, minimize destructions and rework costs.
- Directs reconditioning activities with external vendor.
- Manages inventory investment and maintains customer service objectives for products assigned by collaborative interactions and negotiation with marketing and production.
- Review and analyze finished good inventory for expired or obsolete products through MRD and reserves reporting process.
- Responsible for the Donation Process, program to move short date product rather than destroying.
- Attends S&OP meetings as a Subject Matter Expert on products responsible for, on occasion lead the inter-company S&OP meeting and drove the team toward resolution. Prepared the required information for any-level S&OP meeting where responsible product is to be discussed.
- Process ownership and continuous improvement for a variety of related processes such as Annual Inventory Target Setting and Third Party Management processes.
- Provides training & mentoring on processes and systems for other planning personnel; may also engage in best-practice sharing with other customers outside of planning.

Boehringer-Ingelheim Roxane, Inc. (BIRI), Columbus, Ohio

2003 – 7/2011

Certified Coach • 2009 – 2011 • Warehousing and Distribution Supervisor**Unit Leader** • 2006 – 2009 • Raw Material/Component Overflow and Distribution Supervisor**Unit Leader** • 2005 – 2006 • Controlled Substance Distribution Supervisor**Specialist** • 2003-2005 • Raw Material/Component Warehouse Supervisor

Direct and support a staff ranging from 7-18 individuals at any given time throughout my supervisory roles. My group is responsible for coordinating and scheduling a majority of the inbound and outbound shipments for both the Warehouse and Distribution sites. I work closely and maintain strong relationships with our external business partners such as Lilly, CSI, McKesson, Cardinal Health, AmerisourceBergen, Praxis Packaging, Rand Diversified, and internal customers such as our BIPI, CHC, and RLI sales groups, BIPI Trade Marketing, Product Launch team, Customer Service group in Connecticut and our western region distribution team in Reno, Nevada.

- Super user of SAP, BIRI's ERP system.
- SAP Trainer for new employees.
- Coordinate logistics of raw material, component, and finished good shipments to internal/external customers.
- Lead and participated in the coordination of multiple product launches and pushes.
- Lead and participated in the coordination of multiple rack configuration projects to increase capacity.
- Developed Standard Operating Procedures, Work Instructions, and Departmental Forms.
- Developed key performance indicators to measure accuracies and performance for team.
- Project Leader for Warehouse Training Initiative - Module Writing Team – Awarded 2009 Team Spirit Award for the project.
- Assure that all Purchase Orders are goods receipted by expected due date, excellent communication with our Planning, Purchasing, Transportation and Customer Service teams.
- TSA Certified.
- Warehousing & Distribution won the 6th Person Award from the RLI Sales and Marketing groups in 2007.
- Key contributor in the transition from 27 distribution points to one McKesson SRC. Shipped BIRI largest customer order (over \$100 million) in 2007.
- BIPI was named: McKesson (large) Supplier of the Year in 2007 and 2009, AmerisourceBergen Large Pharma Supplier of the Year 2007, 2008, 2009 and second place 2010, HD Smith (large) Supplier of the Year 2008 and second place 2009, Pharmacy Buying Association (PBA) supplier of the year for 2008, Diana Award for Best Overall Pharmaceutical Products Manufacturers 2008 and second place 2009, Wal-Mart supplier of excellence award for outstanding over the counter vendor 2008.

EDUCATION

DEVRY INSTITUTE OF TECHNOLOGY, Columbus OH • Bachelor in Business Administration with a concentration in Information Systems

- Windows, Visual Basic, Windows NT Server & Workstation, MSDOS, IBM AS400, Networking, Small Systems, Internet Explorer, Netscape Navigator, Microsoft Excel, Microsoft Word, Microsoft Visio, Microsoft PowerPoint, Microsoft Access, Business Management, TQM Management, Marketing, Business Operations, Business Math, Accounting, Statistics, and Finance.
- Senior Project Co-leader – case study analysis, existing and new state development, marketing ideas, management changes, financial changes, financial statements, graphs, flow charts, data flow diagrams (DFDs), and a final presentation done with Microsoft PowerPoint.

NABP ACCREDITED

DRUG DISTRIBUTOR

UPS Supply Chain Solutions, Inc

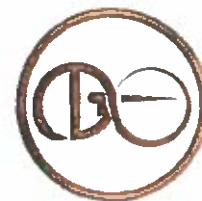
located at

700 Manor Park Drive, Suite 100, Columbus, OH 43228

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



11/21/2020 - 11/20/2023

Period of Accreditation

Verified
12/28/20
NLS

Attachment #4

UPS Supply Chain Solutions, Inc.
700 Manor Park Drive, Suite 100
Columbus, OH 43228

Listing of Client/Trading Partners

Facility	Client Name
Columbus	Boehringer Ingelheim 700 Manor Park Drive Columbus, OH 43228

UPS Supply Chain Solutions, Inc.

12380 Morris Road

Alpharetta, GA 30005

Phone ~ (678) 746 4100

State of Incorporation: Delaware

Date of Incorporation: 8/29/88

FEIN ~ 94-3083515

<u>Name/Title</u>	<u>Work Address</u>	<u>Work Phone</u>	<u>Work Fax</u>	<u>Email</u>
Wesley P. Wheeler President	12380 Morris Road Alpharetta, GA 30005	(919) 606-5575	(678) 746-8650	wwheeler@ups.com
Thomas Page Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-3836	(678) 746-8650	tpage@ups.com
Stephen Hydrick Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-4404	(678) 746-8650	shydrick@ups.com
Seith Bruckner Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	(678) 746-8650	sbruckner@ups.com
William M. Jacques Vice President	12380 Morris Road Alpharetta, GA 30005	(770) 841-8136	(678) 746-8650	wjacques@ups.com

Parent Company Information:

United Parcel Service of America, Inc.

55 Glenlake Parkway NE

Atlanta, GA 30328

P ~ (404) 828 6022

FEIN ~ 95-1732075

State/Date of Incorporation ~ DE 5/9/30

Attestment #8

Disciplinary Statement
UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order
1645 Satellite Blvd, Duluth, GA

Final

As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final

On November 15, 2011, UPS SCS informed your agency of the Iowa Board of Pharmacy's (IBoP) action concerning Iowa Wholesale Drug License #5820 and which became effective November 11, 2011. This Iowa Stipulation and Consent Order (the "Iowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

Final

On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders 1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous non-resident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2011-000273**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG WHOLESALER REGISTRATION OF UPS SUPPLY CHAIN SOLUTIONS, INC., REGISTRATION NO. WHO-7462,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and UPS Supply Chain Solutions, Inc. ("Respondent") to resolve all matters pertaining to Board Case Number 2011-000273, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.
2. Respondent was originally registered as an non-resident prescription drug wholesaler in the State of Colorado on December 8, 2008, being issued registration number WHO-7462, and has been so registered at all times relevant to this disciplinary action.
3. Respondent does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following findings.
4. Respondent failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, forty-six (46) days transpired between the date the previous designated representative ceased the position and the date the application and fee were received.
5. Respondent states and affirms that it was never without the proper oversight of a designated representative but failed to timely submit the change application to the Board because of human error. Further, Respondent states and affirms that it has identified the cause of the error and has implemented corrective actions.

6. Respondent does not contest that the conduct described above constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drug.

12-22-802. Wholesaler license requirements

(2)(b) An applicant for a license shall pay any reasonable fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(3) (VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section; and

(5)(i) Update all of the information required in this part 8 whenever changes occur.

Regulation 15.01.11 Minimum required information for registration.

a. The following minimum information shall be required from each wholesaler as part of the registration:

(8) The name of the applicant's designated representative, who must meet the following requirements:

(a) Be at least twenty-one years of age;

- (b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the recordkeeping related to prescription drugs;
- (c) Be employed by the applicant in a full-time managerial position;
- (d) Be actively involved in and aware of the actual daily operation of the wholesaler;
- (e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;
- (f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue code of 1986."
- (g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or controlled substances;
- (h) Not have an felony convictions pursuant to federal, state, or local law; and
- (i) Undergo a background check as required by CRS 12-22-803. And

(9) Wholesalers that distribute animal drugs exclusively are exempt from the requirements of 15.01.11(a)(8).

(b) Changes in any information in section 15.01.11 shall be submitted to the Colorado Board of Pharmacy within fourteen calendar days thereof.

Regulation 15.01.14 Change of name, location, or ownership, or designated representative

c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

7. The Board finds and concludes, and Respondent agrees, that based upon the above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-22-125.2(5), C.R.S., Respondent shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Respondent 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 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 submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent shall submit all future applications detailing a change in designated representative and fee to the Board within fourteen (14) days of the previous designated representative ceasing the position.

10. **Other Requirements.** Respondent acknowledges and agrees that, as a condition of this Final Agency Order, Respondent shall:

- a. promptly pay all Respondent's own fees and costs associated with this Final Agency Order;
- b. comply fully with this Final Agency Order; and
- c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Respondent enters into this Final Agency Order freely and voluntarily, whether or not Respondent has consulted with legal counsel. Respondent acknowledges its understanding that it has the following rights:

- a. to have 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 Sections 12-22-125 and 12-22-125.2(2)(a), C.R.S.; and
- d. to appeal this Final Agency Order.

Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent to the sanctions imposed herein.

12. **Acknowledgments.** Respondent has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable. Respondent is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent's 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 to comply with all terms and conditions of this Final Agency Order.

14. **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 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.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

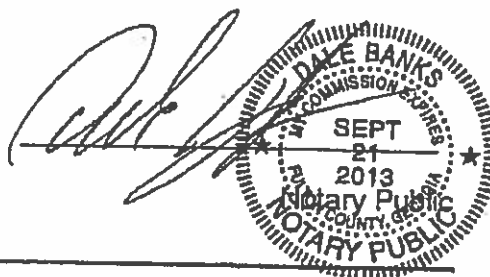
Respondent

[Signature]
 Authorized Representative / Title

Dated: 10/1/10

Subscribed and sworn to before me in the County of Fulton, State of Georgia, this 1 day of October, 2010 by Daniel Silvanale, authorized representative of UPS Supply Chain Solutions, Inc.

My commission expires: Sept 21, 2013



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 18th day of October, 2010.

State Board of Pharmacy

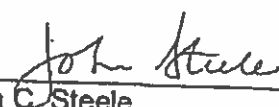
BY: Wendy Anderson
 Wendy Anderson
 Program Director

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, first class postage prepaid, at Denver, Colorado, this 29th day of September 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
1645 Satellite Blvd.
Duluth, GA 30097
(via email: joyroberts@ups.com)

/s/


John C. Steele

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, first class postage prepaid, at Denver, Colorado, this 18th day of October 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
1645 Satellite Blvd.
Duluth, GA 30097


Agent of the Board

BEFORE THE IOWA BOARD OF PHARMACY

Re:
Wholesale Drug License of
**UPS SUPPLY CHAIN
SOLUTIONS, L.L.C.,**
License No. 5820
Respondent

Case No. 2010-162

**STIPULATION
AND CONSENT
ORDER**

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2011), The Iowa Board of Pharmacy (hereinafter, the "Board") and UPS Supply Chain Solutions, L.L.C. (hereinafter, "Respondent"), have agreed to settle a contested case currently on file with the Board. The Statement of Charges filed against Respondent on September 13, 2011, and the licensee disciplinary proceeding related to the charges shall be resolved without a hearing, as the Board and Respondent have agreed to the following Stipulation and Consent Order:

1. Respondent's license to operate a wholesale drug business was renewed November 19, 2010, as evidenced by Wholesale Drug License Number 5820, recorded in the permanent records of the Board.
2. Wholesale Drug License Number 5820 issued to and held by Respondent is current and in force until December 31, 2011.
3. The Board has jurisdiction over the parties and the subject matter herein.
4. A Statement of Charges was filed against Respondent on September 13, 2011. The Statement of Charges alleges Respondent violated the pharmacy laws of the State of Colorado and failed to timely report the violation to the Board.
5. The records of the investigation indicate that Respondent has successfully

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IOWA BOARD OF PHARMACY

completed the terms of the Colorado Stipulation and Final Agency Order.

6. Respondent has chosen not to contest the allegations set forth in the Statement of Charges and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline described herein.

7. Upon the Board's approval of this Stipulation and Consent Order, Respondent shall be assessed a civil penalty in the amount of \$1000. The civil penalty payment shall be made by check, payable to the Treasurer of Iowa and mailed to the executive director of the Board within 10 days after Respondent's receipt of notice of the Board's approval of this Stipulation and Consent Order. All civil penalty payments shall be deposited into the State of Iowa general fund. Upon the Board's receipt of the civil penalty, this disciplinary proceeding shall be concluded without further order of the Board.

8. The Board does not mandate any further corrective action.

9. Respondent agrees to obey all federal and state laws, rules, and regulations substantially related to the operation of a wholesale drug business.

10. Should Respondent violate or fail to comply with any of the terms or conditions of this Stipulation and Consent Order, the Board may initiate action to revoke or suspend Respondent's Iowa license to operate a wholesale drug business or to impose other licensee discipline as authorized by Iowa Code chapters 272C and 155A (2011), and 657 Iowa Administrative Code § 36.1.

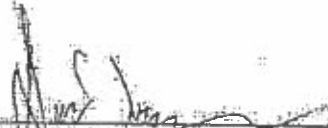
11. This Stipulation and Consent Order is the resolution of a contested case. By entering into this stipulation, Respondent waives all rights to a contested case

hearing on the allegations contained in the Statement of Charges, and waives any objections to this Stipulation and Consent Order.

12. This Stipulation and Consent Order is a proposed settlement subject to approval by a majority of the full Board. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either party. If the Board approves this Stipulation and Consent Order, it shall be the full and final resolution of this matter.

13. The Board's approval of this Stipulation and Consent Order shall constitute a FINAL ORDER of the Board in a disciplinary action.

This Stipulation and Consent Order is voluntarily submitted by UPS Supply Chain Solutions, L.L.C., to the Iowa Board of Pharmacy for its consideration on this 21st day of October 2011.

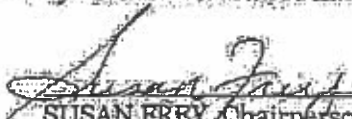

 UPS SUPPLY CHAIN SOLUTIONS,
 L.L.C.,
 Respondent
 By DANIEL SILVERNALE, Vice
 President, Finance and Healthcare
 Compliance

Subscribed and sworn to before me by Daniel Silvernale, who has stated to me that he is the VP, Finance & Healthcare of UPS Supply Chain Solutions, L.L.C., and is authorized to sign this Stipulation and Consent Order on behalf of UPS Supply Chain Solutions, L.L.C., on this 21st day of October, 2011.



Linda P. Bowden
 NOTARY PUBLIC IN AND FOR THE
 STATE OF GEORGIA

This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy on this
11th day of November 2011.


SUSAN FREY, Chairperson
Iowa Board of Pharmacy
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott M. Galenbeck
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

UPS Supply-settle 9-11.doc

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.

License Numbers: 53-06-002764

53-15-027264

File Number: 53-10-118763

CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 23, 2011, charging UPS Supply Chain Solutions Inc., hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true for the purposes of this Consent Order and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Wholesaler is FINED in the amount of \$2,500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, 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 53-10-118763.

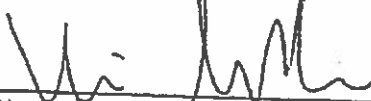
IT IS FURTHER ORDERED that in the event Respondent violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACCS, R338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

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: 10/4/13

MICHIGAN BOARD OF PHARMACY

By 
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent Wholesaler understands and intends that by signing this Stipulation, Respondent Wholesaler is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq., to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Wholesaler is waiving the right to appear with an attorney and such witnesses as Respondent Wholesaler may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

Subsequent to the adverse actions, Respondent Wholesaler submitted information about steps implemented by Respondent Wholesaler, in the state of Colorado, to ensure that this type of action will not recur, including establishing strategy groups and tactical teams which ensure regulations are met and all locations are compliant. Respondent Wholesaler indicated that a single manager coordinates the local teams to ensure all information is consistently distributed. No patient safety issues were involved in Respondent Wholesaler's actions.

Respondent Wholesaler was cooperative in resolution of this matter. Respondent Wholesaler has been licensed in the state of Michigan since 2008 and has no other complaints against its license.

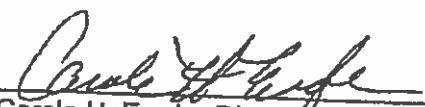
4. Patricia A. Smeelink, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Wholesaler and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

CONTINUED ON NEXT PAGE

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:


 Carole H. Engle, Director
 Bureau of Health Care Services
 Department of Licensing and
 Regulatory Affairs

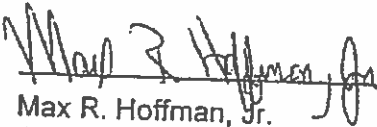
Dated: 8-7-13

AGREED TO BY:


 Daniel Silvermale, Vice President
 Authorized Representative for
 UPS Supply Chain Solutions Inc.
 Respondent Wholesaler

Dated: 6/28/13

Approved as to form by:


 Max R. Hoffman, Jr.
 Attorney for Respondent Wholesaler (PL 7550)

This is the last page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-10-118763, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

BH/PB

**COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0062A**

IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS, INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions, Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

- (1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.
- (2)
 - (a) An investigation of Respondent's pharmacy revealed that numerous technicians worked on various dates in 2010, without being timely registered with the Board. The Respondent assured the technicians that it would take care of ensuring they were properly registered. Respondent subsequently properly registered the technicians. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).
 - (b) The technicians that worked without being appropriately registered with the Board were: Chelsea Hutchins, Alisha Netherton, Brittany Barger, Lauren Fisher, Karen Millay, Meghan Rae Yates, Michelle Green, Amanda Gracie, Faith Joway, Taylor Parker, Manoj Bhandari, Jonathan Pruitt, Whitney Wilson, Dustin R. Harris, Fabrice Mboya, Lauren Howell, Coco Boards, Benjamin Bickett, Jessica Horlander, Jason Cope, William Robert Bennett Jr, Thomas Hicks, Nimo Muhumed Mohamud, Harold Keith Newcom, Rodrick G Parrish, Johnathan Borho, Antoya Blackburn, Jonathan Graves, and Leilani Roach.
 - (c) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).
- (3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).
- (4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.
- (5) The Board and Respondent have agreed to address this matter informally by

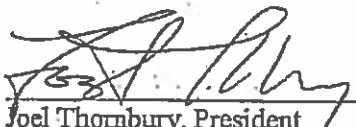
entering into this Agreed Order, in lieu of the Board filing a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined \$2900.00 (\$100 per technician) payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.


Joel Thornbury, President
Kentucky Board of Pharmacy

9/12/12
Date


UPS Supply Chain Solutions, Inc.
Respondent

8/14/12
Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0061A



IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS INC.

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AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

- (1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.
- (2) (a) An investigation of Respondent's pharmacy revealed that Sherry Rich worked as a pharmacy technician from April 1, 2010 through November 19, 2010, without being timely registered with the Board. The Respondent assured Ms. Rich that it would take care of ensuring she was properly registered. Respondent subsequently properly registered Ms. Rich with the Board. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).
 - (b) The above facts subject Respondent to discipline pursuant to KRS 315.121(1)(h).
- (3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).
- (4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.
- (5) The Board and Respondent have agreed to address this matter informally by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

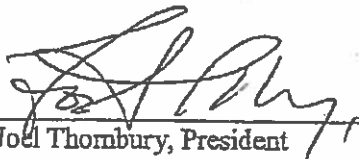
WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

- (A) Respondent shall be fined \$125.00 payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky

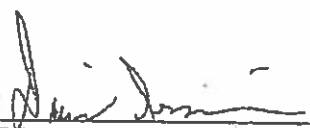
Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.


Joel Thornbury, President
Kentucky Board of Pharmacy

8/12/12
Date


UPS Supply Chain Solutions Inc.
Respondent

8/14/12
Date

AGREED BOARD ORDER #L-13-004

RE: IN THE MATTER OF
UPS SUPPLY CHAIN SOLUTIONS, INC.
(CLASS E NONRESIDENT
PHARMACY LICENSE #26160)

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of Class E nonresident pharmacy license number 26160 issued to UPS Supply Chain Solutions, Inc. ("Respondent"), 1860 Outer Loop Road, Louisville, Kentucky 40219.

On September 8, 2012, Respondent self-reported to the Board the entry of two Agreed Orders by the Kentucky Board of Pharmacy, as described below in Counts (1) and (2).

By letter dated February 22, 2013, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Section 565.002 (a)(13); and Section 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011), as alleged in the Counts below.

The conduct described in the Kentucky Board of Pharmacy's Agreed Orders is substantially similar to conduct described in:

Section 565.002(a)(3); and Section 568.002(a) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and

Section 297.3(a)(1) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

COUNTS

- (1) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0061A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that from April through November of 2010, the pharmacy allowed an unregistered individual to perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of \$125.
- (2) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0062A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that, on various dates in 2010, the pharmacy allowed twenty-nine (29) unregistered individuals to

Agreed Board Order #L-13-004
UPS Supply Chain Solutions, Inc.
Page 2

perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of \$2900.

An informal conference was held in the office of the Texas State Board of Pharmacy on April 2, 2013. Phillip Vowels, R.Ph., Pharmacist-in-Charge of Respondent; Sue Young, Director, Global Healthcare Compliance, for Respondent; Amy Carney, Regulatory Affairs Manager, for Respondent; Maureen O'Brien, Senior Quality Assurance Manager, for Respondent; Emily Johnson, Legal Counsel for Respondent; Hannah Heck, Legal Counsel for Respondent; and Michelle Williams, Legal Counsel for Respondent, appeared via teleconference. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Stacy E. Martyak, Staff Attorney, was also in attendance.

By signing this Order, Daniel Silvernale, Vice President, for and 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 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 hereby reprimanded.

Agreed Board Order #L-13-004
UPS Supply Chain Solutions, Inc.
Page 3

And it is so ORDERED.

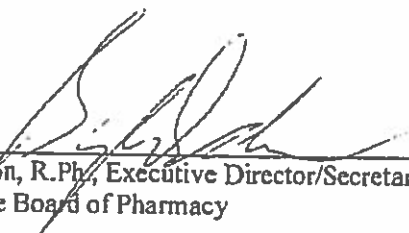
THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of May, 2013.



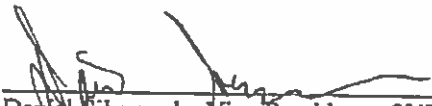
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:



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

APPROVED AS TO FORM AND AGREED TO:



Daniel Silvernale, Vice President of UPS Supply Chain Solutions, Inc.

APPROVED AS TO FORM:



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

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.
License Number: 53-01-008968

File Number: 53-13-129412
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 27, 2013, charging UPS Supply Chain Solutions Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS HEREBY ORDERED, that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of \$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, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order made payable to the state of Michigan, and the check or money order shall clearly display the file number 53-13-129412.

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 1996 AACRS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: _____

4/9/14

MICHIGAN BOARD OF PHARMACY

By: _____

Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy 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, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

Respondent Pharmacy acknowledges the Kentucky Board of Pharmacy disciplinary action which precipitated the Complaint.

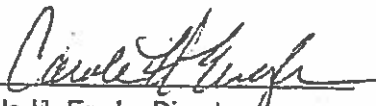
4. Harvey Schmidt, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

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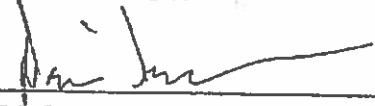
6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:


 Carole H. Engle, Director
 Bureau of Health Care Services
 Department Licensing and
 Regulatory Affairs

Dated: 1-29-14

AGREED TO BY:


 UPS Supply Chain Solutions Inc.
 Respondent

Dated: 1/21/14

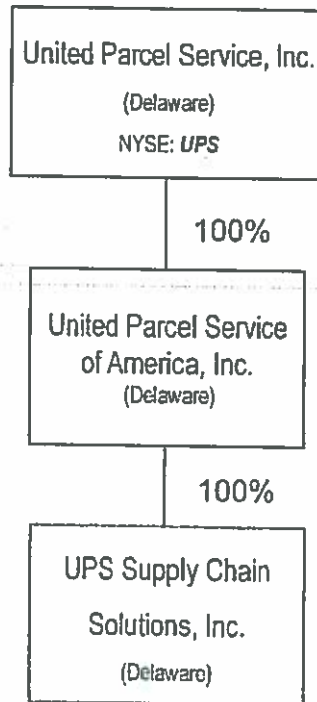
This is the final page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-13-129412, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

PB

Organizational Chart

UPS SUPPLY CHAIN SOLUTIONS, INC.

as of 7 June 2017



THIS REPORT IS SUBMITTED IN CONFIDENCE AND APPLICABLE EXEMPTIONS TO THE FREEDOM OF INFORMATION ACT ARE TO BE INVOKED TO WITHHOLD IT FROM PUBLIC DISCLOSURE

Fax: (775) 850-1444

Posted February 20, 2020

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this
2nd day of March, 2020.

APPLICANT/PRINCIPAL


 Authorized Representative

SURETY COMPANY


 Surety Company's Representative

Lisa Gelsomino, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:


 Witness

SIGNED and SEALED in the presence of:


 Witness


 Witness

Christina Rinozzi
 Witness Underwriting Specialist
 Countersigned by:

 Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than one

Bond No. E386927

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein, provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name
Lisa Gelsomino

Address
150 Northwest Point Blvd.
Elk Grove Village, IL 60007

Limit of Power
\$25000---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this
Attest

25th day of February 2020
GREAT AMERICAN INSURANCE COMPANY



Atty L C B
Assistant Secretary

David C. Kitchen
Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss

On this 25th day of February 2020, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument, that he knows the seal of the said Company, that the seal affixed to the said instrument is such corporate seal, that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 06-18-2020

Susan A. Kohorst

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008:

RESOLVED That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, to prescribe their respective duties and the respective limits of their authority, and to revoke any such appointment at any time.

RESOLVED FURTHER That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when 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.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 25th day of February 2020



Atty L C B
Assistant Secretary

4HHH

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: ADC Therapeutics America, Inc.

Physical Address: 430 Mountain Avenue, Suite 404

City: Murray Hill State: NJ Zip Code: 07974

Telephone Number: 908-731-5556 Fax Number: 908-731-5660

Toll Free Number: 844-210-5600

E-mail: Jeff.zheng@adctherapeutics.com Website: https://adctherapeutics.com/

Facility Manager: Ji Zheng

Professional qualifications and experience of facility manager: _____

See Attachment B

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ 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 ☐
See Attachment C

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

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

Name: 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: NV20181610277

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.

Michael G. Mulkerrin
Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael G. Mulkerrin, PhD.

Print Name of Authorized Person

April 13, 2021
Date

Board Use Only

Date Processed: _____

Amount: ~~\$500~~ check # 1056

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: ADC Therapeutics, SA

Corporation Name: ADC Therapeutics America, Inc.

Mailing Address: Biopôle Route de la Corniche 3B, 1066 Epalinges, Switzerland

City: _____ State: _____ Zip: _____

Telephone: +41 21 653 02 00 Fax: _____

Contact Person: Christopher Martin

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

Date of Incorporation: June 6, 2011

Registration number issued: 1771910

Stock Exchange: NYSE

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.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: ADC Therapeutics, SAMailing Address: Biopôle Route de la Corniche 3B, 1066 Epalinges, Switzerland

City: _____ State: _____ Zip: _____

Telephone: +41 21 653 02 00

Fax: _____

Contact Person: Christopher Martin

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

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

a) ADC Therapeutics, SA Biopôle Route de la Corniche 3B, 1066 Epalinges, Switzerland
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 13) What was the price paid per share? \$ 1.00A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directors See Attachment DCertificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment E



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0744286

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:

430 MOUNTAIN AVE, STE 404 MURRAY HILL, NJ 07974-

Reg. No.
5005899

ADC THERAPEUTICS AMERICA, INC.
430 MOUNTAIN AVE, STE 404
MURRAY HILL, NJ 07974-

**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 3/29/2021

Registration Number: 5005899

Registered as: Wholesale

Parent Company Name: ADC THERAPEUTICS AMERICA, INC.

Trade Name:

Original Issue Date: 03/26/2021

Expiration Date: 01/31/2022

Current Issue Date: 03/26/2021

Disciplines: No

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADC THERAPEUTICS AMERICA, 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 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 "ADC THERAPEUTICS AMERICA, INC." WAS INCORPORATED ON THE TENTH DAY OF DECEMBER, A.D. 2014.

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



5654914 8300

SR# 20210930437

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: 202746498

Date: 03-16-21

Attachment C

Nature of Business and Proof of FDA Registration

ADC Therapeutics America, Inc. (ADCT) is a virtual manufacturer of a prescription drug (injectable). ADCT will utilize a contract manufacturer to produce its product and licensed third party logistics providers to warehouse and distribute. As such, the facility will never physically manufacture, or handle any products. Provided below is the information for ADCT's third party distributors and contract manufacturer and enclosed is proof of ADCT's labeler code registration.

Third Party Distributors:

Cardinal Health 105, Inc.
501 Mason Rd., Suite 200
La Vergne, TN 37086

Cardinal Health 105, Inc.
6640 Echo Ave., Suite D
Reno, NV 89506

Contract Manufacturer:

BSP Pharmaceuticals SpA
Via Appia Km 65,561, Latina Scalo (LT), 04013, Italy (ITA)
FDA Registration #: 3007255826

eDRLS - Electronic Drug Registration & Listing System

Current Date: 29-JUL-2020

Labeler DUNS: 035224001

Labeler Name: ADC Therapeutics America, Inc.

Labeler Code Assigned: 79952

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.

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](https://www.fda.gov/edrls) or reply back to this email (edrls@fda.hhs.gov).

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	NDC/NHR	Firm Name															
1	Labeler																
08	51367	International Nature Nutraceuticals, Inc.															
09	53109	Morishita Jintan Co., Ltd															
10	49981	Xiamen Anna Global Co., Ltd															
11	62618	Biosis Cosmeceuticals Sdn Bhd															
12	42472	Aramis Inc.															
13	90006	Cherryville Distributing Company, Inc.															
14	74686	St Cousair, Inc.															
15	78526	Sistela Corporation															
16	10956	Reese Pharmaceutical Co.															
17	49952	Uncle Bill Trading USA Inc.															
18	71606	ProLogix Pharma LLC															
19	59541	Huizhou Yiyani Cosmetic Ltd															
20	42086	Jiangsu Gold Worldworks Household Chemicals Co., Ltd.															
21	70332	California Pharmaceuticals LLC															
22	86083	The Adored Beast Apothecary, Ltd															
23	68304	Brookmeade Hardware and Supply															
24	80887	TELLINI INC.															
25	70188	A.T.S. Laboratories, LLC															
26	75594	Commercial Beverage Concepts, LLC															
27	70798	MATCHCo Inc.															
28	316	SHELBY PROFESSIONAL, INC.															
29	79952	ADC Therapeutics America, Inc.															
30	54272	CEN BEAUTY LLC															
31	75803	TEXAS ELECTRIC COOPERATIVES, INC.															
32	73641	CLEARFAST INC.															
33	79205	CNF REALTY LLC															

✓ verified
M.H

Attachment D**Corporate Officer and Director Information**

ADC Therapeutics America, Inc.

Corporate Officers:

Christopher Martin
Chief Executive Officer

Jennifer Creel
Chief Financial Officer

Jay Feingold
Chief Medical Officer

Jennifer Herron
Chief Commercial Officer

Michael G. Mulkerrin
Vice President, Head of Chemistry, Manufacturing & Control (CMC)

Susan Romanus
Chief Compliance Officer

Directors:

Chris Martin
Jennifer Creel
Rogan Nunn

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

FORM 6-K

**REPORT OF FOREIGN PRIVATE ISSUER PURSUANT TO RULE 13a-16 OR 15d-16 UNDER THE SECURITIES
EXCHANGE ACT OF 1934**

For the month of April 2021.

Commission File Number: 001-39071

ADC Therapeutics SA
(Exact name of registrant as specified in its charter)

**Biopôle
Route de la Corniche 3B
1066 Epalinges
Switzerland**
(Address of principal executive office)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F:

Form 20-F



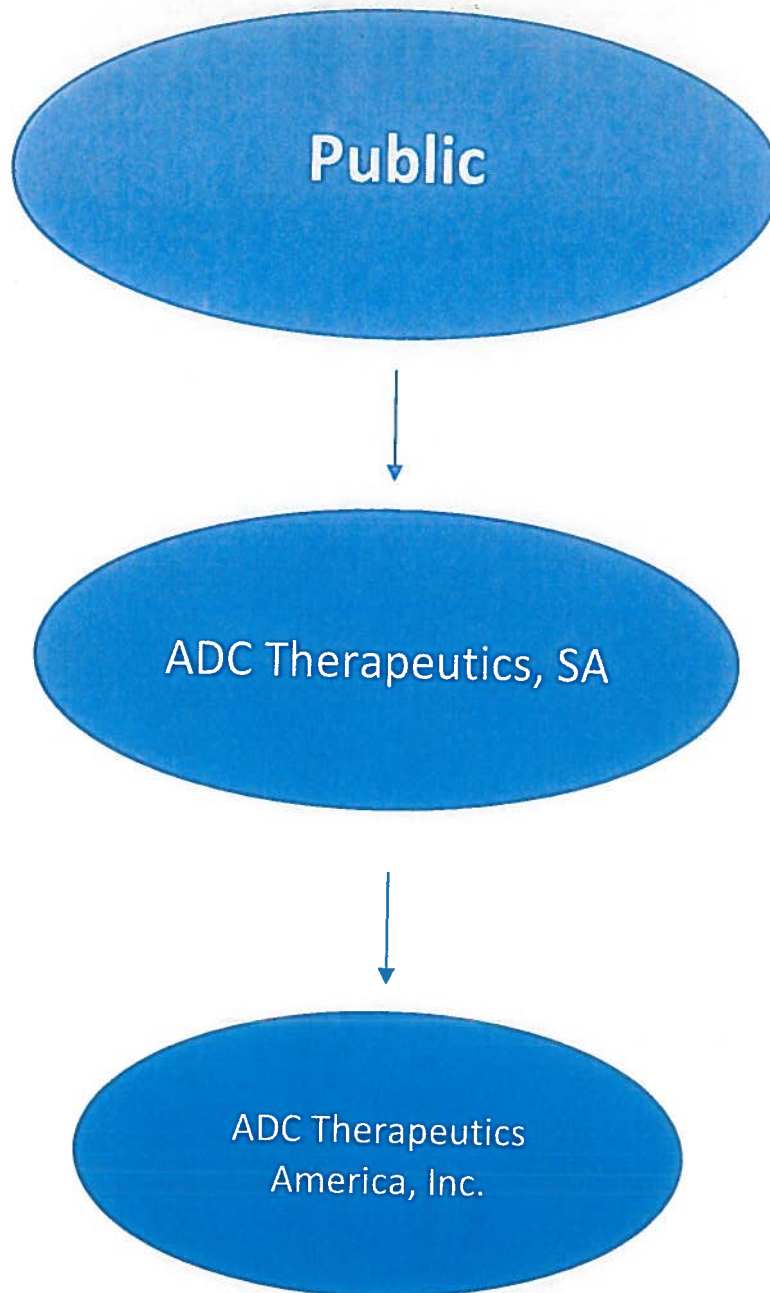
Form 40-F

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): ☐

Traded on NYSE

Organizational Chart



JI (JEFF) ZHENG

Barberry Court
Whippany, NJ 07981
Email: jeff.zheng@adctherapeutics.com

Cell: +1 908-

EXPERIENCE**ADC THERAPEUTICS**

VP, Market Access, Pricing and Reimbursement, April 2020 - Present

New Providence, NJ

- As a member of the Commercial Leadership Team, responsible for developing channel and distribution; patient support; payer engagement; pricing and value strategy for ADCT products
- Established and built ADCT US Market Access team, developed infrastructure from ground to support launching the first antibody-drug conjugate (Loncastuximab tesirine)

CELGENE

Executive Director, Pricing and Market Access, International Markets July 2018 – April 2020 Boudry, Switzerland

- As a member of IMLT (International Markets Leadership Team), responsible for pricing and access for Celgene products in EMEA Emerging, Asia Pacific and LATAM with ~\$1b annual sales in 2019, representing ~20% growth YOY
- Developed and implemented pricing and market access strategies for all Celgene inline and pipeline assets
- Support and approve pricing and access plans for Celgene affiliates, involve directly in pricing negotiations in key markets
- Develop and manage Innovative Access schemes and MEA (managed entry agreements) in responsible region

Senior Director, Global Pricing Excellence and Health Economics Oct 2013 – Jun 2018

Summit, NJ

- Consolidate efforts to develop and deploy an in-house Global Pricing and Reimbursement system to track P&R information globally for Celgene. Develop a way to track and manage List/Net/ASP prices.
- Co-lead a team to develop Global Revlimid ndMM pricing framework. Finalize Revlimid ndMM/rrMM and Pomalyst negotiation tools to help countries formulate pricing and market Access strategies to support new indication/product launch
- Collaborated with Corporate Affairs and countries to achieve key market access successes: Revlimid and Vidaza listed in China NRDL; Revlimid reimbursement in Mexico; Avoid Revlimid re-pricing in Japan; Revlimid approval in Brazil...
- Developed global pricing policy, establishing pricing approval governance structure and processes
- Help countries/regions to develop business cases to gain approval from Corporate Market Access Committee (CMAC)

NOVARTIS

Director, Global Pricing and Market Access – Oncology May 2012 – Oct 2013

East Hanover, NJ

- Led Market Access Excellence initiative, develop processes and plans to manage effective access activities in regions and countries, such as a framework to implement Managed Entry Agreements
- Led a team to develop regular reports to the senior management regarding pricing analytics and implementation.
- As a part of BD&L team, conducted deal evaluation with market access inputs. Completed two deal transactions within six months, including a high-profile deal – CTL 019 with University of Pennsylvania
- Led market access activities for advanced cellular therapies to commercialize CTL 019 in multiple Hem/Onco indications

Director, Strategic Market Access - China June 2009 – May 2012

Beijing, China

- Built and developed a strong team to manage Pricing Strategy, Health Economics and Market Access projects in China
- Maintained good relationship with key stakeholders, such as government officials, HE experts and key physicians to facilitate RDL evaluation, pricing application and maintenance. Acted as a liaison between Global HQ and local operation.
- Led a team to develop and implement patient assistance programs for high valued products, improved patient access and product acceptance

Assoc. Director, Global Health Economics & Pricing - Oncology April 2007 – June 2009

Florham Park, NJ

- As a part of Global Marketing team, manage global pricing and HE planning on key Oncology development products
- Led a team successfully applied a separated ATC code with the WHO for Afinitor
- Aligned with Global Transplant team in Basel to implement necessary actions on Certican
- Coordinate with new product team and in-line marketing team to develop Afinitor global launch strategy

SCHERING – PLOUGH

Kenilworth, NJ

Director, Global Pricing & Market Access August 2005 – April 2007

- Managed global pricing planning on key development products, CV, HIV, Oncology, Anti-infective...
- Participated in strategic planning process, developed global pricing strategy, gain approval from Senior Management
- Managed pricing activities worldwide, including Merck/Schering-Plough CV franchise, Oncology/Hepatitis/Respiratory franchises, achieved optimal access for key products in EU and Asian markets.
- Conducted product supply analysis, recommended strategy to improve supply chain management

PFIZER INC.

New York, NY

Manager, Worldwide Pricing – Oncology & Asia Region April 2000 – August 2005

- Provided support to entire Oncology portfolio (in-line, internal development and in-license compounds), products include cytotoxics, hormonal and targeted agents. Worked cohesively with various teams: US in-line teams, WWTs, WW Development Teams, New Product Development Teams and Strategic Planning group.
- Developed WW pricing strategy for Sutent, gained approval from the management

- Participated in writing brand strategy plans and operating plans, finalized tactical plans for products approaching LOE.
- Managed all pricing activities for key Pfizer products in the Asia, Australia and New Zealand region (~ \$2 billion revenue)
- Developed Japanese pricing strategies for key products, identified new opportunities to maximize product potential.
- Simulated potential impact of US re-importation on sales and prepared presentation for Senior Management.

ZURICH FINANCIAL SERVICES GROUP

Baltimore, MD

(Swiss largest insurance and asset management firm with revenue over \$44 billion)

Project Manager / Financial Analyst — May 1998 to April 2000

- Participated in evaluating division's merger & acquisition strategy, performed due diligence on transactions
- Led a team to design Pricing model for individual customer, setting up new pricing strategies, improving profitability.

GLAXO WELLCOME INC.

Research Triangle Park, NC

Marketing Intern, Oncology/HIV Division — May 1997 to August 1997

- Designed and built Oncology Contacts database as a resource and a targeting tool for GW Oncology Business Teams.
- Performed marketing research about the product potential based on company's strategies and increased competition, resulting in 3-year competition analysis for 1997 Situation Analysis and 1998 Navelbine Marketing Plan.

MERCK & CO., INC.

Shanghai, China

Medical Information Associate — December 1993 to December 1994

- Managed and organized marketing and sales promotion for assigned products. Organized product launch for new products.
- Received Best Performer Award for exceeding sales targets.

ZHEJIANG PROVINCIAL PEOPLE'S HOSPITAL

Hangzhou, China

Resident Medical Doctor — July 1992 to December 1993

- Rotated through various departments including Cardiology, ICU, General Surgery, Radiology, and Emergency Room.
- Served in Orthopedics Department, performing routine orthopedic surgery and treating typical emergency problems.

PROFESSIONAL DEVELOPMENT

- Passed CFA (Chartered Financial Analyst) Level III exam (2001).

EDUCATION

M.B.A. -- WAKE FOREST UNIVERSITY May 1998

Winston-Salem, NC

M.S. -- Biological Sciences WRIGHT STATE UNIVERSITY March 1996

Dayton, OH

Graduation Certificate -- Medicine

ZHEJIANG CHINESE MEDICAL UNIVERSITY July 1992

Hangzhou, China

4III

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 WH02432**)
 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: Akcea Therapeutics, Inc.

Physical Address: 22 Boston Wharf Rd., 9th Floor

City: Boston State: MA Zip Code: 02210

Telephone Number: (617) 207-0202 Fax Number: _____

Toll Free Number: _____

E-mail: licensing@akceatx.com Website: http://akceatx.com/

Facility Manager: Kyle Jenne

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

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: Accredo Health Group, Inc.

Address: 6272 Lee Vista Blvd., Orlando, FL 32822

Name: ASD Healthcare, a division of ASD Specialty Healthcare, LLC

Address: 3101 Gaylord Parkway, Frisco, TX 75034 and 9075 Centre Pointe Drive, Suite 140, West Chester, OH 45069

Name: PromptCare Home Infusion, LLC

Address: 41 Spring Street, Suite 103B, New Providence, New Jersey 07974

Name: Cardinal Health

Address: 501 Mason Road, Suite 200, La Vergne, TN 37086

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 ☒

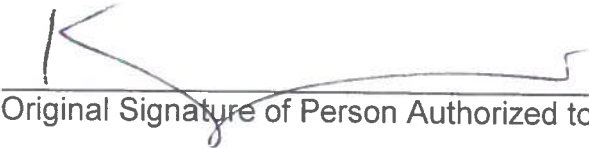
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Kyle Jenne

Print Name of Authorized Person

3-2-21
Date

Board Use Only

Date Processed: _____

Amount: 500

Check # 388 4124

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Ionis Pharmaceuticals, Inc.Corporation Name: Akcea Therapeutics, Inc.Mailing Address: 22 Boston Wharf Rd., 9th FloorCity: Boston State: MA Zip: 02210Telephone: (617) 207-0202

Fax: _____

Contact Person: Kyle Jenne

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

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: IONS
Nasdaq

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

Include with the application for a publicly traded corporation

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

List of officers and directors.



Ownership Information

Akcea Therapeutics, Inc. is a wholly owned subsidiary of Ionis Pharmaceuticals, Inc. which is located at 2855 Gazelle Court, Carlsbad, CA 92010.

Company Information

Akcea Therapeutics, Inc
22 Boston Wharf Road
Boston, MA 02210
Ph: (617) 207-0202
Website: <http://akceatx.com/>
Email: licensing@akceatx.com

FEIN: 47-2608175
State of Formation: Delaware
Date Incorporated: December 22, 2014

Officers

Brett Monia, President

Business Address: 22 Boston Wharf Road, Boston, MA 02210
Business Ph: (617) 207-0202

Beth Hougen, Treasurer

Business Address: 22 Boston Wharf Road, Boston, MA 02210
Business Ph: (617) 207-0202

Kyle Jenne, Chief Commercial Officer

Business Address: 22 Boston Wharf Road, Boston, MA 02210
Business Ph: (617) 207-0202

Melissa Yoon, Secretary

Business Address: 22 Boston Wharf Road, Boston, MA 02210
Business Ph: (617) 207-0202

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKCEA THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD 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.



5644939 8300

SR# 20210599413

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: 202579554

Date: 02-23-21

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

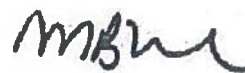
In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000125	11/26/2020	11/26/2021	Virtual Drug Manufacturers

SCHEDULES VI

ISSUED TO

AKCEA THERAPEUTICS, INC.
22 BOSTON WHARF ROAD
9TH FLOOR
BOSTON, MA 02210
ATTN: JEFFREY GOLDBERG CHIEF OPERATING OFFICER



COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

843068



CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000125	11/26/2020	11/26/2021	Virtual Drug Manufacturers

SCHEDULES VI

ISSUED TO

AKCEA THERAPEUTICS, INC.
22 BOSTON WHARF ROAD
9TH FLOOR
BOSTON, MA 02210
ATTN: JEFFREY GOLDBERG CHIEF OPERATING OFFICER



NEW

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
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SCHEDULES VI

ISSUED TO

AKCEA THERAPEUTICS, INC.
22 BOSTON WHARF ROAD
9TH FLOOR
BOSTON, MA 02210
ATTN: JEFFREY GOLDBERG CHIEF OPERATING OFFICER



COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW

843068





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

November 16, 2020

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To whom it may concern:

Please be advised that **AKCEA THERAPEUTICS, INC. (MA0000125)**, located at **22 BOSTON WHARF ROAD, 9TH FLOOR, BOSTON MA, 02210** has an active MCSR as a Virtual Drug Manufacturer and is in good standing. The current registration has an issue date of **11/26/2020** and expires on **11/26/2021**.

This Facility was last Reviewed by the Drug Control Program on **11/26/2020** and has met all the requirements for the Drug Distributor 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.

Please note that the licensing authority for Drug Manufacturers and Distributors in Massachusetts is the Drug Control Program (DCP) and not the Massachusetts Board of Pharmacy.

Should you have any questions or concerns regarding the above information, please contact us at 617-973-0949.

Signed,

Traci Westgate

Traci Westgate
 Acting Director
 Massachusetts Controlled Substance Registry

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 Division 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.



Description of Operations

Akcea Therapeutics, Inc. ("Akcea") is a Virtual Manufacturer. Akcea's product is manufactured by a contract manufacturer and will be distributed to customers by their third-party logistics provider, Cardinal Health dba Specialty Pharmaceutical Services ("SPS"), who is licensed to ship pharmaceutical products into your state.

We are using the following contract manufacturer to produce our product:

Almac Pharma Services, LLC
2661 Audubon Road
Audubon, PA 19403
P: 610.666.9500

FDA Establishment Number: 3000214934

Almac Pharma Services, LLC manufactures Akcea Therapeutics, Inc.'s product and packages finished product. At no time does Almac Pharma Services, LLC. own the product, contract with Akcea Therapeutics, Inc.'s customers, invoice, nor sell an Akcea Therapeutics, Inc.'s product. Akcea Therapeutics, Inc.'s products are not Controlled Substances.

Third Party Logistics Information:

For distribution into the commercial supply channels, Akcea utilizes Cardinal Health dba Specialty Pharmaceutical Services ("SPS") as their third party logistics (3PL) provider to manage the storage and distribution of Akcea's product to customers throughout the United States. SPS's address is:

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Road
Suite 200
LaVergne, TN 37086
615-287-5365

Akcea's hours of operation are 8:30 a.m. – 5:30 p.m. Monday through Friday Eastern time.



A subsidiary of Ionis Pharmaceuticals, Inc.



April 6, 2021

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



In Re: Ionis Pharmaceuticals completes acquisition of Akcea Therapeutics

Dear Licensing Department,

On behalf of Akcea Therapeutics, Inc. please find included an application for change of ownership. Ionis Pharmaceuticals (NASDAQ: IONS) has acquired the remaining 24% of shares of Akcea Therapeutics, Inc. effective October 12, 2020. Akcea Therapeutics, Inc. now resides as a wholly owned subsidiary of Ionis Therapeutics, Inc.

Akcea Therapeutics, Inc is licensed in your state. Akcea Therapeutics, Inc. holds the following licenses in your state:

License #	License Type
WH02432	Wholesaler

The licensed location of Akcea Therapeutics, Inc. business operations remains the same, with no changes to Akcea Therapeutic's name, federal tax ID number or operating location.

If you have any questions or concerns regarding this application, please contact me at (216) 406-0178 or via email at cheryl.midian@twolabs.com

Sincerely,

Cheryl Midian
Licensing Analyst, PharmaLicense

- Home
- Food
- Drugs
- Medical Devices
- Radiation-Emitting Products
- Vaccines, Blood & Biologics
- Animal & Veterinary
- Cosmetics
- Tobacco Products

Search FDA

Home > Drug Databases > NDC

National Drug Code Directory

SHARE TWEET LINKEDIN PRINT EMAIL PRINT

Current through April 08, 2021

You have searched Finished drug products
Search Results: 72126

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
Tegsedi	72126-007-01	284 mg/1.5mL	INJECTION, SOLUTION	SUBCUTANEOUS	ND A211172	Alkermes Therapeutics, Inc.	72126-007	Indinavir	INDINAVIR SODIUM	HUMAN PRESCRIPTION DRUG	10/05/2018	N/A	NDA	4 TRAY in 1 CARTON (72126-007-01) > 1 SYRINGE in 1 TRAY (72126-007-02) > 1.5 mL in 1 SYRINGE

Showing 1 to 1 of 1 entries
Background Information

Previous 1 Next

Verified M.F

National Drug Code Directory

 [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

 [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) 

 [EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through June 12, 2020

You have searched Finished drug products

Search Results: '72126'

[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	S N C
 Tegsedi	72126-007-01	284 mg/1.5mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA211172	Akcea Therapeutics, Inc.	72126-007	inotersen	INOTERSEN SODIUM	HUMAN PRESCRIPTION DRUG	10

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>

[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

KYLE B. JENNÉ

Fort Worth, TX cell: 206

mail: b

[linkedin.com/in/kyle-jenne-7ba9892](https://www.linkedin.com/in/kyle-jenne-7ba9892)

PROFESSIONAL SUMMARY

- Over two decades of experience in the biotech pharmaceutical industry building and leading teams, launching novel medicines, and taking complex commercial strategies and distilling them into actionable workstreams to deliver results.
- C-Level Executive adept at the buildout of global teams and commercial strategies with extensive leadership experience. Executed multiple product launches in several therapeutic areas including cardiovascular and lipid-driven diseases, rare diseases, and oncology.
- Consistently excelled in senior level commercial leadership roles in a broad range of organizations such as Akcea Therapeutics, Mallinckrodt Pharmaceuticals, Acorda Therapeutics, and King Pharmaceuticals.
- History of creating high performance, cross-functional teams that exceed revenue and launch expectations in the Americas and European Regions.

PROFESSIONAL EXPERIENCE

AKCEA THERAPEUTICS

Chief Commercial Officer

May 2017-Present

Started as Senior Vice President for US Commercial and was promoted to Chief Commercial Officer responsible for leading a start-up biotech organization focused on launching 2 ultra-orphan rare disease medicine therapies in the amyloidosis and cardiometabolic disease areas, first in the US and then globally. Worked with CEO and BOD to rebuild the Executive Leadership team, exceed revenue and budget, and merge Akcea into Ionis Pharmaceuticals. Acted as company spokesperson to analysts, bankers, investor conferences, and earnings calls.

KEY ACCOMPLISHMENTS:

- Created a global pricing strategy and led the team to successful pricing and reimbursement for TEGSEDI in 15 countries and 6 countries for WAYLIVRA
- Designed and implemented the US strategic commercial plan and incentive compensation
- Developed the plan for US payer strategy and engagement across commercial, Medicare, Medicaid, VA/DOD
- Led the pre-commercial build out of all US Commercial sales, market access, trade and reimbursement, and patient support services. Deal assessments for business development, in-licensing, co-promotions, and M&A opportunities.
- Instrumental in growing the organization from 30 to 300+ employees.
- Vast experience identifying, mentoring, and motivating top talent by designing the right roles and hiring diverse people to work together to exceed corporate goals.
- Led large-scale organizational redesign and change implementation to a networked ways of working
- Designed, implemented, and executed an ETASU REMS program in the US which included weekly patient lab monitoring requiring mobile phlebotomy for blood draws.
- Hired an internal nurse case management team to optimize reimbursement support, injection training, dietary education, and long-term adherence programs.
- Developed and implemented the US Compliance program, member of the Executive Compliance Committee.

STRATEGY

ORGANIZATIONAL DESIGN AND CHANGE MANAGEMENT

COMMERCIAL OPERATIONS

MALLINCKRODT PHARMACEUTICALS

December 2015-May 2017

VP, Head of Sales - Autoimmune and Rare Diseases – Neurology

- Led 11 Region Managers and 79 Rare Disease Specialists in the promotion of H.P. Acthar Gel for Multiple Sclerosis and Infantile Spasms (orphan product, injectable, delivered via specialty pharmacy).
- Developed forecasts, sales strategies, and execution priorities to exceed revenue goals of over \$250M.
- Handled field force sizing, alignment, targeting, and incentive compensation plans.
- Leadership across relevant business functions with marketing, operations, HR, patient services, reimbursement, market access, compliance, and senior management teams.

KYLE B. JENNÉ

ACORDA THERAPEUTICS

October 2011-December 2015

Executive Director of Marketing (1/15-12/15)

- Led the Ampyra HCP and Consumer Multiple Sclerosis marketing teams and ran the Qutenza (capsaicin pain patch) HCP marketing program

Senior Director of Sales (10/11-12/14)

- Led 6 Regional Business Directors and 45 Area Business Managers covering the West Area (Ohio to California) specializing in Neurology, Multiple Sclerosis, and Pain Management
- Built out the reimbursement and market development teams

PFIZER / KING PHARMACEUTICALS

August 2005-September 2011

Region Business Director (8/09-9/11)

- Led 11 District Business Managers and 99 Sales Representatives covering the South Region Business Unit specializing in Pain Management products – 2010 President's Club Award Winner
- Launched a newly approved Schedule II narcotic for chronic pain (Embeda) and accelerated the performance of a topical NSAID (Flector Patch)

Senior Product Manager (2/07-8/09)

- Led the AVINZA (24-hr oral morphine for chronic pain) in-line marketing team and managed all phases of the launch of 2 new AVINZA strengths (45mg and 75mg) and achieved record prescription levels
- Deliver the Difference Award Winner – Selected by peers to be the recipient for company award
- Developed strategic pipeline marketing plans for ACUROX, EMBEDA, and REMOXY

Specialty District Sales Manager (8/05-2/07)

- Managed 12 Pain Specialty Sales Representatives in the promotion of Avinza and Skelaxin covering Florida, Georgia, Alabama, Tennessee, and North Carolina
- 2006 King President's Club Award – 1 out of 6 Neuro/Psych Specialty District Sales Managers
- 2006 District Sales Manager of the Year Neuro/Psych Division
- PREMIER Recognition Recipient – 2007 (February) and 2006 (July and December)

PRAECIS PHARMACEUTICALS

November 2003 - July 2005

Regional Sales Manager

- Start-up Biotech company - hired, trained, and developed an initial team of 8 urology/oncology sales specialists to launch Plenaxis (injectable hormone therapy for symptomatic prostate cancer)
- 2004 Praecis Leadership Award Winner – President's Club for #1 in unit sales

SCHERING-PLOUGH PHARMACEUTICALS

February 2000 - September 2003

District Sales Manager

- Managed 14 sales representatives and 1 hospital representative selling Clarinex (allergy), Nasonex, Zetia (cholesterol), and Foradil (asthma) to allergists, cardiologists, ENTs, dermatology, and PCPs
- Launched 3 new products in 3 different therapeutic areas in 2002 (Clarinex, Zetia, and Foradil)

EDUCATION

Arizona State University - Tempe, Arizona - Bachelor of Science in Marketing

References Furnished Upon Request

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, DC 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 000-19125

Ionis Pharmaceuticals, Inc.

(Exact name of Registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

33-0336973

(IRS Employer Identification No.)

2855 Gazelle Court, Carlsbad, CA
(Address of Principal Executive Offices)

92010
(Zip Code)

760-931-9200

(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
Common Stock, \$.001 Par Value	"IONS"	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 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 Securities Act. ☐

FORWARD-LOOKING STATEMENTS

This report on Form 10-K and the information incorporated herein by reference includes forward-looking statements regarding our business and the therapeutic and commercial potential of SPINRAZA (nusinersen), TEGSEDI (inotersen), WAYLIVRA (volanesorsen) and our technologies and products in development, including the business of Akcea Therapeutics, Inc., our wholly owned subsidiary. Any statement describing our goals, expectations, financial or other projections, intentions or beliefs, is a forward-looking statement and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, including those related to the impact of COVID-19 could have on our business, and particularly those inherent in the process of discovering, developing and commercializing medicines that are safe and effective for use as human therapeutics, and in the endeavor of building a business around such medicines. Our forward-looking statements also involve assumptions that, if they never materialize or prove correct, could cause our results to differ materially from those expressed or implied by such forward-looking statements. Factors that could cause or contribute to such differences include, but are not limited to, those discussed in this report on Form 10-K, including those identified in Item 1A entitled "Risk Factors". Although our forward-looking statements reflect the good faith judgment of our management, these statements are based only on facts and factors currently known by us. As a result, you are cautioned not to rely on these forward-looking statements.

In this report, unless the context requires otherwise, "Ionis," "Company," "we," "our," and "us" refers to Ionis Pharmaceuticals, Inc. and its subsidiaries.

Summary of Risk Factors

There are a number of risks related to our business and our securities. Below is a summary of material factors that make an investment in our securities speculative or risky. Importantly, this summary does not address all of the risks that we face. Additional discussion of the risks summarized in this risk factor summary, as well as other risks that we face, can be found in this report on Form 10-K in Item 1A entitled "Risk Factors."

- the impact on our operations and financial condition from the effects of the current COVID-19 pandemic;
- our ability to generate substantial revenue from the sale of our medicines;
- our and our partners' ability to compete effectively;
- the availability of adequate coverage and payment rates for our medicines;
- our ability to successfully manufacture our medicines;
- our ability to successfully develop and obtain marketing approvals for our medicines;
- our ability to secure and maintain effective corporate partnerships;
- our ability to sustain cash flows and achieve consistent profitability;
- our ability to protect our intellectual property; and
- our ability to maintain the effectiveness of our personnel.

TRADEMARKS

"Ionis," the Ionis logo, and other trademarks or service marks of Ionis Pharmaceuticals, Inc. appearing in this report are the property of Ionis Pharmaceuticals, Inc. "Akcea," the Akcea logo, and other trademarks or service marks of Akcea Therapeutics, Inc. appearing in this report are the property of Akcea Therapeutics, Inc., Ionis' wholly owned subsidiary. This report contains additional trade names, trademarks and service marks of others, which are the property of their respective owners. Solely for convenience, trademarks and trade names referred to in this report may appear without the ® or TM symbols.

CORPORATE INFORMATION

We incorporated in California in 1989 and in January 1991 we changed our state of incorporation to Delaware. In December 2015, we changed our name to Ionis Pharmaceuticals, Inc. from Isis Pharmaceuticals, Inc. Our principal offices are in Carlsbad, California. In December 2014, we formed Akcea Therapeutics, Inc., as a Delaware corporation, with its principal office in Boston, Massachusetts. Prior to Akcea's initial public offering, or IPO, in July 2017, we owned 100 percent of Akcea's stock. In October 2020, we acquired the remaining shares of Akcea.

We make available, free of charge, on our website, www.ionispharma.com, our reports on Forms 10-K, 10-Q, 8-K and amendments thereto, as soon as reasonably practical after we file such materials with the Securities and Exchange Commission. Periodically, we provide updates about the company in the Newsroom section of the Investors & Media page of our website. Any information that we include on or link to our website is not a part of this report or any registration statement that incorporates this report by reference.

The approximate aggregate market value of the voting common stock held by non-affiliates of the Registrant, based upon the last sale price of the common stock reported on The Nasdaq Global Select Market was \$6,748,320,336 as of June 30, 2020.* 961

The number of shares of voting common stock outstanding as of February 18, 2021 was 140,862,211.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Registrant's definitive Proxy Statement to be filed on or about April 23, 2021 with the Securities and Exchange Commission in connection with the Registrant's annual meeting of stockholders to be held on June 2, 2021 are incorporated by reference into Part III of this Report.

* Excludes 25,033,497 shares of common stock held by directors and officers and by stockholders whose beneficial ownership is known by the Registrant to exceed 10 percent of the common stock outstanding at June 30, 2020. Exclusion of shares held by any person should not be construed to indicate that such person possesses the power, direct or indirect, to direct or cause the direction of the management or policies of the Registrant, or that such person is controlled by or under common control with the Registrant.

This report on Form 10-K and the information incorporated herein by reference includes forward-looking statements regarding our business and the therapeutic and commercial potential of SPINRAZA (nusinersen), TEGSEDI (inotersen), WAYLIVRA (volanesorsen) and our technologies and products in development, including the business of Akcea Therapeutics, Inc., our wholly owned subsidiary. Any statement describing our goals, expectations, financial or other projections, intentions or beliefs, is a forward-looking statement and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, including those related to the impact of COVID-19 could have on our business, and particularly those inherent in the process of discovering, developing and commercializing medicines that are safe and effective for use as human therapeutics, and in the endeavor of building a business around such medicines. Our forward-looking statements also involve assumptions that, if they never materialize or prove correct, could cause our results to differ materially from those expressed or implied by such forward-looking statements. Factors that could cause or contribute to such differences include, but are not limited to, those discussed in this report on Form 10-K, including those identified in Item 1A entitled “Risk Factors”. Although our forward-looking statements reflect the good faith judgment of our management, these statements are based only on facts and factors currently known by us. As a result, you are cautioned not to rely on these forward-looking statements.

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Summary of Risk Factors

There are a number of risks related to our business and our securities. Below is a summary of material factors that make an investment in our securities speculative or risky. Importantly, this summary does not address all of the risks that we face. Additional discussion of the risks summarized in this risk factor summary, as well as other risks that we face, can be found in this report on Form 10-K in Item 1A entitled “Risk Factors.”:

- the impact on our operations and financial condition from the effects of the current COVID-19 pandemic;
- our ability to generate substantial revenue from the sale of our medicines;
- our and our partners’ ability to compete effectively;
- the availability of adequate coverage and payment rates for our medicines;
- our ability to successfully manufacture our medicines;
- our ability to successfully develop and obtain marketing approvals for our medicines;
- our ability to secure and maintain effective corporate partnerships;
- our ability to sustain cash flows and achieve consistent profitability;
- our ability to protect our intellectual property; and
- our ability to maintain the effectiveness of our personnel.

TRADEMARKS

“Ionis,” the Ionis logo, and other trademarks or service marks of Ionis Pharmaceuticals, Inc. appearing in this report are the property of Ionis Pharmaceuticals, Inc. “Akcea,” the Akcea logo, and other trademarks or service marks of Akcea Therapeutics, Inc. appearing in this report are the property of Akcea Therapeutics, Inc., Ionis’ wholly owned subsidiary. This report contains additional trade names, trademarks and service marks of others, which are the property of their respective owners. Solely for convenience, trademarks and trade names referred to in this report may appear without the ® or TM symbols.

CORPORATE INFORMATION

We incorporated in California in 1989 and in January 1991 we changed our state of incorporation to Delaware. In December 2015, we changed our name to Ionis Pharmaceuticals, Inc. from Isis Pharmaceuticals, Inc. Our principal offices are in Carlsbad, California. In December 2014, we formed Akcea Therapeutics, Inc., as a Delaware corporation, with its principal office in Boston, Massachusetts. Prior to Akcea’s initial public offering, or IPO, in July 2017, we owned 100 percent of Akcea’s stock. In October 2020, we acquired the remaining shares of Akcea.

We make available, free of charge, on our website, www.ionispharma.com, our reports on Forms 10-K, 10-Q, 8-K and amendments thereto, as soon as reasonably practical after we file such materials with the Securities and Exchange Commission. Periodically, we provide updates about the company in the Newsroom section of the Investors & Media page of our website. Any information that we include on or link to our website is not a part of this report or any registration statement that incorporates this report by reference.

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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: Ardelyx, Inc.

Physical Address: 400 Fifth Avenue, Suite 210

City: Waltham State: MA Zip Code: 02451

Telephone Number: 510-745-1705 Fax Number: N/A

Toll Free Number: N/A

E-mail: rblanks@ardelyx.com Website: www.ardelyx.com

Facility Manager: Robert Blanks

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

See Attachment C

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

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

Name: See Attachment C

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.

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

Elizabeth Grammer
Print Name of Authorized Person

April 19, 2021
Date

Board Use Only Date Processed: _____

Amount: \$500 Check # 3261

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: N/ACorporation Name: Ardelyx, Inc.Mailing Address: 400 Fifth Avenue, Suite 210City: WalthamState: MAZip: 02451Telephone: 510-745-1705Fax: N/AContact Person: Robert Blanks

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

Date of Incorporation: October 17, 2007Registration number issued: 4443180Stock Exchange: NASDAQ:ARDX

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

Include with the application for a publicly traded corporation

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

List of officers and directors. See Attachment F

The Commonwealth of MassachusettsDEPARTMENT 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
MA0000795	02/11/2021	02/11/2022	Virtual Drug Manufacturers

ISSUED TO ARDELYX, INC.
400 FIFTH AVENUE
SUITE 210
WALTHAM, MA 02451

COMMISSIONER OF PUBLIC HEALTH

FILE COPY ATTN: ROBERT BLANKS CHIEF REGULATORY AND QUALITY
OFFICER

NEW

842821



The List of Licensed Virtual Drug Manufacturers in Massachusetts									
Company name	Doing Business As	Address	City	State	Zip	Phone	MCSR No.	Issue Date	
ACER THERAPEUTICS INC.	ACER THERAPEUTICS INC.	300 WASHINGTON STREET	NEWTON	MA	02458	(844)902-6100	MA0000214	2/12/2020	
AGENUS INC.	AGENUS INC.	3 FORBES ROAD	LEXINGTON	MA	02421	(781)674-4400	MA0000745	12/12/2020	
AGIOS PHARMACEUTICALS, INC.	AGIOS PHARMACEUTICALS, INC.	88 SIDNEY STREET	CAMBRIDGE	MA	02139	(617)649-8600	MA0000290	3/27/2021	
AKCEA THERAPEUTICS, INC.	AKCEA THERAPEUTICS, INC.	22 BOSTON WHARF ROAD	BOSTON	MA	02210	(617)207-0202	MA0000125	11/26/2020	
AKEBIA THERAPEUTICS, INC.	AKEBIA THERAPEUTICS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	(617)871-2098	MA0000721	11/2/2020	
ALBIREO PHARMA, INC.	ALBIREO PHARMA, INC.	10 POST OFFICE SQUARE	BOSTON	MA	02109	(857)254-5555	MA0000670	5/27/2020	
ALNYLAM PHARMACEUTICALS, INC.	ALNYLAM PHARMACEUTICALS, INC.	675 WEST KENDALL STREET	CAMBRIDGE	MA	02142	(617)551-8200	MA0000478	9/18/2020	
AMAG PHARMACEUTICALS, INC.	AMAG PHARMACEUTICALS, INC.	1100 WINTER STREET	WALTHAM	MA	02451	(617)498-3300	MA0000303	3/27/2021	
AMLYX PHARMACEUTICALS, INC.	AMLYX PHARMACEUTICALS, INC.	43 THORNDIKE STREET	CAMBRIDGE	MA	02141	(857)320-6200	MA0000606	3/30/2020	
APELLIS PHARMACEUTICALS INC.	APELLIS PHARMACEUTICALS INC.	100 FIFTH AVENUE	WALTHAM	MA	02451	(617)977-5700	MA0000644	4/28/2020	
ARDELIX, INC.	ARDELIX, INC.	400 FIFTH AVENUE	WALTHAM	MA	02451	(510)745-1702	MA0000795	2/11/2021	
ARGENX, US INC.	ARGENX US, INC.	33 ARCH STREET	BOSTON	MA	02110	(857)326-6009	MA0000579	12/30/2020	
AVEDRO, INC. DBA GLAUKOS	AVEDRO, INC. DBA GLAUKOS	201 JONES ROAD	WALTHAM	MA	02451	(781)768-3400	MA0000719	11/2/2020	
AVEO PHARMACEUTICALS, INC.	AVEO PHARMACEUTICALS, INC.	30 WINTER STREET	BOSTON	MA	02108	(617)588-1960	MA0000632	4/28/2021	
BEIGENE USA, INC.	BEIGENE USA, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	(877)828-5568	MA0000339	4/16/2021	
BIOFRONTIER INC.	BIOFRONTIER INC.	120 PRESIDENTIAL WAY	WOBURN	MA	01801	(781)245-1325	MA0000430	5/13/2020	
BIOVERATIV U.S. LLC	BIOVERATIV U.S. LLC	225 SECOND AVENUE	WALTHAM	MA	02451	(781)663-1980	MA0000226	2/12/2021	
BLUEBIRD BIO, INC.	BLUEBIRD BIO, INC.	60 BINNEY STREET	CAMBRIDGE	MA	02142	(339)499-9300	MA0000252	2/12/2021	
BLUEPRINT MACHINES CORPORATION	BLUEPRINT MACHINES CORPORATION	45 SIDNEY STREET	CAMBRIDGE	MA	02139	(617)374-7580	MA0000187	1/30/2021	
CARDINAL HEALTH	CARDINAL HEALTH	40 LANDSDOWNE STREET	CAMBRIDGE	MA	02193	(617)679-7000	MA0000048	2/27/2021	
CEQR CORPORATION	CEQR CORPORATION	65 BOSTON POST ROAD WEST	MARLBOROUGH	MA	01752	(800)552-3787	MA0000733	11/2/2020	
CHIASMA, INC.	CHIASMA, INC.	140 KENDRICK STREET	NEEDHAM	MA	02451	(866)637-9703	MA0000620	5/18/2020	
COLLEGIUM PHARMACEUTICAL, INC.	COLLEGIUM PHARMACEUTICAL, INC.	100 TECHNOLOGY CENTER DRIVE	STOUGHTON	MA	02072	(781)713-3699	MA0000163	11/13/2020	
DECIPHERA PHARMACEUTICALS LLC	DECIPHERA PHARMACEUTICALS LLC	200 SMITH STREET	WALTHAM	MA	02451	(781)209-6400	MA0000505	10/21/2020	
DICERNA PHARMACEUTICALS, INC.	DICERNA PHARMACEUTICALS, INC.	75 HAYDEN AVENUE	LEXINGTON	MA	02421	(617)621-8097	MA0000771	2/10/2021	
DYAX CORP.	DYAX CORP.	300 SHIRE WAY	LEXINGTON	MA	02421	(617)349-0200	MA0000428	12/27/2020	
ENZIVANT THERAPEUTICS, INC.	ENZIVANT THERAPEUTICS, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	(617)704-9385	MA0000492	9/25/2020	
EPIZYME, INC.	EPIZYME, INC.	400 TECHNOLOGY SQUARE	CAMBRIDGE	MA	02139	(617)229-5872	MA0000238	2/12/2021	
EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON	MA	01803	(302)397-5854	MA0000442	4/23/2020	
GAMIDA CELL INC.	GAMIDA CELL INC.	673 BOYLSTON STREET	BOSTON	MA	02116	(617)892-9080	MA0000543	11/27/2020	
GELESIS, INC.	GELESIS, INC.	501 BOYLSTON STREET	BOSTON	MA	02116	(617)830-2068	MA0000264	2/12/2021	
GENZYME CORPORATION	GENZYME CORPORATION	50 BINNEY STREET	CAMBRIDGE	MA	02142	(617)252-7500	MA0000327	3/11/2021	
IMMUNOGEN, INC.	IMMUNOGEN, INC.	830 WINTER STREET	WALTHAM	MA	02451	(781)895-0224	MA0000656	5/26/2020	
IPSEN BIOPHARMACEUTICALS, INC.	IPSEN BIOPHARMACEUTICALS, INC.	ONE MAIN STREET	CAMBRIDGE	MA	02142	(617)679-8500	MA0000199	2/4/2021	
IRONWOOD PHARMACEUTICALS, INC.	IRONWOOD PHARMACEUTICALS, INC.	100 SUMMER STREET	BOSTON	MA	02110	(617)621-7722	MA0000555	12/9/2019	
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	490 ARSENAL WAY	WATERTOWN	MA	02472	(781)996-5252	MA0000149	12/4/2020	
KARYOPHARM THERAPEUTICS INC.	KARYOPHARM THERAPEUTICS INC.	85 WELLS AVENUE	NEWTON	MA	02459	(617)658-0600	MA0000202	2/12/2021	
KERYX BIOPHARMACEUTICALS, INC.	KERYX BIOPHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	(617)871-2098	MA0000365	4/19/2020	

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARDELYX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS **IN GOOD STANDING** AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF 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 "ARDELYX, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2007.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

4443180 8300

SR# 20210208462

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

Authentication: 202356466

Date: 01-25-21

Attachment F**Corporate Officer and Director Information**

Ardelyx, Inc.

Corporate Officers:

Michael Raab
Chief Executive Officer and President

Justin Renz
Chief Financial Officer and Treasurer

Elizabeth Grammer
Chief Legal and Administrative Officer

Directors:

Michael Raab
David Mott
Onaiza Cadoret Manier
Richard Rodgers
William Bertrand, Jr., Esq.
Jan Lundberg
Robert Bazemore
Geoff Block, M.D.
Muna Bhanji

ROBERT C. BLANKS

Hancock Street, Auburndale. MA 02466

617

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SUMMARY

Experienced global biotech professional with extensive strategic and operational expertise in the Regulatory, Quality and CMC aspects of drug development. Demonstrated success in leadership, project management and problem solving with a wide range of expertise:

- **Leadership:** Established the CMC function at Flexion and Quality and Regulatory function at Ardelyx to meet company business goals.
- **Strategy:** Prepared numerous CTD sections of INDs, IMPDs, NDAs and MAAs in manner to meet worldwide regulatory expectations. Resolved health authority questions in person and in writing to expedite drug candidates through approval process and commercialization.

EXPERIENCE

ARDELYX, Fremont, CA

2013-Present

CHIEF REGULATORY AND QUALITY OFFICER

SENIOR VICE PRESIDENT REGULATORY AFFAIRS and QUALITY ASSURANCE

VICE PRESIDENT REGULATORY AFFAIRS and QUALITY ASSURANCE

SENIOR DIRECTOR REGULATORY AFFAIRS and QUALITY ASSURANCE

- Oversee all regulatory activities for the company including submission of all INDs, CTAs and NDAs.
- Plan and conduct FDA, EMA and PMDA meetings, address Health Authority questions.
- Build quality system and team appropriate for virtual company model using multiple CROs and CMOs. Participate in PAIs.
- Core team member in licensing deals and joint steering committees with strategic pharmaceutical partners.

CONSULTANT

2012-2013

AstraZeneca Neuroscience, Cambridge MA

- Responsible for the manufacture of drug substance, drug product and clinical supplies for two AZD projects. Generate data for and write CMC sections for INDs and IMPDs to support clinical trials.
- Represent company in conversations with Health Authorities with respect to CMC issues.

FLEXION THERAPEUTICS, Woburn, MA

2009-2012

VICE PRESIDENT, CHEMISTRY, MANUFACTURING AND CONTROLS

Provided strategic and tactical guidance in regard to all aspects (pre-clinical, clinical, regulatory, and business development) of the company's drug development programs as member of the development/management team.

- Wrote the chemistry, manufacturing and controls (CMC) section of all regulatory submissions, including INDs and IMPDs. Developed regulatory strategy. Met with regulatory health authorities in regard to CMC issues: FDA, MHRA, HC, BfArM.
 - Develop strategy for a 505 (b) product that led reduced toxicology work, potential reduced clinical safety data requirements, broad indication and quicker route to commercialization.
- Oversaw all manufacturing activities from production of active pharmaceutical ingredients to the formulation of drug products including associated analytical development, specifications, and stability protocols for all Flexion drug candidates.
- Contracted and managed CMOs to ensure timely delivery of quality drug products. Ensured compliance with cGMPs and other applicable EU and US regulations for all clinical trial materials.

Robert C. Blanks • I

Page 2 of 3

**IDENIX PHARMACEUTICALS, Cambridge, MA
VICE PRESIDENT, QUALITY ASSURANCE****2006-2009***Responsible for all GCP, GLP and GMP compliance activities for the company's clinical and commercial products.*

- Ensured compliance of all external suppliers; API and drug product manufacturers, non-clinical laboratories, and CROs. Responded to health authorities and commercial partners regarding all GxP matters. Built department to six people in preparation for the company's first marketed product.
- Key participant in launch preparation for company's first commercial product, Tyzeka®. Generate compliance policies for sales force. Establish product recall and complaint systems. Liaison with critical suppliers; drug product manufacturers, packagers, labelers, distributors and commercial partner (Novartis). Represented company in all pre-approval inspections.
- As interim Head of Manufacturing, managed clinical supply logistics including drug product manufacture, testing, primary and secondary packaging, and site supply.

**TRINE PHARMACEUTICALS, Waltham, MA
VICE PRESIDENT, TECHNICAL OPERATIONS****2003 – 2006***Managed all the manufacturing and quality assurance activities for the company's drug product candidates.*

- Responsible for all regulatory submissions, correspondence and communication after company's reorganization. Prepared all CMC related regulatory submissions and interacted with regulatory agencies on all CMC related issues.
- Directed all manufacturing and quality assurance activities related to the company's drug product candidates.
- Evaluated potential in licensing candidates. Conducted initial evaluation of over fifty drug product candidates and due diligence on several in anticipation of licensing.

**PHAEDRUS PHARMACEUTICALS, Framingham, MA
CO-FOUNDER AND SR. VICE PRESIDENT, TECHNICAL OPERATIONS****1999 – 2003***Co-founded the company to manage the drug development of promising technologies from the pre-IND to Phase II (proof of concept in humans), thereby building value, and subsequently licensing the technologies to mid-size and large pharmaceutical firms.*

- Oversaw all manufacturing, regulatory and quality activities for the company's multiple drug candidates. Successfully managed the drug development and licensing of three technologies:
- Wrote and reviewed all regulatory documents submitted to the FDA and other regulatory agencies. Represented the company in all communications with regulatory agencies including the FDA, EMEA, MHRA and BfArM.

GELTEX PHARMACEUTICALS, Waltham, MA**1994 – 1999****SENIOR DIRECTOR, QUALITY AFFAIRS (1997-1999), DIRECTOR, QUALITY AFFAIRS (1996-1997),****MANAGER, REGULATORY AND QUALITY AFFAIRS (1994-1996)***Directed the quality and regulatory operations for the company's drug products and development candidates.*

- Established Quality Assurance and Quality Control department and built the group to twelve people.
- Played critical role in commercializing the company's first product, RenaGel®, from pre-IND to NDA approval in four years.
 - Authored and reviewed all CMC sections of regulatory submissions including IND's NDAs, NDSs and MAAs.
 - Represented the company in meetings with various health authorities including the FDA, EMEA and HC

Attachment C

Nature of Business and FDA Registration

Ardelyx, Inc. (Ardelyx) is a virtual manufacturer of a prescription drug located in Waltham, MA. Ardelyx will utilize third parties to produce, manufacture, and distribute its product to licensed wholesalers and pharmaceutical companies. At no time will this facility handle, store, produce, or distribute any products. Provided below is the information for Ardelyx's third party logistics provider and contract manufacturer. Additionally, enclosed is proof of FDA registration.

Third Party Distributor:

Cardinal Health 105, Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086

Contract Manufacturer:

Patheon Pharmaceuticals, Inc.
2110 East Galbraith Road
Cincinnati, OH 45237
FDA Registration #: 1510437

Miele, Kerry M.

From: Elizabeth Grammer <egrammer@ardelyx.com>
Sent: Monday, February 1, 2021 2:16 PM
To: Elizabeth Grammer
Subject: FW: Labeler Code Request Approved

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, June 3, 2019 3:28 AM
To: Sheldon Mullins <smullins@ardelyx.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 03-JUN-2019
Labeler DUNS: 827436556
Labeler Name: Ardelyx, Inc.
Labeler Code: 73154

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit [Drug Registration and Listing System](#) or reply back to this email (edrls@fda.hhs.gov).

Home > Drug Databases > NDC

National Drug Code Directory

[f SHARE](#) [TWEET](#) [in LINKEDIN](#) [PIN IT](#) [EMAIL](#) [PRINT](#)

Current through April 29, 2021

You have searched Finished drug products

Search Results: '73154'

[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	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
+ IBSRELA	73154-050-06	53.2 mg/1	TABLET	ORAL	NDA211801	Ardelyx Inc.	73154-050	tenapanor hydrochloride	TENAPANOR HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/12/2019	N/A	NDA	6 TABLET in 1 BOTTLE (73154-050-06)	N/A
+ IBSRELA	73154-050-60	53.2 mg/1	TABLET	ORAL	NDA211801	Ardelyx Inc.	73154-050	tenapanor hydrochloride	TENAPANOR HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/12/2019	N/A	NDA	60 TABLET in 1 BOTTLE (73154-050-60)	N/A

Showing 1 to 2 of 2 entries

[Background Information](#)

Previous 1 Next

✓ Verified
M-H

**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, 2020

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 001-36485



ARDELYX, INC.

(EXACT NAME OF REGISTRANT AS SPECIFIED IN ITS CHARTER)

DELAWARE
(STATE OR OTHER JURISDICTION OF
INCORPORATION OR ORGANIZATION)

26-1303944
(I.R.S. EMPLOYER
IDENTIFICATION NO.)

34175 ARDENWOOD BLVD., FREMONT, CALIFORNIA 94555
400 FIFTH AVE., SUITE 210, WALTHAM, MASSACHUSETTS 02451
(ADDRESS OF PRINCIPAL EXECUTIVE OFFICES, INCLUDING ZIP CODE)

(510) 745-1700
(REGISTRANT'S TELEPHONE NUMBER, INCLUDING AREA CODE)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class
Common Stock, par value \$0.0001 per share

Trading Symbol(s)
ARDX

Name of Each Exchange on Which Registered
The Nasdaq Global 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 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 ☐

Non-accelerated filer ☒

Accelerated filer ☐

Small 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 Exchange Act). Yes ☐ No ☒

The aggregate market value of the Registrant's common stock held by non-affiliates of the Registrant as of the last business day of the Registrant's most recently completed second fiscal quarter, June 30, 2020, based on the last reported sales price of the Registrant's common stock of \$6.92 per share was \$611,732,242.

The number of shares of Registrant's Common Stock outstanding as of March 3, 2021, was 98,680,264.

DOCUMENTS INCORPORATED BY REFERENCE:

Portions of the Registrant's Definitive Proxy Statement for its 2021 Annual Meeting of Stockholders, which will be filed with the Commission within 120 days of December 31, 2020, the close of the Registrant's 2020 fiscal year, are incorporated by reference into Part III of this Report.

4KKK

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: Dicerna Pharmaceuticals, Inc.

Physical Address: 75 Hayden Avenue

City: Lexington State: MA Zip Code: 02421

Telephone Number: 617-621-8097 Fax Number: 617-612-6298

Toll Free Number: _____

E-mail: StateLicenses@dicerna.com Website: www.dicerna.com

Facility Manager: Robert Ciappenelli

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

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

Douglas Fambrough, III

Print Name of Authorized Person

3/29/2021

Date

Board Use Only

Date Processed: _____

Amount: \$500 Check # 3543412

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: N/ACorporation Name: Dicerna Pharmaceuticals, Inc.Mailing Address: 75 Hayden AvenueCity: Lexington State: Massachusetts Zip: 02421Telephone: 617-621-8097 Fax: 617-612-6298Contact Person: Robert Ciappenelli

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: January 29, 2014Registration number issued: CIK: 0001399529Stock Exchange: DRNA NASDAQ

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
MA0000771	02/10/2021	02/10/2022	Virtual Drug Manufacturers

ISSUED TO

DICERNA PHARMACEUTICALS, INC.
75 HAYDEN AVENUE
LEXINGTON, MA 02421
ATTN: DOUGLAS FAMBROUGH III PRESIDENT AND CEO

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

842267



CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000771	02/10/2021	02/10/2022	Virtual Drug Manufacturers

ISSUED TO

DICERNA PHARMACEUTICALS, INC.
75 HAYDEN AVENUE
LEXINGTON, MA 02421
ATTN: DOUGLAS FAMBROUGH III PRESIDENT AND CEO

NEW

Secura Bio- Alabama Initial | Salv... x | Pharmalicense x | Pharmalicense x | Massachusetts Controlled Subst... x +

mass.gov/orgs/massachusetts controlled substances registration

NOTICE MCSR is Available Online! →

Massachusetts Controlled Substances Registration (MCSR)

I want to... v Contact us v

Search this organization

We register those who manufacture, distribute, dispense, possess, prescribe, or administer controlled substances. In Massachusetts, "controlled substances" includes all prescription drug products.

Featured tasks

review_Wholesaler...pdf ^

Type here to search

Show all x

9:29 AM
10/4/2019

Feedback

Mark I. Sedar

From: Cheryl Midian <cheryl.midian@twolabs.com>
Sent: Wednesday, April 28, 2021 10:00 AM
To: Mark I. Sedar
Subject: RE: [EXTERNAL] FW: Confirmation of Home State License- Dicerna Pharmaceuticals, Inc.
Attachments: MA CS explanation.pdf

Hi Mark,

In regards to the below email, Massachusetts defines all prescription drugs as controlled substances, regardless of whether or not they are a controlled substances. Confirming that Dicerna Pharmaceuticals, Inc's product is not a controlled substance. Also, please find attached the definition from Massachusetts and let me know if you have any questions.

Cheryl Midian
 Licensing Analyst
 PharmaLicense



110 Riverbend Avenue | Suite 100 | Powell, OH | 43065
 mobile 216.406.0178 | fax 866.259.4324
[website](#) | [email](#) | [LinkedIn](#)



Please consider the environment before printing this email.

This email and any files transmitted with it are confidential and proprietary to Two Labs, LLC and may be legally privileged and are intended solely for the use of the individual or entity to which they are addressed. If you are not the intended recipient please note that any disclosure, distribution, or copying of this email is strictly prohibited and may be unlawful. If received in error, please delete this email and any attachments and confirm this to the sender. Two Labs, LLC does not warrant or represent the information contained herein. Recipient is solely responsible for independent verification through their own representation, legal, and regulatory departments. Thank you.

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Wednesday, April 28, 2021 11:59 AM
To: State Licenses <StateLicenses@dicerna.com>
Subject: [EXTERNAL] FW: Confirmation of Home State License

**** CAUTION: This email originated from outside of the organization! Do not click links, open attachments or reply, unless you recognize the sender's email address and know the content is safe! ****

Good morning,

My office received an Out-of-State Wholesale application for Dicerna Pharmaceuticals, Inc. In a review of the documentation included with the application a copy of a Controlled Substance Registration was included. Please supply a copy of the Home State License at your earliest.

Thank you,

Mark Sedar
Chief Operating Officer
Nevada State Board of
Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DICERNA PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND 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 "DICERNA PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2006.

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



4240086 8300

SR# 20210554386

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. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202559254

Date: 02-22-21

DESCRIPTION OF OPERATIONS

Dicerna Pharmaceuticals, Inc. ("Dicerna") is **virtual manufacturer** of pharmaceutical products. Dicerna is a publicly traded company on NASDAQ (DRNA). Dicerna develops potent and patient-friendly RNAi therapies – in-house and with our partners – for both rare diseases and common diseases with a genetic component. Dicerna's leading drug candidate is Nedosiran (formerly referred to as DCR-PHXC) is the only investigational RNAi therapy in development for treatment of all three known types of primary hyperoxaluria (PH).

Dicerna's is located at 75 Hayden Ave., Lexington, MA 02421
Dicerna's hours of operations are 8:00 a.m. – 5:00 p.m. (Eastern Time), Monday through Friday.

THIRD-PARTY LOGISTICS

Dicerna's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Specialty Pharmaceutical Services, Cardinal Health (SPS). Dicerna utilizes the following SPS location for distribution of product:

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Road Ste. 200
La Vergne, TN 37086

CONTRACT MANUFACTURER

Dicerna uses the following contract manufacturer to produce product:

Pyramid Laboratories, Inc.
3598 Cadillac Ave.
Costa Mesa, CA 92626

PRODUCTS

As a virtual manufacturer, Dicerna does not manufacture, distribute, or store product. At no time does any contract manufacturer own Dicerna's product, contract with Dicerna's customers, invoice or sell Dicerna's products. Dicerna's products are not controlled substances. Accordingly, Dicerna is not required to maintain DEA registration.

Nedosiran

Labeler code: 81203

File

Home

Insert

Page Layout

Formulas

Data

Review

View

Help

Nuance PDF

Tell me what you want to do

Cut

Copy

Paste

Format Painter

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Table

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
H8162																
	NDC/NHR	Firm														
1	IC	Labeler	Name													
3141	42593		Fisk Industries													
3142	53780		Spray-Tek, Inc.													
3143	0436		Century Pharmaceuticals, Inc.													
3144	89160		Sol-Millennium Medical, Inc.													
3145	70350		Solutech Pharmaceuticals LLC													
3146	66029		CP Pharmaceuticals Ltd													
3147	66608		Kimball Midwest													
3148	73079		Eiger BioPharmaceuticals, Inc.													
3149	74160		Christmas City Spirits, LLC													
3150	76145		JALCO PHARMACEUTICALS PTY LIMITED													
3151	77342		Bextera Llc													
3152	69256		Harris Teeter, LLC													
3153	53168		Anhui Anke Yuliangqing Pharmaceutical Co., Ltd.													
3154	71444		MOM Enterprises, Inc.													
3155	76581		Rolling Still Wellness, LLC													
3156	68698		Oxygen Plus LLC													
3157	68220		Alaven Pharmaceutical LLC													
3158	58311		YOUNG WELDING SUPPLY INC													
3159	77305		Dehner Distillery LLC													
3160	49220		Valley National Gases WV LLC													
3161	76600		AVO TECH INTERNATIONAL INC.													
3162	81203		Dicerna Pharmaceuticals, Inc.													
3163	71046		Jay Ventures, LLC													
3164	80630		International Eco Fuel Saver Inc													
3165	69156		Anugraha Chemicals													
3166	81770		GloryB Inc.													
3167	71806		GE Healthcare AS													

Verified M.H

Cheryl Midian

From: Andrew Henderson
Sent: Thursday, December 3, 2020 2:23 PM
To: Curtis Ecalnea; Tom Koenig; Mary Seymour; Alisha Nielsen; Ami Powers (Dicerna Contractor)
Cc: Steven Kates
Subject: FW: [EXTERNAL] Labeler Code Request Approved

Hi All, we have received our labeler code below, let me know if I need to do anything else at this time, thank you.
 -Andrew

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Thursday, December 3, 2020 8:31 AM
To: Andrew Henderson <ahenderson@dicerna.com>
Subject: [EXTERNAL] Labeler Code Request Approved

**** CAUTION: This email originated from outside of the organization! Do not click links, open attachments or reply, unless you recognize the sender's email address and know the content is safe! ****

eDRLS - Electronic Drug Registration & Listing System

Current Date: 03-DEC-2020
Labeler DUNS: 009645240
Labeler Name: Dicerna Pharmaceuticals, Inc.
Labeler Code Assigned: 81203

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.

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).

OWNERSHIP

Dicerna Pharmaceuticals, Inc. ("Dicerna") is virtual manufacturer of pharmaceutical products.
Dicerna is a publicly traded company on NASDAQ (DRNA).

COMPANY INFORMATION

75 Hayden Ave.
Lexington, Massachusetts 02421
Phone: (617) 621-8097
Tax ID: 20-5993609

CORPORATE OFFICERS

Douglas McIntosh Fambrough, III, President & Chief Executive Officer

Robert Ciappenelli, Chief Commercial Officer

Douglas Pagán, Chief Financial Officer

Ling Zeng, Chief Legal Officer and Secretary

The List of Licensed Virtual Drug Manufacturers in Massachusetts									
Company name	Doing Business As	Address	City	State	Zip	MCSR No.	Issue Date		
ACER THERAPEUTICS INC.	ACER THERAPEUTICS INC.	300 WASHINGTON STREET	NEWTON	MA	02458	MA0000214	2/12/2020		
AGENUS INC.	AGENUS INC.	3 FORBES ROAD	LEXINGTON	MA	02421	MA0000745	12/14/2020		
AGIOS PHARMACEUTICALS, INC.	AGIOS PHARMACEUTICALS, INC.	88 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000290	3/27/2021		
AKCEA THERAPEUTICS, INC.	AKCEA THERAPEUTICS, INC.	22 BOSTON WHARF ROAD	BOSTON	MA	02210	MA0000125	11/26/2020		
AKEBIA THERAPEUTICS, INC.	AKEBIA THERAPEUTICS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	MA0000721	11/2/2020		
ALBIREO PHARMA, INC.	ALBIREO PHARMA, INC.	10 POST OFFICE SQUARE	BOSTON	MA	02109	MA0000670	5/27/2020		
ALNYLAM PHARMACEUTICALS, INC.	ALNYLAM PHARMACEUTICALS, INC.	675 WEST KENDALL STREET	CAMBRIDGE	MA	02142	MA0000478	9/18/2020		
AMAG PHARMACEUTICALS, INC.	AMAG PHARMACEUTICALS, INC.	1100 WINTER STREET	WALTHAM	MA	02451	MA0000303	3/27/2021		
AMLYX PHARMACEUTICALS, INC.	AMLYX PHARMACEUTICALS, INC.	43 THORNDIKE STREET	CAMBRIDGE	MA	02141	MA0000606	3/30/2020		
APELLIS PHARMACEUTICALS INC.	APELLIS PHARMACEUTICALS INC.	100 FIFTH AVENUE	WALTHAM	MA	02451	MA0000644	4/28/2020		
ARDELYX, INC.	ARDELYX, INC.	400 FIFTH AVENUE	WALTHAM	MA	02451	MA0000795	2/11/2021		
ARGENX, US INC.	ARGENX US, INC.	33 ARCH STREET	BOSTON	MA	02110	MA0000579	12/30/2020		
AVEDRO, INC. DBA GLAUKOS	AVEDRO, INC. DBA GLAUKOS	201 JONES ROAD	WALTHAM	MA	02451	MA0000719	11/2/2020		
AVEO PHARMACEUTICALS, INC.	AVEO PHARMACEUTICALS, INC.	30 WINTER STREET	BOSTON	MA	02108	MA0000632	4/28/2021		
BEIGENE USA, INC.	BEIGENE USA, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000339	4/16/2021		
BIOFRONTERA INC.	BIOFRONTERA INC.	120 PRESIDENTIAL WAY	WOBBURN	MA	01801	MA0000430	5/13/2020		
BIOVERATIV U.S. LLC	BIOVERATIV U.S. LLC	225 SECOND AVENUE	WALTHAM	MA	02451	MA0000226	2/12/2021		
BLUEBIRD BIO, INC.	BLUEBIRD BIO, INC.	60 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000252	2/12/2021		
BLUEPRINT MACHINES CORPORATION	BLUEPRINT MEDICINES CORPORATION	45 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000187	1/30/2021		
CARDINAL HEALTH	MILLENNIUM PHARMACEUTICALS, INC.	40 LANDSDOWNE STREET	CAMBRIDGE	MA	02193	MA0000048	2/27/2021		
CEQR CORPORATION	CEQR CORPORATION	65 BOSTON POST ROAD WEST	MARLBOROUGH	MA	01752	MA0000733	11/2/2020		
CHIASMA, INC.	CHIASMA, INC.	140 KENDRICK STREET	NEEDHAM	MA	02451	MA0000620	5/18/2020		
COLLEGIUM PHARMACEUTAL, INC.	COLLEGIUM PHARMACEUTICAL, INC.	100 TECHNOLOGY CENTER DRIVE	STOUGHTON	MA	02072	MA0000163	11/13/2020		
DECIPHERA PHARMACEUTICALS LLC	DECIPHERA PHARMACEUTICALS LLC	200 SMITH STREET	WALTHAM	MA	02451	MA0000505	10/21/2020		
DICERNA PHARMACEUTICALS, INC.	DICERNA PHARMACEUTICALS, INC.	75 HAYDEN AVENUE	LEXINGTON	MA	02421	MA0000771	2/10/2021		
DYAX CORP.	DYAX CORP.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000428	12/27/2020		
ENZYVANT THERAPEUTICS, INC.	ENZYVANT THERAPEUTICS, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000492	9/25/2020		
EPIZYME, INC.	EPIZYME, INC.	400 TECHNOLOGY SQUARE	CAMBRIDGE	MA	02139	MA0000238	2/12/2021		
EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON	MA	01803	MA0000442	4/23/2021		
GAMIDA CELL INC.	GAMIDA CELL INC.	673 BOYLSTON STREET	BOSTON	MA	02116	MA0000543	11/27/2020		
GELESIS, INC.	GELESIS, INC.	501 BOYLSTON STREET	BOSTON	MA	02116	MA0000264	2/12/2021		
GENZYME CORPORATION	GENZYME CORPORATION	50 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000327	3/11/2021		
IMMUNOGEN, INC.	IMMUNOGEN, INC.	830 WINTER STREET	WALTHAM	MA	02451	MA0000656	5/26/2020		
IPSEN BIOPHARMACEUTICALS, INC.	IPSEN BIOPHARMACEUTICALS, INC.	ONE MAIN STREET	CAMBRIDGE	MA	02142	MA0000199	2/4/2021		
IRONWOOD PHARMACEUTICALS, INC.	IRONWOOD PHARMACEUTICALS, INC.	100 SUMMER STREET	BOSTON	MA	02110	MA0000555	12/9/2019		
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	490 ARSENAL WAY	WATERTOWN	MA	02472	MA0000149	12/4/2020		

Rob Ciappenelli

Worcester Lane
Waltham, MA 02451

617-

SUMMARY

Diverse global general management, human capital development, and business operations experience across the healthcare industry and proven track record directing complex operations, leading business transformation, and creating profitable brands/businesses. Recognized as authentic, team-oriented leader with excellent communications skills and the ability to influence, lead, negotiate and work effectively at all levels while driving strategic alignment for business success.

PROFESSIONAL EXPERIENCE

Dicerna, Lexington, MA, 2019 - present

Chief Commercial Officer

Responsible for establishing the commercial group to support the commercialization and launch of nedosiran including building the related corporate infrastructure to enable Dicerna to evolve into a fully integrated pharmaceutical company.

Momenta, Cambridge, MA, 2015 - 2018

Global Head Commercial

Led Commercial function across portfolio of 13 programs from early development to in-market products including, New Product Planning, Marketing, Alliance Management, Insights /Analytics, Government Policy, and Forecasting.

- Established new Commercial team of 3 focused on advancing novels portfolio and supporting biosimilar collaborations.
- Initiated novels autoimmune franchise with CSO and CMO to develop new rare disease assets including business case and financing plan. Programs are in Phase I/II with the potential of exploiting sialylation of IVIg (asset M254) and novel targets in rare immune-mediated diseases (assets M230 and M281).
- Rebuild relationship with Sandoz to drive a productive and profitable collaboration to effectively commercialize Glatopa®, including 40mg launch.
- Steering committee lead for Mylan (biosimilars) collaboration of 6 assets focused on portfolio prioritization and timely investment. Resulting in acceleration of M710/Eylea development ahead of competition and establishing aligned stage gates for collaboration portfolio.
- Part of core team to identify, pitch and close CSL Behring (M230) collaboration. Resulting in Momenta receiving \$50 million upfront license fee and up to \$550 million in potential milestone payments from CSL.
- Strategic Business Review core team member charged with spinning out biosimilars business through private equity financing.

Shire, Lexington, MA, 2012 - 2015

Head of Commercial Operations - US

Responsible for building new US center of excellence for Training/Leadership Development, Sales Operations, Salesforce Incentive Compensation, Marketing Operations, and Meetings/Events.

- Led Commercial Operations integration of legacy Neuroscience business - maintained US commercial operations while concurrently closing Pennsylvania facility and building new organization in Massachusetts. Delivered seamless business continuity with no business disruption to in-line and launch products through significant change event.
 - Hired 63 person group, migrated systems, and operations to support Shire US Commercial.

Global Head, Strategic Operations and Interim Global Head, Training/Development

Strategic Operations: Responsible for development and project management of Commercial Operations activities to integrate legacy and acquired commercial businesses into global commercial operations.

- Led Commercial Operations integration of newly acquired NPS Pharma and ViroPharma organizations. Seamlessly pivoting from NPS Pharma deal closure to executing successful launch NPS's newly approved Natpara® asset in the same week.
- Built Global Strategic Planning and Product Commercialization Resources used across country business units to effectively plan, execute, monitor and report progress of country level product performance. Tools used at quarterly business review to report performance to plan and to adjust investment based on business dynamics. Resulting in aligned prioritization of business priorities, budgets and key local business objectives. Add-on benefit was transparency of budgets eliminating double counting of investment across functions and Global/Local operations.

Commercial Training and Leadership Development: Responsible for building Global Training Team of 18 and revising training curriculum while effectively executing training for sales forces, launches, marketing, and leadership development.

- Established “Accelerated Commercial Excellence Initiative” to identify key skills and appropriate behaviors that drive sales performance. Built core/advanced skill training for sales forces and implemented across all US and EU sales teams raising overall sales effectiveness as measured by both product unit volume and patient services surveys.
- Build phase 1 general management training curriculum for Sales Leadership/Management. Program success lead to implementing curriculum across top 250 global commercial manager to facilitate their leadership through significant business changes at Shire (eg. Abbvie acquisition) while driving business results.

Global Franchise Operations Lead – Fabry and Gaucher, 2012-2014

Responsible for global operations of Fabry (Replagal®) and Gaucher (Vpriv®) across Development, Medical, and Commercial to drive strategic planning, business development, country launches, and program management across both franchises. Integrated approach drove exceeding sales targets in 2013 and achieving target in 2014.

- Accelerated deal flow and assessment to expand Lysosomal Storage Diseases Portfolio, including global screen and review of compounds. Resulting in multiple new opportunities being assessed for Business Development Forum review leading to terms sheets with 2 companies.

Sunovion Pharmaceuticals, Inc., Marlborough, MA, 2001-2012

Vice President, Commercial Operations, 2011-2012

Responsible for Sales and Marketing operations to support Business Units. Directed department of 67 across Launch Excellence, Training, Project Management, Customer Relationship Management, Marketing Services, Sales Operations, and Strategic Planning.

- Managed corporate restructuring (2 locations/1700 employees) by working with executive team to identify synergies to drive a sustainable business. Implemented across company department reductions (30% to 50%) creating a new business operations structure that streamlined business operations and improved profit.
- Built silo-breaking Customer Relationship Management (CRM) system and digital non-personal promotions platform. Providing integrated marketing and sales intelligence to rebuild non-personal promotion tactics. Resulting in improved promotional effectiveness in patient acquisition and retention, enhancing customer relationships per online surveys and increased sales and profit for applicable brands.
- Streamlined sales force restructuring and close-out processes. Resulted in reduction in close-out of departing sales representative to 3 business days or less from average of 10 days and reduced sample product waste with compliant transfer to remaining selling team.

Executive Director, Commercial Services and Sales Training, 2007-2011

Responsible for building core commercial infrastructure (initially 5 to 40) to support growing product portfolio of 5 in-line products, driving operational efficiencies and increasing customer satisfaction.

- Developed and implemented launch readiness infrastructure including comprehensive project management tool to effectively link and track all elements of launch. Allowed for ease of knowledge transfer and acceleration of launch readiness from brand to brand. Used launch framework to quickly and effectively launch newly acquired OMNARIS asset six weeks after deal close.

- Digitized promotional material review with Vault resulting in streamlined review process, creating compliant virtual review forums and digital material archive. Productivity savings and reduced operating costs improved product profitability and accelerated time to market for approved materials by approximately 25% (2 to 3 weeks faster).
- Recognized as thought leader in Commercial functions. Selected as corporate representative to PhRMA. Provided insight into policy and government affairs issues impacting the business allowing management the foresight to anticipate changes in federal drug reimbursement. Received CEO Awards for outstanding achievements.

Executive Director, Central Nervous System (CNS) Marketing, 2007

Responsible for CNS portfolio including driving flagship brand, Lunesta®, revenue over \$600M and significantly improving profit as brand leader Ambien went generic.

Senior Director, Lunesta® Marketing and Marketing Operations, 2005-2007

Responsible for asset lifecycle management and integrating Manufacturing, Regulatory, Policy, Patient Services, and Medical Affairs into broader Commercial and brand plan.

- Built digital, print and media brand plan to produce breakthrough earned media impressions (over 2.4M impressions at launch) resulting in broader awareness, trial and usage of newly launched drug.
- Established Marketing Operations team of 5, accountable for print, production, fulfillment, promotional review and call center across portfolio of 5 brands. Leveraged Lunesta® brand purchasing to improved economies of scale for all brands with immediate and year over year operational cost savings.
- Developed multi-channel meeting and events platform and faculty providing versatile channels to learn about approved features and benefits of drug. Platform allowed for tracking ROI by channel type and significantly increased awareness and use among PCPs.

Director, Lunesta® Marketing, 2004-2005

Responsible for pre-launch and launch plan execution generating over \$300M in revenue for launch year, and creating one of the most recognized and memorable brands across all categories including consumer package goods.

Senior Manager - Associate Director, New Products Planning, 2001- 2004

Built commercialization plans for portfolio of Phase I to III assets. Managed commercial development of 3 major products including Lunesta®. Promoted to Lunesta® Marketing to maximize commercial potential and launch.

Fletcher Spaght, Inc., Boston, MA, 2000 - 2001

Manager – Healthcare Consulting Practice

Responsible for managing 2 to 3 concurrent case teams for life sciences clients focused of asset prioritization, financing and commercialization strategy developments.

- Evaluated commercial value of phase IIb compound to seeking funding, resulting in development of business plan, financial model, and organizational structure to supported capital search and securing \$35M.
- Product portfolio assessment for medical device company that failed FDA review for its novel orthopedic product. Developed strategies to address projected revenue gap.
- Evaluated in-licensing strategies and identified possible target compounds to acquire for biotech company. Produced series of assets that team evaluated for investment.

AstraZeneca (formerly Astra Pharmaceuticals/Astra Merck), Providence, RI, 1997- 2000

Business Manager – Northeast Business Unit

Responsible for supporting BU Leadership Team, commercial analytics, marketing initiatives, and business planning, including local launch plans for Prilosec® 40mg and Atacand® .

- Deployed to National Sales Strategy and Planning Team to build integrated business planning process. Recognized by executive management with Silver Award for contributions to business.

Accenture (formerly Andersen Consulting), Wellesley, MA, 1995-1997

Manager - Strategy Formulation Practice – Pharmaceuticals

Responsible for strategic consulting and project implementation for healthcare companies.

- Designed Commercial expansion for pharmaceutical company. Directed development of organizational designs for business research, marketing, and sales operations. Worked with client to implement Commercial infrastructure of 32 employees that supported expanding sales forces and improving operations.
- Conducted consumer and physician studies to determine buyer values for HMO's products. Compared buyer values to current products and identified gaps. Assisted in development of new product mix and services that positioned HMO to satisfy customers.

EDUCATION

Master of Business Administration (MBA)
Harvard Graduate School of Business Administration, Boston, MA

Bachelor of Business Administration, cum laude, in Finance
University of Massachusetts, Amherst, MA

Weston High School, Weston MA

Current Certifications – Trainer/Facilitator/Instructor:

- Coaching Masterclass for Senior Leaders
- Leading Organizational Transition / Change

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, DC 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

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: 001-36281

DicernaTM

DICERNA PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)

20-5993609
(IRS Employer
Identification No.)

75 Hayden Avenue
Lexington, MA
(Address of principal executive offices)

02421
(Zip code)

(617) 621-8097
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock, \$0.0001 Par Value	DRNA	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 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 ☒

The aggregate market value of the registrant's common stock held by non-affiliates of the registrant on June 30, 2020 was approximately \$1.8 billion based on the last reported sale of the registrant's common stock on The Nasdaq Global Select Market on June 30, 2020 of \$25.40 per share.

As of February 22, 2021, there were 76,320,893 shares of the registrant's common stock, par value \$0.0001 per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement for its 2021 Annual Meeting of Stockholders are incorporated by reference into Part III hereof. Such proxy statement will be filed with the Securities and Exchange Commission not later than 120 days after the end of the fiscal year covered by this Annual Report on Form 10-K.

DICERNA PHARMACEUTICALS, INC.
2020 ANNUAL REPORT ON FORM 10-K
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SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K includes “forward-looking statements” within the meaning of Section 27A of the Securities Act of 1933, as amended (the “Securities Act”), and Section 21E of the Securities Exchange Act of 1934, as amended (the “Exchange Act”). All statements other than statements of historical fact are “forward-looking statements” for purposes of this Annual Report on Form 10-K. In some cases, you can identify forward-looking statements by terminology such as “may,” “could,” “will,” “would,” “should,” “expect,” “plan,” “anticipate,” “believe,” “estimate,” “intend,” “predict,” “seek,” “contemplate,” “project,” “continue,” “potential,” “ongoing,” “goal,” or the negative of these terms or other comparable terminology. These forward-looking statements include, but are not limited to, statements about:

- future conduct of the business of the Company, its clinical programs, and operations, including in relation to the COVID-19 pandemic;
- the research and development plans and timelines related to the Company’s clinical programs, including the opportunity to enroll, continue, or resume clinical studies that are slowed or halted by the COVID-19 pandemic;
- the initiation, timing, progress, and results of our preclinical studies and Investigational New Drug Applications, Clinical Trial Applications, New Drug Applications and other regulatory submissions;
- our alignment with the United States (“U.S.”) Food and Drug Administration on regulatory approval requirements;
- identification and development of product candidates for the treatment of additional disease indications;
- obtaining and maintaining regulatory approval of any of our product candidates;
- the rate and degree of market acceptance of any approved product candidates;
- the commercialization of any approved product candidates;
- our ability to establish and maintain existing and additional collaborations and retain commercial rights with respect to some or all of our product candidates in the collaborations;
- the implementation of our business model and strategic plans for our business, technologies, and product candidates;
- how long we expect to maintain liquidity to fund our planned level of operations and our ability to obtain additional funds for our operations and growth;
- our estimates of our expenses, ongoing losses, future revenue, and capital requirements;
- obtaining, maintaining, and defending intellectual property protection for our technologies and product candidates and our freedom to operate our business without infringing the intellectual property rights of others;
- our reliance on third parties to conduct our preclinical studies or any clinical trials;
- the continued manufacture and supply of raw materials and components for the Company’s clinical and development programs, the availability of any of which could be significantly impaired by the COVID-19 pandemic;
- our ability to attract and retain qualified key management and personnel;
- our dependence on our existing collaborators, Novo Nordisk A/S, Roche, Eli Lilly and Company, Alexion Pharmaceuticals, Inc., Boehringer Ingelheim International GmbH, and Alnylam Pharmaceuticals, Inc. for developing, obtaining regulatory approval for, and commercializing product candidates in the collaborations;
- our receipt and timing of any potential milestone payments or royalties under our existing research collaborations and license agreements or any future arrangements with our existing collaboration partners or any other collaborators;
- the impact of changes in the government and agency leadership positions in connection with the 2020 presidential election as well as future election cycles;
- our financial performance; and
- developments relating to our competitors or our industry.

These statements relate to future events or to our future financial performance and involve known and unknown risks, uncertainties, and other 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 these forward-looking statements. Factors that may cause actual results to differ materially from current expectations include, among other things, those set forth in Part I, Item 1A – “Risk Factors” below and for the reasons described elsewhere in this Annual Report on Form 10-K. Any forward-looking statement in this Annual Report on Form 10-K reflects our current view with respect to future events and is subject to these and other risks, uncertainties, and assumptions relating to our operations, results of operations, industry, and future growth. Given these uncertainties, you should not place undue reliance on these forward-looking statements. Except as required by law, we assume no obligation to update or revise these forward-looking statements for any reason, even if new information becomes available in the future.

This Annual Report on Form 10-K also contains estimates, projections, and other information concerning our industry, our business, and the markets for certain drugs, including data regarding the estimated size of those markets, their projected growth rates, and the incidence of certain medical conditions. Information that is based on estimates, forecasts, projections, or similar methodologies is inherently subject to uncertainties, and actual events or circumstances may differ materially from events and circumstances reflected in this information. Unless otherwise expressly stated, we obtained these industry, business, market, and other data from reports, research surveys, studies, and similar data prepared by third parties, industry, medical and general publications, government data, and similar sources. In some cases, we do not expressly refer to the sources from which these data are derived.

Except where the context otherwise requires, in this Annual Report on Form 10-K, “we,” “us,” “our,” “Dicerna,” and the “Company” refer to Dicerna Pharmaceuticals, Inc. and, where appropriate, its consolidated subsidiaries.

Trademarks

This Annual Report on Form 10-K includes trademarks, service marks, and trade names owned by us or other companies. All trademarks, service marks, and trade names included in this Annual Report on Form 10-K are the property of their respective owners. Solely for convenience, the trademarks and trade names in this report may be referred to without the ® and ™ symbols, but such references should not be construed as any indicator that their respective owners will not assert, to the fullest extent under applicable law, their rights thereto.

Risk Factor Summary

Our business is subject to numerous risks and uncertainties. These risks represent challenges to the successful implementation of our strategy and to the growth and future profitability of our business. These risks include, but are not limited to, the following:

- Business interruptions resulting from the coronavirus disease (COVID-19) outbreak or similar public health crises could cause a disruption to the development of our product candidates and adversely impact our business.
- We will need to raise substantial additional funds to advance development of our product candidates and we cannot guarantee that we will have sufficient funds available in the future to develop and commercialize our current or future product candidates. Raising additional funds may cause dilution to our stockholders, restrict our operations, or require us to relinquish control over our technologies or product candidates.
- Our approach to the discovery and development of innovative therapeutic treatments based on novel technologies is unproven and may not result in marketable products.
- The market may not be receptive to our product candidates based on a novel therapeutic modality, and we may not generate any future revenue from the sale or licensing of product candidates.
- Our product candidates are in varied stages of development, including some in early stages, and may fail or suffer delays that materially and adversely affect their commercial viability.
- Breakthrough Therapy Designation by the FDA may not actually lead to a faster development or regulatory review or approval process.
- The approval of our marketing application may be delayed due to the failure to satisfy FDA regulatory requirements, resulting in a delay in the commercial launch of nedosiran.
- We are dependent on our collaboration partners for the successful development of product candidates and, therefore, are subject to the efforts of these partners and our ability to successfully collaborate with these partners.
- Because we rely on third-party manufacturing and supply partners, our supply of research and development, preclinical studies, and clinical trial materials may become limited or interrupted or may not be of satisfactory quantity or quality, and if the third parties on which we depend do not perform as contractually required, our development programs could be delayed with materially adverse effects on our business, financial condition, results of operations, and prospects.

- Interim and preliminary data from our clinical trials that we announce or publish from time to time may change as more patient data become available or as additional analyses are conducted and as the data are subject to audit and verification procedures that could result in material changes in the final data.
- We may be unable to successfully commercialize our products if we are unable to develop sales, marketing, and distribution capabilities on our own or enter into agreements with third parties to perform these functions on acceptable terms.
- We may be unable to successfully commercialize our products if the regulatory-approved labeling for our products does not enable us to appropriately differentiate our products from competitive products.
- Price controls imposed in foreign markets and downward pricing pressure in the U.S. may adversely affect our future profitability.
- Our current operations are largely concentrated in one location and any events affecting this location may have material adverse consequences.
- We may be unable to protect our intellectual property rights throughout the world.
- We may be unable to obtain U.S. or foreign regulatory approval and, as a result, may be unable to commercialize our product candidates.
- Our ability to obtain reimbursement or funding from the federal government may be impacted by possible reductions in federal spending.
- Recent federal legislation and actions by state and local governments may permit reimportation of drugs from foreign countries into the U.S., including foreign countries where the drugs are sold at lower prices than in the U.S., which could materially adversely affect our operating results.
- Anti-takeover provisions in our charter documents and under Delaware law could make an acquisition of us, which may be beneficial to our stockholders, more difficult and may prevent attempts by our stockholders to replace or remove our current management.

April 9, 2021

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 Dicerna Pharmaceuticals, Inc. ("Dicerna"), attached is Dicerna's Initial Application.

Dicerna is virtual manufacturer of pharmaceutical products and is a publicly traded company on NASDAQ (DRNA). Dicerna develops potent and patient-friendly RNAi therapies for both rare diseases and common diseases with a genetic component. Dicerna's leading drug candidate is Nedosiran (formerly referred to as DCR-PHXC) and is the only investigational RNAi therapy in development for treatment of all three known types of primary hyperoxaluria (PH).

Dicerna's products are manufactured by a contract manufacturer and distributed by a Third-Party 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 Dicerna's office. Dicerna's pharmaceutical products Is Not controlled substances. Accordingly, Dicerna is not required to obtain a DEA registration.

I hope this narrative is helpful as you review Dicerna's application. If you have a question regarding this application, please contact me at (216) 406-0178 or via email at cheryl.midian@twolabs.com. Please also address all written communication to me. My address is 4967 Cadogan Pl., New Albany, OH 43054.

Thank you in advance for your consideration.

Cheryl Midian
Licensing Analyst
PharmaLicense

4LLL

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: Oyster Point Pharma, Inc.

Physical Address: 202 Carnegie Center, Suite 109

City: Princeton State: NJ Zip Code: 08540

Telephone Number: (609) 382-9032 Fax Number: N/A

Toll Free Number: _____

E-mail: statelicensing@oysterpointrx.com Website: https://oysterpointrx.com/

Facility Manager: George Donato III

Professional qualifications and experience of facility manager: _____
See Resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(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

Jeffrey Nau

Print Name of Authorized Person

Date

Board Use Only

Date Processed: _____

Amount:

500
check # 388412

Processed
5/4/21

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: N/ACorporation Name: Oyster Point Pharma, Inc.Mailing Address: 202 Carnegie Center, Suite 109City: Princeton State: NJ Zip: 08540Telephone: (609) 382-9032 Fax: N/AContact Person: George Donato III

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

Date of Incorporation: 06/30/2015Registration number issued: 5776894Stock Exchange: OYST

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.



OWNERSHIP

Oyster Point Pharma, Inc. is a virtual manufacturer of pharmaceuticals that is incorporated in Delaware. Oyster Point Pharma, Inc. is publicly traded on the NASDAQ (OYST).

COMPANY INFORMATION

202 Carnegie Center, Suite 109
Princeton, NJ 08540
(609) 382-9032
Tax ID: 81-1030955

CORPORATE OFFICERS

Jeffrey Nau, President and Chief Executive Officer

John Snisarenko, Chief Commercial Officer

Daniel Lochner, Chief Financial Officer



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0744404

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:

202 CARNEGIE CTR, STE 109 PRINCETON, NJ 08540-

Reg. No.
5005903

OYSTER POINT PHARMA, INC.
202 CARNEGIE CTR, STE 109
PRINCETON, NJ 08540-

**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 4/21/2021

Registration Number: 5005903 **Registered as:** Manufacturer and Wholesale
Name: OYSTER POINT PHARMA, INC.
DBA:
Address: 202 CARNEGIE CTR, STE 109, PRINCETON, NJ 08540
Original Issue Date: 04/20/2021 **Expiration Date:** 01/31/2022
Current Issue Date: 04/20/2021
Disciplines: No

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OYSTER POINT PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, 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.



5776894 8300

SR# 20211206190

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: 202912506

Date: 04-07-21

GEORGE J DONATO
517 Michigan Ave
Swarthmore, PA 19081

Cell (610)

Email: gdonato@oysterpointrx.com

SUMMARY

An accomplished CMC Pharmaceutical executive with over 30 years delivering exceptional results in various areas of the business. Accountable leader with strategic success establish end-to-end global supply networks, including implementing complex development, regulatory manufacturing strategies for both biological and small molecule drug products. A successful leader in performing drug development, regulatory filings, technical site transfers and launching of new global products. Adept at balancing regulatory, quality, technical, supply and commercial needs to continuously improve process performance, quality and profitability.

PROFESSIONAL EXPERIENCE

Oyster Point Pharma, Princeton, NJ

Senior Vice President, CMC and Operations

May 2019 to present

- Member of the Executive Leadership Team responsible for setting corporate strategy for financing, regulatory filing strategy and launch planning for the pipeline. Built the CMC and Operations organization and implemented the virtual manufacturing and supply chain network, which resulted in a NDA for our lead product within two years of filing the IND.
- Led the product development team in a first-in-class preservative free nasal spray for a multi-billion dollar dry eye indication. Through collaboration with the FDA developed methods and procedures to perform in-use micro testing of the nasal device. Identified a sub-visible particle issue and implemented a revised bottle prep plan to resolve the issue, resulting in the elimination of a refrigerated storage condition.
- Developed and implemented the commercialization strategy for our new preservative-free Dry Eye Nasal Spray device. Established primary and secondary manufacturing and packaging networks, set-up exclusivity agreements with component suppliers and formed the 3PL and distribution network.
- Led a fast-tracked Nasal and Eye development program for the prevention of new strains of viruses. Developed the drug substance process and developed a formulation for pre-clinical testing.

Iroko Pharmaceuticals, Philadelphia, PA

Sr. Vice President, Global Operations

Mar 2012 to Apr 2019

- Member of the Iroko Leadership Team responsible for eliminating annual losses of \$100MM/year to a profitable company within one year through optimization of organization, renegotiation of key supply contracts and implementing efficient business and supply chain processes.
- Manage the supply, regulatory and quality organization to support the virtual global supply network consisting of eight manufacturing locations and six products.
- Successfully lead the Asset Sale of the European business consisting of 20 products in 9 countries.
- Negotiated a five year exclusive supply agreement with the ANDA holder of an Iroko branded product and established an exclusive API supply agreement for the high margin product. Protecting \$30MM/year in sales.
- Successfully launched three Low-Dose SoluMatrix® NSAID products globally, while utilizing a first of its kind specialty manufacturing technology. The products launched within a week of approval.
- Directed the facility and SoluMatrix® Fine Particle Technology™ equipment design and implementation, technical transfer, scale-up and validation for four new submicron products. Created a strategy to increase production from 2 to 10 batches a week, which represents \$350MM of marketed sales per year.
- Created product capacity strategy, which reduced COGS by three times and provide redundancy for the new products. Negotiated several multi-year manufacturing contracts resulting in over \$200M in savings.
- Improved the reliability of four acquired legacy products through engineering studies, process changes and enhancing analytical methods. Eliminated stock-outs and increased customer services metrics from 60 to 98%.
- Established the Trade Relations function and strategy for three new products. Established the retail stocking plan for launch and negotiated 3PL, distribution and retail agreements.

Pfizer (Wyeth), Collegeville, PA (Nov 2000 to Mar 2012)**Sr. Director, Global Launch Leader, Pfizer Global Supply****Jun 2010 to Mar 2012**

- Led the Global Manufacturing Revenues Generation Program reporting to the Sr. Manufacturing Leadership team. Developed a long term and sustainable Revenue Generation Program, including the implementation and tracking of Revenue Generation projects across all Global Manufacturing Operations and Business Units.
- Designed and led cross-functional innovation workshops, which identified several new revenue opportunities. Program generated over \$400 M in incremental revenue in 2010 and 11 through opportunistic supply, product enhancements and contract services.

Sr. Director, Manufacturing Product Leader, External Supply**2008 to Jun 2010**

- Third-Party Operations Leader for three major brands involving alliance partners providing over \$2 B in sales each year. Managed a matrixed organization of quality, technology, regulatory, supply chain and sourcing individuals. Responsible for over 50 sterile and solid oral SKUs in over ten global external sites. Consistently delivered high quality products and achieved over 99% schedule attainment and 95% Right First Time for all products through Operational Excellence programs.
- Responsible for the management of Quality Systems for managed products, including all product releases, Change Controls, Internal and External Audits, and supplier qualification. Handle all vendor contracts in excess of \$1B with negotiations resulting in \$20 M in annual savings.

Sr. Director, Global New Product Leader, New Product Development**2004 to 2008**

- Established an integrated global technology team internally and externally to develop and commercialize an acquired parenteral drug product, Relistor. Launched the product in several markets within days of approval. Program consisted of three dosage forms and a network of 8 global facilities. Managed over \$40 M capital and expense budget for the project and led over 50 team members.
- Responsible for alliance management, as a key member of the Joint Development Committee and as the leader for the CMC/Manufacturing Joint Committee. Received 2008 Team of the Year Award for First Time Global Approvals and outstanding execution of product launch. Improved formulation to allow room temperature storage and extended shelf life to 36 months.
- Global Technology team leader for a new product with \$1 B in projected annual sales. Led the first "Risk-Based" quality by design FDA submission at Wyeth. Achieved approval for parametric release of the product.
- Developed a comprehensive New Pipeline Strategy and Capital Plan for the Pharmaceutical Operating Unit. Gained Committee approval for a \$300 M investment for a state-of-art manufacturing facility, utilizing process analytical technology to control the product quality.
- Strategic Project Leader for a Global \$4 B commercial product. Improved performance, decreased cycle time by 30%, resulting in first time PAI approval with zero Observations. Achieved FDA approval for new manufacturing facility in four months with limited stability data by utilizing Process Analytical Technology.

Director, Global Supply Chain**2001 to 2004**

- Selected and recognized as a high-potential employee, to lead the Supply Chain SAP Transformation Team.

Associate Director, Logistics & Supply Chain Management**2000 to 2001**

- Created an integrated Global Supply Chain Strategy and implementation plan for the supply of finished and bulk products between global affiliates and plants for \$3 B network.

Campbell Soup Company	Camden, NJ (Sr. Manager, Information Systems, Global Supply Chain)	1998 to 2000
Exelon (PECO Energy)	Philadelphia, PA (Sr. Project Manager, Strategic Sourcing)	1990 to 1998
ASTA Engineering, Inc.	Malvern, PA (Project Engineer)	1988 to 1990
PA Army National Guard	Philadelphia, PA (1st Lieutenant, 103rd Engineers)	1987 to 1995

EDUCATION**WIDENER UNIVERSITY, Chester, PA****Master Business Administration (MBA), 1997****Bachelor of Science in Mechanical Engineering, 1987**



Description of Operations

Oyster Point is a Virtual Manufacturer. Oyster Point's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributor and Specialty Pharmacies by their Third-Party Logistics Provider, Cardinal SPS, who is licensed to ship pharmaceutical products into your state.

Oyster Point is publicly traded on the NASDAQ (OYST).

Oyster Point was incorporated in the State of Delaware on 6/30/2015; File # 5776894

Contract Manufacturer Information:

We will be using the contract manufacturer(s) below to produce our product:

Renaissance Lakewood
1200 Paco Way
Lakewood, NJ 08701
FEIN: 2242829

Howell Packaging
151 E 5th Street
Elmira, NY 14901
FEIN: 1313700

Renaissance manufactures Oyster Point's product and Howell Packaging packages the finished product. At no time does Renaissance or Howell Packaging own the product, contract with Oyster Point's customers, invoice, nor sell an Oyster Point product. Oyster Point's products are not Controlled Substances.

Labeler Code: 73521

Third Party Logistic information:

For distribution into the commercial supply channels, Cardinal SPS acts as Oyster Point's Third Party Logistics (3PL) provider to manage the storage and distribution of Oyster Point's product to Specialty Distributor and Specialty Pharmacies throughout the United States.

Cardinal SPS
501 Mason Road, Suite 200
LaVergne, TN 37086

Oyster Point's hours of operation are 8:00 am – 5:00pm EST Monday through Friday.

File

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A6183																	
	NDC/NHR	Firm															
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6162	77795	Present Enterprises LLC															
6163	42906	VM Global Manufacturers Group, Inc.															
6164	14448	Blue Spring Wellness, L.L.C.															
6165	63379	Glaxo Operations UK Ltd															
6166	75508	Coil Chem LLC															
6167	73248	International Partnership For Microbicides, Inc.															
6168	72683	Proximity Capital Partners LLC dba Asutra															
6169	44589	LifeWave, LLC															
6170	50546	Mayne Pharma International Pty Ltd															
6171	49245	Laboratorio Otoperapico Argentino S.A.															
6172	70251	Nitto Denko Avecia Inc															
6173	17355	Alliance Labs LLC															
6174	49187	Lonza AG															
6175	66582	Merck Sharp & Dohme															
6176	68069	Moehs Cantabra															
6177	42348	FONEKS KOZMETIK SAGLIK VE EGITIM HIZMETLERI SANAYI VE TICARET															
6178	73679	Aphelion Pharma LLC															
6179	81813	Soul Wipe, Inc.															
6180	68820	Orchid Healthcare (a division of Orchid Pharma Ltd.)															
6181	71928	Westrock Rkt Company															
6182	116	Micro Emulsions Inc.															
6183	73521	Oyster Point Pharma															
6184	75942	Zandi LLC															
6185	77165	KLM Promo Products, LLC															
6186	77446	We've Got Chemistry LLC															
6187	61470	Amerx Health Care Corp															
6188	51531	Mary Kay Inc.															
6189	52679	Guangzhou Haishi Daily Chemicals Company, Ltd.															
6190	40097	Diamond Respiratory Care, Inc.															
6191	80335	EverywhereAire															

Verified
M.H.
5/2/21

From: [Loni da Silva](#)
To: [Patricia Johnson](#)
Subject: FW: Labeler Code Request Approved
Date: Thursday, June 18, 2020 8:05:48 AM

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, December 18, 2019 11:43 AM
To: Loni da Silva <ldasilva@oysterpointrx.com>
Subject: Labeler Code Request Approved

[eDRLS - Electronic Drug Registration & Listing System](#)

Current Date: 18-DEC-2019
Labeler DUNS: 080478750
Labeler Name: Oyster Point Pharma
Labeler Code: 73521

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit [Drug Registration and Listing System](#) or reply back to this email (edrls@fda.hhs.gov).

SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 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, 2020

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: 001-39112

OYSTER POINT PHARMA, INC.
 (Exact Name of Registrant as Specified in its Charter)

Delaware
 (State or other jurisdiction of
 incorporation or organization)
 202 Carnegie Center, Suite 109 Princeton, New Jersey
 (Address of principal executive offices)

81-1030955
 (I.R.S. Employer
 Identification No.)
 08540
 (Zip Code)

Registrant's telephone number, including area code (609) 382-9033

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 \$0.001	OYST	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, 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	☐ Emerging growth company	☒
Non-accelerated filer	☒ Smaller reporting 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 Exchange Act). Yes ☐ No ☒

As of the last business day of the most recently completed second fiscal quarter, the aggregate market value of the voting stock and non-voting common stock held by non-affiliates of the registrant was approximately \$319.8 million based on the closing sale prices of such shares as reported on the NASDAQ Global Select Market.

As of February 1, 2021, the registrant had 25,909,694 shares of common stock, \$0.001 par value per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement relating to the 2021 Annual Meeting of Stockholders are incorporated herein by reference in Part III of this Annual Report on Form 10-K to the extent stated herein. The proxy statement will be filed with the Securities and Exchange Commission within 120 days of the registrant's fiscal year ended December 31, 2020.

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SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains “forward-looking statements” within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, or Exchange Act. All statements other than statements of historical facts contained in this Annual Report on Form 10-K, including statements regarding the Company’s future results of operations and financial position, business strategy, product candidates, planned preclinical studies and clinical trials, results of clinical trials, research and development costs, regulatory approvals, timing and likelihood of success, as well as plans and objectives of management for future operations, are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that are in some cases beyond the Company’s control and may cause its actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements.

In some cases, such forward-looking statements by terms such as “may,” “will,” “should,” “would,” “expect,” “plan,” “anticipate,” “could,” “intend,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “potential” or “continue” or the negative of these terms or other similar expressions. Forward-looking statements contained in this Annual Report on Form 10-K include, but are not limited to, statements about:

- the likelihood of the Company’s clinical trials demonstrating safety and efficacy of its product candidates, and other positive results;
- the timing of initiation of the Company’s future clinical trials, and the reporting of data from completed, current and future clinical trials and preclinical studies;
- plans relating to the clinical development of the Company’s product candidates, including the size, number and disease areas to be evaluated;
- the size of the market opportunity and prevalence of dry eye disease for the Company’s product candidates;
- plans relating to commercializing the Company’s product candidates, if approved, including the geographic areas of focus and sales strategy;
- the success of competing therapies that are or may become available;
- the Company’s estimates of the number of patients in the United States who suffer from dry eye disease and the number of patients that will enroll in its clinical trials;
- the beneficial characteristics, safety, efficacy and therapeutic effects of the Company’s product candidates;
- the timing, likelihood or scope of regulatory filings and approval for its product candidates;
- the Company’s ability to obtain and maintain regulatory approval of its product candidates;
- the Company’s plans relating to the further development and manufacturing of its product candidates, including additional indications for which it may pursue;
- the expected potential benefits of strategic collaborations with third parties and the Company’s ability to attract collaborators with development, regulatory and commercialization expertise;
- existing regulations and regulatory developments in the United States and other jurisdictions;
- the Company’s plans and ability to obtain or protect intellectual property rights, including extensions of existing patent terms where available;
- continued reliance on third parties to conduct additional clinical trials of the Company’s product candidates, and for the manufacture and supply of product candidates, components for preclinical studies and clinical trials and products and components for commercialization of any approved products;
- the need to hire additional personnel, and the Company’s ability to attract and retain such personnel;
- the potential effects of the novel strain coronavirus, or SARS-CoV-2 virus pandemic, on business, operations and clinical development timelines and plans;
- the accuracy of estimates regarding expenses, future revenue, capital requirements and needs for additional financing;
- the Company’s financial performance;
- the sufficiency of existing capital resources to fund future operating expenses and capital expenditure requirements;
- expectations regarding the period during which the Company will qualify as an emerging growth company under the JOBS Act; and
- the Company’s anticipated use of its existing resources and proceeds from the initial and follow-on public offering.

The Company has based these forward-looking statements largely on its current expectations and projections about its business, the industry in which it operates and financial trends that it believes may affect business, financial condition, results of operations and growth prospects, and these forward-looking statements are not guarantees of future performance or development. 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 section titled “Risk Factors” 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, these forward-looking

statements should not be relied on as predictions of future events. The events and circumstances reflected in the Company's forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, the Company does not plan to publicly update or revise any forward-looking statements after the date of this Annual Report on Form 10-K, whether as a result of any new information, future events or otherwise.

In addition, statements that "the Company believes" and similar statements reflect its beliefs and opinions on the relevant subject. These statements are based upon information available to the Company as of the date of this Annual Report on Form 10-K, and while the Company believes such information forms a reasonable basis for such statements, such information may be limited or incomplete, and its statements should not be read to indicate that it has conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These statements are inherently uncertain and investors are cautioned not to unduly rely upon these statements.

PART I

ITEM 1. BUSINESS

Overview

Oyster Point Pharma, Inc. (the Company) is a clinical-stage biopharmaceutical company focused on the discovery, development and commercialization of first-in-class pharmaceutical therapies to treat ocular surface diseases. The Company's lead product candidate OC-01 (varenicline) nasal spray, a highly selective nicotinic acetylcholine receptor (nAChR) agonist, is being developed as a nasal spray to treat the signs and symptoms of dry eye disease. OC-01 (varenicline) nasal spray's novel mechanism of action is designed to re-establish tear film homeostasis by activating the trigeminal parasympathetic pathway and stimulating the glands and cells responsible for natural tear film production. The Company has identified several additional indications, including some outside of ophthalmology, where this approach could provide a meaningful therapeutic benefit to patients.

On December 17, 2020, based on the safety and efficacy results from the Phase 2 MYSTIC, Phase 2b ONSET-1, and Phase 3 ONSET-2 clinical trials in over 1,000 subjects with dry eye disease, the Company submitted a 505(b)(2) New Drug Application (NDA) to the U.S. Food and Drug Administration (FDA) for OC-01 (varenicline) nasal spray for the treatment of signs and symptoms of dry eye disease. The MYSTIC, ONSET-1 and ONSET-2 clinical trials showed statistically significant improvements in Schirmer's Score (an objective, reproducible, and quantifiable measure of natural tear film production), as compared to control, which was the primary endpoint in all studies. Key secondary endpoints in ONSET-1 and ONSET-2 included change from baseline in symptoms as assessed by eye dryness score. In both of these pivotal studies, there was statistically or nominally statistically significant improvement in symptom scores at Day 28, and in ONSET-2 as early as Day 14, as compared to control. All doses studied in the clinical trial program were well-tolerated with no serious drug related adverse events.

In addition, on November 30, 2020, the Company submitted to the FDA a protocol to initiate a clinical study in adult patients with neurotrophic keratopathy (NK), a degenerative disease characterized by decreased corneal sensitivity and poor corneal healing. The submission was made to the Company's Investigational New Drug (IND) application for OC-01 (varenicline) nasal spray in dry eye disease. NK is the second of a number of important potential indications the Company is evaluating for studying OC-01 (varenicline) nasal spray, illustrating the Company's commitment to treating unmet needs related to ocular surface diseases. Enrollment of the first patient in the OLYMPIA Phase 2 study in NK is planned for the first half of 2021.

Strategy

The Company's goal is to transform the treatment of dry eye disease and other ocular surface diseases by developing a broad portfolio of innovative therapies that target significant unmet medical needs. The Company intends to achieve this goal by pursuing the following key strategic objectives:

- **Completing development and obtaining approval of OC-01 (varenicline) nasal spray for the treatment of dry eye disease.** OC-01 (varenicline) nasal spray demonstrated statistically significant improvements (as compared to placebo) in signs of dry eye disease in the MYSTIC, ONSET-1 and ONSET-2 randomized, controlled clinical trials. In the ONSET-1 and ONSET-2 trials, there was statistically or nominally statistically significant improvement in symptom scores at Day 28, and in ONSET-2 as early as Day 14, as compared to placebo. The Company is not aware of another therapy that has shown statistically significant improvements in both signs and symptoms of dry eye disease in multiple registrational clinical trials. However, to date the Company's trials have been designed as randomized, masked, placebo-controlled clinical trials and, as such, the Company has not tested OC-01 (varenicline) nasal spray head-to-head with any other products or therapies, nor is it aware of any head-to-head results indicating that such other products or therapies could not have shown similar results. On December 17, 2020, based on the safety and efficacy results from the conducted clinical trials, the Company submitted a 505(b)(2) NDA to the FDA for OC-01 (varenicline) nasal spray for the treatment of signs and symptoms of dry eye disease.
- **Establishing specialty sales organization to commercialize OC-01 (varenicline) nasal spray in the United States.** If OC-01 (varenicline) nasal spray is approved for the treatment of the signs and symptoms of dry eye disease, the Company intends to commercialize its lead product candidate by deploying a specialty sales force at launch of approximately 150-200 field representatives targeting the top-prescribing ophthalmologists and optometrists in the United States. Given the importance of increasing awareness and educating patients with dry eye disease, the Company also anticipates deploying focused direct-to-consumer marketing campaigns for OC-01 (varenicline) nasal spray. The Company anticipates that this sales organization could also support the commercialization of additional product candidates treating ocular diseases.

- **Maximizing value of OC-01 (varenicline) nasal spray and the Company's other product candidates outside the United States.** With more than 300 million additional dry eye disease patients outside of the United States, the Company believes there is a significant commercial opportunity for its product candidates internationally. To address these markets, it may seek one or more partners with regional capabilities and infrastructure to support and potentially accelerate the clinical development and commercialization of the Company's product candidates, if approved, in such geographies.
- **Developing OC-01 (varenicline) nasal spray for additional indications associated with and beyond dry eye disease.** Based on the fundamental role of natural tear film in ocular surface health, the Company plans to pursue development of OC-01 (varenicline) nasal spray in other indications where this equilibrium is disturbed. First, the Company submitted to the FDA a protocol to initiate a clinical study in adult patients with NK, a degenerative disease resulting from a loss of corneal sensation, which causes progressive damage to the top layer of the cornea. As natural tear film contains a myriad of beneficial components, including endogenous growth factors, proteins and antibodies, the Company believes that its product candidate could be beneficial in improving the health of the cornea in these patients. A second population of potential clinical benefit is in subjects with dry eye disease associated with contact lens intolerance. In addition, based on the unique characteristics of this product candidate, the Company sees the potential for use in patients that are preparing for refractive surgery where there is often an underlying dry eye condition that could impact refraction and ultimately patient satisfaction and quality of life post-surgery.
- **Leveraging the capabilities of the Company's experienced discovery and development team and its nAChR domain expertise to continue expanding pipeline of product candidates.** The Company has studied a second nAChR agonist product candidate OC-02 (simpinicline) in two Phase 2b clinical trials for dry eye disease. The Company has identified several indications, other than dry eye disease, where it believes this product candidate has the potential to provide a meaningful benefit to patients. In certain indications, the Company believes OC-02 could advance directly into a Phase 2 proof of concept study, supported by preclinical and clinical data that the Company and others have generated. However, the Company cannot guarantee that the FDA will permit it to advance OC-02 into a Phase 2 proof of concept study nor can it guarantee that the FDA will grant marketing approval to OC-02 for the treatment of any indication. Beyond OC-02, the Company plans to continue its efforts to identify and develop additional product candidates.
- **Selectively evaluating external opportunities to expand the scope of the Company's pipeline or product offerings.** The Company may pursue collaboration, acquisition or in-licensing of product candidates, particularly in its core disease area of ocular surface diseases.

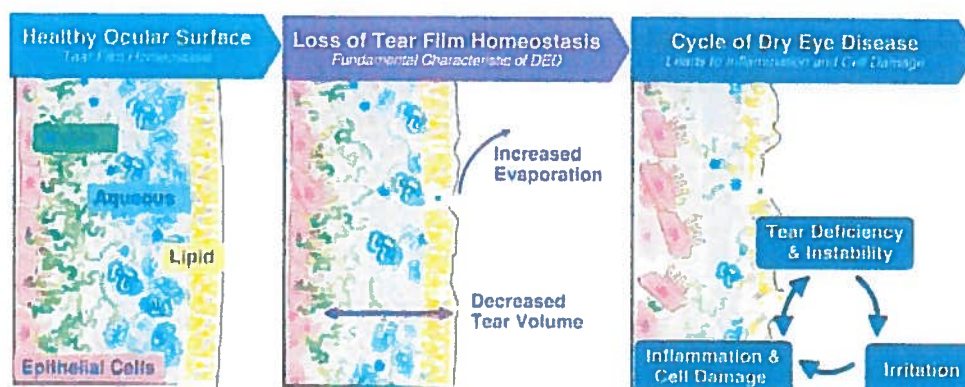
Dry Eye Disease Overview

Dry eye disease is a multifactorial, age-related chronic progressive disease of the ocular surface resulting in pain, visual impairment, tear film hyperosmolality and instability, and inflammation. Patients with dry eye disease are also more susceptible to eye infections and damage to the surface of the eye (cornea). Dry eye disease is characterized by a reduction in tear volume, rapid breakup of the tear film, or an increase in the evaporative properties of the tear film layer. It can affect daily life, including reading and driving at night and has been associated with depression and migraines. Dry eye disease can also limit patients' ability to tolerate contact lenses and can impact patient satisfaction with post-op cataract and refractive patients.

As illustrated below, the Lacrimal Functional Unit (LFU), which is controlled by the parasympathetic nervous system, is comprised of Meibomian glands, lacrimal glands, and goblet cells that are responsible for producing the three layers that comprise healthy tear film. The National Eye Institute defines healthy tear film as "a complex mixture of fatty oils, water, mucus, and more than 1,500 different proteins that keep the surface of the eye smooth and protected from the environment, irritants, and infectious pathogens." The outermost layer of tear film is a lipid layer produced by the Meibomian glands that keeps tear film from evaporating too quickly. The lacrimal glands produce the aqueous layer, which comprises the bulk of tear volume and flow. This middle layer is not just water – it contains thousands of proteins, enzymes, antibodies and growth factors that are cytoprotective, anti-inflammatory, and anti-microbial. The aqueous layer nourishes the cornea and the conjunctiva, the mucous membrane that covers the entire front of the eye and the inside of the eyelids. Finally, the innermost mucin layer is produced by goblet cells and binds water from the aqueous layer to ensure that the eye remains wet. The LFU receives stimulus from the trigeminal nerve, which has sensory nerve endings in the nasal cavity.



LFU dysfunction leads to the loss of tear film homeostasis and can ultimately lead to the cycle of chronic dry eye disease. Animal models of dry eye disease have consistently shown that disrupting the parasympathetic input to the lacrimal gland causes decrease in tear film production resulting in a corresponding increase in corneal fluorescein staining and inflammatory markers. Re-establishment of tear film production normalizes staining and inflammatory markers. Chronic disruption and instability of the tear film results in irritation, inflammation, and ultimately cellular damage. Chronic symptoms of dry eye disease include a scratchy sensation (foreign body sensation), stinging or burning, episodes of excess tearing that follow periods of dryness, discharge, pain, and redness in the eye. In addition, patients with dry eye often experience blurred vision as the cornea and the tear film are responsible for 65%-75% of the eye's focusing power. Approved prescription treatments for dry eye disease, as well as therapies in clinical development, target inflammation further down the dry eye disease continuum. The Company believes these therapies have only been studied in patients with moderate to severe dry eye disease and do not address the loss of tear film homeostasis, the fundamental characteristic of dry eye disease. The Company's lead product candidate OC-01 (varenicline) nasal spray is designed to stimulate the LFU to produce natural tear film, re-establish tear film homeostasis and improve the signs and symptoms of patients with dry eye disease.



Market opportunity in dry eye disease

Dry eye disease is highly prevalent and growing, affecting more than 340 million people globally based on the studies conducted in 2016. In the United States, dry eye disease affects an estimated 14.5% of the adult population, or 34 million adults, resulting in greater than \$55 billion in annual indirect costs, such as reductions in productivity. Prevalence of dry eye disease continues to grow due to an aging population, increase in autoimmune diseases, contact lens wear and digital screen time. Although dry eye disease is one of the most common reasons people visit eye care practitioners (ECPs) in the United States, it is estimated that only 16 million adults have been diagnosed with dry eye disease by an ECP, which the Company believes is due in part to lack of education and insufficient awareness on the part of the patient.

Despite the number of patients diagnosed with dry eye disease, the Company estimates that only 7 million patients have started a prescription treatment regimen which the Company believes is based at least in part on a lack of treatment options that are suitable for chronic use. In a survey the Company commissioned in June 2017 (the ECP Survey) ECPs were generally neutral or dissatisfied with their treatment options for patients with dry eye disease. The ECP Survey was conducted by means of a distributed questionnaire to 150 respondent ECPs who specialize primarily in ophthalmology or optometry, are board-certified or

board-eligible, manage at least 40 unique patients per month with dry eye disease and are familiar with, or prescribe, currently available prescription therapies. In the BCP Survey, the Company asked BCPs to select whether they completely disagreed, were neutral or completely agreed with the statement that they “can successfully treat all dry eye disease patients with currently available options.” Approximately 40% of BCPs responded that they completely disagreed with the statement, approximately 50% responded that they were neutral and only 10% responded that they completely agreed. Similarly, the top clinical reasons patients discontinued therapy were insufficient symptom improvement, side effects, and delayed onset of action. Medication cost was also a factor in discontinuing therapy. However, in another survey, conducted among the patients who had discontinued Restasis® due to costs, 72% stated they would have been willing to pay the same price if the medication had worked better. The Company believes the results in the survey reflect why only 2 million patients are on a prescription therapy at any given time. Despite the small percentage of dry eye disease patients on prescription therapy, Restasis (marketed by Allergan) had U.S. sales in 2019 of \$1.2 billion.

Current treatment options and their limitations

Dry eye disease is primarily treated with a variety of over-the-counter eye drops, often referred to as “artificial tears,” and four FDA-approved prescription eye drop therapies: Restasis®, Xiidra® (marketed by Novartis), Cequa™ (marketed by Sun Pharma) and Eysuvis™ (marketed by Kala Pharmaceuticals). Artificial tears are intended to supplement insufficient tear production or improve tear film instability but are primarily saline-based and provide only temporary relief. Restasis® and Cequa™, both calcineurin inhibitor immunosuppressants, and Xiidra®, a lymphocyte function-associated antigen-1 (LFA-1) antagonist which has been approved for the treatment of the signs and symptoms of dry eye disease, address chronic inflammation associated with dry eye disease. Eysuvis™, a corticosteroid which has been approved for the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease, addresses acute inflammation. Other products used by patients suffering from dry eye disease include ointments, gels, warm compresses, omega-3 fatty acid supplements and a number of medical devices. Unfortunately, all currently approved treatment options for dry eye disease have significant limitations, which include:

- *Mechanisms of action only address inflammation.* Currently approved therapies only target inflammation for moderate to severe dry eye disease; no approved pharmaceutical products replicate natural tear film, which is highly complex in composition. As these prescription therapies fail to address the fundamental characteristic of dry eye disease, the loss of tear film homeostasis, the Company estimates that 75% of patients still require over-the-counter therapies to supplement their treatment.
- *Slow onset of action.* Based on data reported from clinical trials, currently available treatments can take between three to six months to demonstrate a significant effect in clinical signs. The Company believes this delayed onset of action may hinder compliance and in turn may limit the benefit that patients derive from such treatments.
- *Tolerability and compliance issues.* Currently approved pharmaceutical therapies for dry eye disease are typically administered in an eye-drop formulation and are commonly associated with ocular burning, reduced visual acuity and bad taste after application. The effective use of eye drops can be challenging for some patients and may result in reduced compliance. Corticosteroids are limited based on known complications of glaucoma and damage to the optic nerve as well as delayed wound healing of the cornea.

To address these limitations and the high unmet need expressed by patients, BCPs and payors, the Company has been developing OC-01 (varenicline) nasal spray, which it believes, if approved, has the potential to become the new standard of care for dry eye disease. However, there is no guarantee that it will provide results comparable to existing treatments. OC-01 (varenicline) nasal spray's highly differentiated mechanism of action, as shown in preclinical and clinical studies, is designed to re-establish tear film homeostasis, addressing the fundamental disease process, regardless of stage of disease or underlying cause. The Company is not aware of any other drug companies focused on activating the trigeminal parasympathetic pathway (TPP) and stimulating the LFU to increase tear production. OC-01 (varenicline) nasal spray has demonstrated rapid onset of action to significantly improve signs and symptoms in the same patient population within a single registrational clinical trial. Furthermore, the novel delivery of OC-01 (varenicline) in a nasal spray spares the ocular surface and contributes to a favorable tolerability profile. To date, there have been no reports of burning or stinging to the ocular surface or negative effects on taste or smell in clinical trials of OC-01 (varenicline) nasal spray. The Company believes OC-01 (varenicline) nasal spray, if approved, has the potential to offer improved clinical outcomes and patient compliance based on its registrational trial results, favorable tolerability profile and rapid onset of action, therefore making it particularly suitable for use broadly across mild, moderate and severe patient populations.

Company's approach: activating the trigeminal parasympathetic pathway to promote natural tear film production

The Company's novel treatment approach for dry eye disease is designed to leverage the parasympathetic nervous system to stimulate natural tear film production and re-establish tear film homeostasis. A healthy tear film protects and lubricates the eyes, washes away foreign particles, contains antimicrobials to reduce the risk of infection, and creates a smooth surface that contributes refractive power for clear vision.

The Trigeminal Parasympathetic Pathway (TPP)

The parasympathetic nervous system (PNS) is a division of the autonomic nervous system and is responsible for actions such as stimulating gland function, constriction of the pupil, slowing down heart rate and contractility, contracting bronchial musculature and stimulating bronchial secretions, and increasing gut motility for digestion. The parasympathetic nervous system controls tear film homeostasis and the activity of the LFU partially via the trigeminal nerve. The PNS uses acetylcholine (ACh) as its neurotransmitter.

Anesthetizing the nasal mucosa has been shown to result in a 34% reduction in tear film production. This has also been observed in patients with reduced nasal air flow resulting from severe nasal allergy and patients with tracheostomy, suggesting that stimulation of the trigeminal nerve is important for tear production. Since then, additional studies have demonstrated a persistent decrease in aqueous tear production in patients with trigeminal nerve damage (such as trauma, trigeminal nerve ablation and herpetic infection) or pathology.

The Company refers to the communication between the trigeminal nerve and the LFU as the TPP. The efferent paths (away from the nose) of the TPP proceed from the superior salivary nucleus along the facial nerve to the geniculate ganglion and from there through the greater superficial petrosal nerve via the sphenopalatine ganglion to the LFU. Activating the TPP results in the stimulation of the Meibomian glands, lacrimal glands (main and accessory), and goblet cells comprising the LFU and promotes natural tear film production.

Targeting nicotinic acetylcholine receptors (nAChR) on the trigeminal nerve

The Company's approach to dry eye disease relies on a pharmaceutical stimulation of a class of receptors called nAChR that are located on the trigeminal nerve and readily accessible within the anterior nasal cavity. nAChRs are ligand-gated ion channels that when bound by an agonist have the potential for ganglionic neurotransmission. The nAChRs subtypes found on human neurons are comprised of various homomeric (all one subunit) or heteromeric (at least one α and one β subunit) combinations of 12 different nicotinic receptor subunits: $\alpha 2$ - $\alpha 10$ and $\beta 2$ - $\beta 4$. Stimulation of these receptors results in a rapid increase in cellular permeability to Na^+ and Ca^{2+} resulting in depolarization of the cell membrane and initiation of an action potential. However, not all subtypes of nAChRs have the ability to activate the TPP (for example, treatment with a homomeric $\alpha 7$ agonist has no effect on this pathway). Additionally, the functional response of an nAChR to agonists is comprised of two dose-dependent, opposing effects: receptor activation after short exposure to high agonist concentrations (μM range), and desensitization upon prolonged exposure to low agonist concentrations (nM range).

The Company's product candidate OC-01 (varenicline) nasal spray contains an active pharmaceutical ingredient (API) that is highly selective to the nAChRs that activate the TPP. The Company believes this is the first application of nAChR agonists to be delivered nasally to stimulate the nerves of the PNS. Additionally, it has found that OC-01 (varenicline) nasal spray's unique receptor binding characteristics and the localized nasal delivery allows for short-term agonist exposure with a high local concentration, and, once absorbed across the nasal mucosa, results in low systemic exposure and therefore avoids desensitization.

Product Candidates

Compound	Therapeutic Area	Route of Administration	Preclinical	Phase 1	Phase 2	Phase 3	Next Expected Milestone
OC-01*	Dry Eye Disease	Nasal Spray					NDA Submitted to FDA December 2020
	Neurotrophic Keratitis	Nasal Spray					Phase 2 Enrollment planned in 1H 2021

*Planning OC-01 label expansion for contact lens intolerance and ocular surface preparation for refractive surgeries.

OC-01 (varenicline) nasal spray for dry eye disease

The Company's lead product candidate OC-01 (varenicline) nasal spray is being developed as a nasal spray to treat the signs and symptoms of dry eye disease. The API of OC-01, varenicline, is a highly selective nicotinic acetylcholine receptor (nAChR) agonist with full agonist activity at the $\alpha 7$ receptor and partial agonist activity at the $\alpha 3\beta 4$, $\alpha 3\alpha 5\beta 4$, $\alpha 4\beta 2$, and $\alpha 4\alpha 6\beta 2$ receptors. Varenicline tartrate, marketed as Chantix®, was developed and commercialized by Pfizer as an aid to smoking cessation treatment. The compound was studied in multiple dose-ranging, placebo-controlled Phase 2 studies as well as two confirmatory Phase 3 studies to study the safety and efficacy in otherwise healthy smokers in the United States. In 2006, varenicline was approved by both the FDA and the European Medicines Agency and subsequently has been approved in more than 80 other countries throughout the world. To date, varenicline oral tablets have been prescribed to more than 20 million patients worldwide, including more than 11 million adults in the United States.

OC-01 (varenicline) nasal spray is a preservative-free, aqueous nasal spray designed to be delivered twice daily to each nostril in a 50 μ l spray for the treatment of dry eye disease. The highest intranasal concentration of varenicline being studied in ONSET-1 and ONSET-2 was 1.2 mg/ml, approximately 7.5% of the systemic exposure of a single maintenance dose of Chantix® (1 mg) on a normalized dosing basis.

OC-01 (varenicline) nasal spray's novel mechanism of action

OC-01 (varenicline) nasal spray's novel mechanism of action, as shown in preclinical and clinical studies, is designed to re-establish tear film homeostasis by stimulating the trigeminal nerve, activating the TPP and stimulating the glands and cells responsible for natural tear film production. The Company believes that the development of OC-01 (varenicline) as a nasal spray represents the first pharmacological treatment approach for dry eye disease targeting the nerves that control the LFU. OC-01 (varenicline), when sprayed into the anterior portion of the nasal cavity, stimulates nAChRs located on the chemosensory endings of the trigeminal nerve resulting in cholinergic neurotransmission.

Once OC-01 (varenicline) is bound to an nAChR, it stabilizes the open state of the ion channel allowing influx of cations such as Ca^{2+} and Na^{+} ions, thus creating an action potential. This action potential ultimately activates the glands and cells of the LFU to produce natural tear film. Once OC-01 (varenicline) nasal spray is delivered, it takes approximately 10-15 seconds before tear film is produced. The receptors can be in the activated state for many minutes to hours after stimulation (a process termed smoldering activation).

The Company believes that increasing tear film volume and re-establishing tear film homeostasis will address the fundamental characteristic in the development and treatment of dry eye disease, regardless of etiology, and has the potential to treat a broad population of patients throughout the dry eye continuum.

Development program for OC-01 (varenicline) nasal spray

In October 2018, the Company reported results from ONSET-1, a multicenter, dose-ranging, randomized, double-masked, placebo (vehicle)-controlled, registrational Phase 2b clinical trial that evaluated the safety and efficacy of OC-01 (varenicline) nasal spray in 182 subjects with dry eye disease in the United States.

The Company also completed a comparative pharmacokinetic "bridge" trial (ZEN) to evaluate the relative bioavailability of varenicline administered as a nasal spray (OC-01) compared to varenicline administered orally (Chantix®) and reported top line results in November 2019. The exposure levels following nasal spray administration of varenicline are significantly lower than those seen with oral varenicline. If the FDA determines that the results of this trial establish an adequate bridge between OC-01

Date: February 18, 2021

By: /s/ Jeffrey Nau
Jeffrey Nau, Ph.D., M.M.S.
President and Chief Executive Officer
(Principal Executive Officer)

Exhibit 31.2

**CERTIFICATION PURSUANT TO
RULES 13a-14(a) AND 15d-14(a) UNDER THE SECURITIES EXCHANGE ACT OF 1934,
AS ADOPTED PURSUANT TO SECTION 302 OF THE SARBANES-OXLEY ACT OF 2002**

I, Daniel Lochner, certify that:

1. I have reviewed this Annual Report on Form 10-K of Oyster Point Pharma, 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. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:
 - (a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;
 - (b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;
 - (c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and
 - (d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and
- unt's other certifying officer and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):
- (a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and
 - (b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

Date: February 18, 2021

By: /s/ Daniel Lochner

Daniel Lochner

Chief Financial Officer

(Principal Financial and Accounting Officer)

Exhibit 32.1

CERTIFICATIONS OF PRINCIPAL EXECUTIVE OFFICER AND PRINCIPAL FINANCIAL OFFICER**PURSUANT TO****18 U.S.C. SECTION 1350, AS ADOPTED PURSUANT TO
SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report of Oyster Point Pharma, Inc. (the "Company") on Form 10-K for the year ended December 31, 2020 as filed with the Securities and Exchange Commission on the date hereof (the "Report"), I, Jeffrey Nau, hereby certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

- (1) The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended; and
- (2) The information contained in the Report fairly presents, in all material respects, the financial condition and result of operations of the Company.

Date: February 18, 2021

By: /s/ Jeffrey Nau
Jeffrey Nau, Ph.D., M.M.S.
President and Chief Executive Officer
(Principal Executive Officer)

Exhibit 32.2

CERTIFICATIONS OF PRINCIPAL EXECUTIVE OFFICER AND PRINCIPAL FINANCIAL OFFICER**PURSUANT TO****18 U.S.C. SECTION 1350, AS ADOPTED PURSUANT TO
SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report of Oyster Point Pharma, Inc. (the "Company") on Form 10-K for the year ended December 31, 2020 as filed with the Securities and Exchange Commission on the date hereof (the "Report"), I, Daniel Lochner, hereby certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

- (1) The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended; and
- (2) The information contained in the Report fairly presents, in all material respects, the financial condition and result of operations of the Company.

Date: February 18, 2021

By: /s/ Daniel Lochner
Daniel Lochner
Chief Financial Officer
(Principal Financial and Accounting Officer)



Via Fed Ex

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

To Whom It May Concern,

On behalf of Oyster Point Pharma, Inc. ("Oyster"), attached is Oyster's application for a Wholesale license.

Oyster is a biopharmaceutical company focused on the discovery, development, and commercialization of first-in-class pharmaceutical therapies to treat ocular surface diseases.

Oyster 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 Oyster's office. Oyster's product is not a controlled substance. Accordingly, Oyster is not required to obtain a DEA registration.

Note, at the time of this filing, Oyster is only licensed in their home state of New Jersey.

I hope this narrative is helpful as you review Oyster's application. If you have a question regarding this application, please contact me at (614) 578-3827 or via email at jordan.spadafora@twolabs.com. Please also address all written communication to me. My address is 1340 Acton Road, Columbus, OH 43224.

Thank you in advance for your consideration.

A handwritten signature in blue ink, appearing to read 'Jordan Spadafora'.

Jordan Spadafora
Senior Licensing Analyst



4MMM

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: Palatin Technologies, Inc.

Physical Address: 4B Cedar Brook Drive

City: Cranbury State: NJ Zip Code: 08512

Telephone Number: 609-495-2200 Fax Number: 609-495-2202

Toll Free Number: _____

E-mail: ssisodia@palatin.com Website: www.palatin.com

Facility Manager: Stephen Wills

Professional qualifications and experience of facility manager: Stephen Wills has been employed for at least 3 years in a pharmacy or with a wholesale distributor in a capacity related to the dispensing and distribution of, and recordkeeping relating to, prescription drugs.
Types of licensed outlets or authorized persons firm will serve:

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

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

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

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

Name: N/A

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

Stephen T. Wills

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

Stephen Wills

Print Name of Authorized Person

12 April 2021

Date

Board Use Only

Date Processed: _____

Amount: \$500 Check # 3884128

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: N/ACorporation Name: Palatin Technologies, Inc.Mailing Address: 4-B Cedar Brook Drive Cedar Brook Corporate CenterCity: Cranbury State: NJ Zip: 08512Telephone: 609-495-2200 Fax: _____Contact Person: Stephen Wills 

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: November 21, 1986Registration number issued: CIK: 0000911216Stock Exchange: PTN

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.



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**
P.O. Box 369, Trenton, New Jersey 08625-0369

0744028

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:

4B CEDAR BROOK DR CRANBURY, NJ 08512-

Reg. No. PALATIN TECHNOLOGIES, INC.
5005909 4B CEDAR BROOK DR
CRANBURY, NJ 08512-

**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 4/19/2021

Registration Number: 5005909 **Registered as:** Manufacturer and Wholesale

Parent Company Name: PALATIN TECHNOLOGIES, INC.

Trade Name:

Original Issue Date: 03/09/2021 **Expiration Date:** 01/31/2022

Current Issue Date: 03/09/2021

Disciplines: No

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALATIN TECHNOLOGIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF 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 "PALATIN TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 1986.

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



2108510 8300

SR# 20210181473

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: 202337145

Date: 01-21-21



Company Information

Palatin Technologies Inc.
4B Cedar Brook Drive
Cranbury, NJ 08512
Phone: 609-495-2200
Website:
E-mail: ssisodia@palatin.com

FEIN: 95-4078884
State of Formation: DE
Date Incorporated: 11/21/1986
File Number: 2108510

Ownership Information

Palatin Technologies, Inc. is a Publicly Traded company on the {NASDAQ stock exchange under the symbol PTN.

Officers

Carl Spana, CEO & President

Business Address: 4B Cedar Brook Drive, Cranbury, NJ 08512
Ownership %: 3%

Stephen Slusher, Chief Legal Officer

Business Address: 4B Cedar Brook Drive, Cranbury, NJ 08512
Ownership %: 0%

Stephen Wills, Executive Vice President, Chief Financial Officer and Chief Operating Officer

Business Address: 4B Cedar Brook Drive, Cranbury, NJ 08512
Ownership %: 1.5%

Designated Representative

Stephen Wills, Executive Vice President, Chief Financial Officer and Chief Operating Officer

Business Address: 4B Cedar Brook Drive, Cranbury, NJ 08512
Ownership %: 1.5%

Stephen T. Wills, CPA/MST

Highview Lane
Yardley, PA 19067

December 2020 – Summary Bio

Stephen T. Wills, age 62, currently serves as the Chief Financial Officer (since 1997), and Chief Operating Officer (since 2011), of Palatin Technologies, Inc. (4B cedar Brook Drive, Cranbury, NJ 08512 / 609-495-2200), (NYSE: PTN), a biopharmaceutical company developing targeted, receptor-specific peptide therapeutics for the treatment of diseases with significant unmet medical need and commercial potential. During this time, Palatin obtained FDA approval for two drug candidates, executed multiple collaboration/licensing agreements and procured equity and debt financings exceeding \$400 million.

Mr. Wills serves on the boards of directors of MediWound Ltd. (Nasdaq: MDWD), a biopharmaceutical company focused on treatment in the fields of severe burns, chronic and other hard to heal wounds, since April 2017, and as Chairman since January 2018, and of Gamida Cell Ltd. (Nasdaq: GMDA), a leading cellular and immune therapeutics company, since March 2019 (audit and finance committee member), and of Amryt Pharma, a biopharmaceutical company focused on developing and delivering treatments to help improve the lives of patients with rare and orphan diseases, since September 2019 (chairman of audit committee and member of the finance committee). Mr. Wills also serves on the board of trustees and executive committee of The Hun School of Princeton, a college preparatory day and boarding school, since 2013, and its Chairman since June 2018.

Mr. Wills served on the board of directors of Caliper Corporation, a psychological assessment and talent development company, since March 2016, and as Chairman from December 2016 to December 2019, when Caliper was acquired by PSI. Mr. Wills served as Executive Chairman and Interim Principal Executive Officer of Derma Sciences, Inc., a provider of advanced wound care products, from December 2015 to February 2017, when Derma Sciences was acquired by Integra Lifesciences (Nasdaq: IART). Previously, Mr. Wills served on the board of directors of Derma Sciences as the lead director and chairman of the audit committee from June 2000 to December 2015. Mr. Wills served as the Chief Financial Officer of Derma Sciences from 1997 to 2000. Mr. Wills served as the President and Chief Operating Officer of Wills, Owens & Baker, P.C., a public accounting firm, from 1991 to 2000.

Mr. Wills, a certified public accountant, earned his Bachelor of Science in accounting from West Chester University, and a Master of Science in taxation from Temple University.

Mr. Wills' strong qualifications include his extensive operational, accounting/auditing, financing, fund-raising, acquisition, business development, licensing, divestiture and healthcare experience, in addition to his strong technological background and vast experience with bankers, analysts and investors in the biopharmaceutical industry.



P A L A T I N

TECHNOLOGIES, INC.

Description of Operations

Palatin Technologies, Inc. is a Virtual Manufacturer. Palatin Technologies, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies by their Third-Party Logistics Provider, J. Knipper and Company, Inc. , 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 Belgium S.A.
Rue Font St Landry, 10
Brussels, Belgium 1120
FDA Establishment Number: 3007647000

Contact Person: Gratien Dengios
Contact Number: 00 32 2 788 50 05

J. Knipper and Company, Inc. manufactures Palatin Technologies, Inc.'s product and packages finished product. At no time does J. Knipper and Company, Inc. own the product, contract with Palatin Technologies, Inc.'s customers, invoice, nor sell a Palatin Technologies, Inc. product. Palatin Technologies, Inc.'s products are not Controlled Substances.

Labeler Code:

80064

Third Party Logistic information:

For distribution into the commercial supply channels, J. Knipper and Company, Inc. acts as Palatin Technologies, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Palatin Technologies, Inc.'s product to Specialty Pharmacies throughout the United States. J. Knipper and Company, Inc.'s address is:

J. Knipper and Company, Inc.
1250 Patrol Rd
Charlestown, Indiana 47111
Gerri Treacy, 812-406-2251

Palatin Technologies, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

Home > Drug Databases > NDC

National Drug Code Directory

[f SHARE](#)
[TWEET](#)
[LINKEDIN](#)
[PRINT](#)
[EMAIL](#)

Current through April 29, 2021

You have searched Finished drug products

Search Results: '80064'

[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	Expi. Marketing Date	Market Category	Package Description	Pharm Class
+ Vileesi	80064-141-02	1.75 mg/3mL	INJECTION	SUBCUTANEOUS	NDA210557	Palatin Technologies	80064-141	bremelanotide	BREMELANOTIDE ACETATE	HUMAN PRESCRIPTION DRUG	06/21/2019	N/A	NDA	2 SYRINGE in 1 CARTON (80064-141-02) > 3 mL in 1 SYRINGE (80064-141-01)	N/A
+ Vileesi	80064-141-04	1.75 mg/3mL	INJECTION	SUBCUTANEOUS	NDA210557	Palatin Technologies	80064-141	bremelanotide	BREMELANOTIDE ACETATE	HUMAN PRESCRIPTION DRUG	06/21/2019	N/A	NDA	4 SYRINGE in 1 CARTON (80064-141-04) > 3 mL in 1 SYRINGE (80064-141-01)	N/A

Showing 1 to 2 of 2 entries

Previous 1 Next

✓ Vileesi

M.H

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through April 19, 2021

You have searched Finished drug products

Search Results: '80064'

[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
 Vyleesi	80064-141-02	1.75 mg/.3mL	INJECTION	SUBCUTANEOUS	NDA210557	Palatin Technologies	80064-141	bremelanotide	BREMELANOTIDE ACETATE	HUMAN PRESCRIPTION DRUG
 Vyleesi	80064-141-04	1.75 mg/.3mL	INJECTION	SUBCUTANEOUS	NDA210557	Palatin Technologies	80064-141	bremelanotide	BREMELANOTIDE ACETATE	HUMAN PRESCRIPTION DRUG

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

PALATIN TECHNOLOGIES INC

FORM 10-K (Annual Report)

Filed 09/25/20 for the Period Ending 06/30/20

Address	4B CEDAR BROOK DRIVE CRANBURY, NJ, 08512
Telephone	609-495-2200
CIK	0000911216
Symbol	PTN
SIC Code	2834 - Pharmaceutical Preparations
Industry	Biotechnology & Medical Research
Sector	Healthcare
Fiscal Year	06/30

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 June 30, 2020

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: 001-15543



PALATIN TECHNOLOGIES, INC.
(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

95-4078884

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

4B Cedar Brook Drive

Cranbury, New Jersey

(Address of principal executive offices)

08512

(Zip Code)

(609) 495-2200

(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
Common Stock, par value \$.01 per share	PTN	NYSE American

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 during the preceding 12 months (or for such shorter period that the registrant was required to submit). 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 Exchange Act). Yes ☐ No ☒

State the aggregate market value of the voting and non-voting common equity held by non-affiliates, computed by reference to the price at which the common equity was last sold, or the average bid and asked price of such common equity, as of the last business day of the registrant's most recently completed second fiscal quarter (December 31, 2019): \$176,555,811

Indicate the number of shares outstanding of each of the registrant's classes of common stock, as of the latest practicable date (September 24, 2020): 229,855,417

PALATIN TECHNOLOGIES, INC.

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Special Note Regarding Forward-Looking Statements

In this Annual Report on Form 10-K (this “Annual Report”) references to “we,” “our,” “us,” the “Company” or “Palatin” means Palatin Technologies, Inc. and its subsidiary.

Statements in this Annual Report, as well as oral statements that may be made by us or by our officers, directors, or employees acting on our behalf, that are not historical facts constitute “forward-looking statements,” which are made pursuant to the safe harbor provisions of Section 21E of the Securities Exchange Act of 1934 (the “Exchange Act”). The forward-looking statements in this Annual Report do not constitute guarantees of future performance. Investors are cautioned that statements that are not strictly historical facts contained in this Annual Report, including, without limitation, the following are forward looking statements:

- our business, financial condition, and results of operations may be adversely affected by global health epidemics, including the novel strain of coronavirus (“COVID-19”) pandemic, such as, for example, increase in costs of and delays in conducting human clinical trials and the performance of our contractors and suppliers, and reduction in our productivity or the productivity of our contractors and suppliers;
- our ability to successfully commercialize Vyleesi® (the trade name for bremelanotide) for the treatment of premenopausal women with hypoactive sexual desire disorder (“HSDD”) in the United States, which may be adversely affected by delays or disruptions related to the ongoing COVID-19 pandemic;
- our ability to develop the infrastructure to successfully manufacture, through contract manufacturers, Vyleesi, and to successfully market and distribute Vyleesi in the United States;
- our ability to meet post-marketing requirements of the U.S. Food and Drug Administration (“FDA”) to conduct two additional studies and one additional clinical trial for Vyleesi;
- our expectations regarding the potential market size and market acceptance for Vyleesi for HSDD in the United States and elsewhere in the world;
- our expectations regarding performance of our exclusive licensees of Vyleesi for the treatment of premenopausal women with HSDD, which is a type of female sexual dysfunction (“FSD”), including:
 - o Shanghai Fosun Pharmaceutical Industrial Development Co. Ltd. (“Fosun”), a subsidiary of Shanghai Fosun Pharmaceutical (Group) Co., Ltd., for the territories of the People’s Republic of China, Taiwan, Hong Kong S.A.R. and Macau S.A.R. (collectively, “China”), and
 - o Kwangdong Pharmaceutical Co., Ltd. (“Kwangdong”) for the Republic of Korea (“Korea”);
- our expectations and the ability of our licensees to timely obtain approvals and successfully commercialize Vyleesi in countries other than the United States;
- estimates of our expenses, future revenue and capital requirements;
- our ability to achieve profitability;
- our ability to obtain additional financing on terms acceptable to us, or at all, including unavailability of funds or delays in receiving funds as a result of the ongoing COVID-19 pandemic;
- our ability to advance product candidates into, and successfully complete, clinical trials;
- the initiation, timing, progress and results of future preclinical studies and clinical trials, and our research and development programs;
- the timing or likelihood of regulatory filings and approvals;
- and our other product candidates, if approved for commercial use;
- our expectations regarding the clinical efficacy and utility of our melanocortin agonist product candidates for treatment of inflammatory and autoimmune related diseases and disorders, including ocular indications;
- our ability to compete with other products and technologies treating the same or similar indications as our product candidates;
- the ability of our third-party collaborators to timely carry out their duties under their agreements with us;
- the ability of our contract manufacturers to perform their manufacturing activities for us in compliance with applicable regulations;
- our ability to recognize the potential value of our licensing arrangements with third parties;
- the potential to achieve revenues from the sale of our product candidates;
- our ability to obtain adequate reimbursement from Medicare, Medicaid, private insurers and other healthcare payers;
- our ability to maintain product liability insurance at a reasonable cost or in sufficient amounts, if at all;
- the performance of our management team, senior staff professionals, and third-party contractors and consultants;

- the retention of key management, employees and third-party contractors;
- the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates and technology in the United States and throughout the world;
- our compliance with federal and state laws and regulations;
- the timing and costs associated with obtaining regulatory approval for our product candidates, including delays and additional costs related to the ongoing COVID-19 pandemic;
- the impact of fluctuations in foreign exchange rates;
- the impact of legislative or regulatory healthcare reforms in the United States;
- our ability to adapt to changes in global economic conditions as well as competing products and technologies; and
- our ability to remain listed on the NYSE American stock exchange.

Such forward-looking statements involve risks, uncertainties and other factors that could cause our actual results to be materially different from historical results or from any results expressed or implied by such forward-looking statements. Our future operating results are subject to risks and uncertainties and are dependent upon many factors, including, without limitation, the risks identified under the caption “Risk Factors” and elsewhere in this Annual Report, and any of those made in our other reports filed with the U.S. Securities and Exchange Commission (the “SEC”). Except as required by law, we do not intend, and undertake no obligation, to publicly update forward-looking statements to reflect events or circumstances after the date of this document or to reflect the occurrence of unanticipated events.

Palatin Technologies® and Vyleesi® are registered trademarks of Palatin Technologies, Inc. Other trademarks referred to in this report are the property of their respective owners.



April 21, 2021

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 Palatin Technologies, Inc. ("Palatin") attached is Palatin's Initial Application.

Palatin (NYSE American: PTN) is a specialized biopharmaceutical company developing first-in-class medicines based on molecules that modulate the activity of the melanocortin and natriuretic peptide receptor systems. Our product candidates are targeted, receptor-specific therapeutics for the treatment of diseases with significant unmet medical need and commercial potential.

Palatin 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 Palatin physically manufacture or distribute product. Palatin's product is not a controlled substance. Accordingly, Palatin is not required to obtain a DEA registration. At the time of this filing, Palatin Technologies, Inc. has a home state license in New Jersey.

I hope this narrative is helpful as you review Palatin's application. If you have a question regarding this application, please contact me at 216-406-0178 or cheryl.midian@twolabs.com. Please also address all written communication to me. My address is 4967 Cadogan Place, New Albany, OH 43054.

Thank you in advance for your consideration.

Cheryl Midian
Licensing Analyst
PharmaLicense



4NNN

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: Radius Health, Inc.

Physical Address: 22 Boston Wharf Road, 7th Floor

City: Boston State: MA Zip Code: 02210

Telephone Number: (617) 551-4000

Fax Number: _____

Toll Free Number: _____

E-mail: statelicensing@radiuspharma.com

Website: www.radiuspharm.com/

Facility Manager: Averi Price

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?
(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: 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: NV20101844335

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

Jim Chopas

Print Name of Authorized Person

25-MAR-2021

Date

Board Use Only

Date Processed: _____

Amount: 500

Check # 3884126



APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: N/ACorporation Name: Radius Health, Inc.Mailing Address: 22 Boston Wharf Road, 7th FloorCity: Boston State: MA Zip: 02210Telephone: (617) 551-4000 Fax: _____Contact Person: Averi Price

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: 02/04/2008Registration number issued: See AttachedStock Exchange: RDUS

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20171219896

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.

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7



1061

NUMBER	ISSUED	EXPIRES	TYPE
MA0000757	01/04/2021	01/04/2022	Virtual Drug Manufacturers

ISSUED TO

RADIUS HEALTH, INC.
22 BOSTON WHARF ROAD
7TH FLOOR
BOSTON, MA 02210
ATTN: AVERI PRICE CHIEF COMPLIANCE OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

842419



CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000757	01/04/2021	01/04/2022	Virtual Drug Manufacturers

ISSUED TO

RADIUS HEALTH, INC.
22 BOSTON WHARF ROAD
7TH FLOOR
BOSTON, MA 02210
ATTN: AVERI PRICE CHIEF COMPLIANCE OFFICER

NEW



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

April 13, 2021

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To Whom It May Concern:

Please be advised that **RADIUS HEALTH, INC. (MA0000757)**, located at **22 BOSTON WHARF ROAD, 7TH FLOOR, BOSTON MA, 02210** has an active MCSR as a Virtual Drug Manufacturer and is in good standing. The current registration has an issue date of **01/04/2021** and expires on **01/04/2022**. This Facility was last Reviewed by the Drug Control Program on **12/31/2020** 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.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RADIUS 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 TWENTY-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 SAID "RADIUS HEALTH, INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2008.

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



4499595 8300

SR# 20210657355

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: 202599885

Date: 02-25-21



Ownership Info

Radius Health, Inc.
22 Boston Wharf Road, 7th Floor
Boston, MA 02210
617-551-4000

Radius Health, Inc. is publicly traded on NASDAQ (NASDAQ Symbol: RDUS)

Officers

Kelly Martin, President & CEO
Business Address: 22 Boston Wharf Road, 7th Floor Boston, MA 02210

Salvador Grausso III, Chief Commercial Officer
Business Address: 22 Boston Wharf Road, 7th Floor Boston, MA 02210

Bruce Mitlak, Head Discovery Science, Chief Medical Officer
Business Address: 22 Boston Wharf Road, 7th Floor Boston, MA 02210

Jim Chopas, Finance and Accounting Officer
Business Address: 22 Boston Wharf Road, 7th Floor Boston, MA 02210

Averi Price, General Counsel and Chief Compliance Officer
Business Address: 22 Boston Wharf Road, 7th Floor Boston, MA 02210



Contract Manufacturer Information

Radius Health, Inc. is a “virtual manufacturer”. We are using the following contract manufacturers to produce our product, Abaloparatide:

Vetter Pharma International GmbH
EywiesenstraBe 5
88212 Ravensburg, Germany
FDA Establishment No. 3002270322

Contact: Robert Hohne
Phone Number: +49-(0)751-3700-1743
Fax: +49-(0)751-3700-5031
Email: robert.hoehne@vetter-pharma.com

Vetter Pharma International GmbH manufactures Radius Health, Inc. product and packages finished product. At no time does Vetter Pharma International GmbH own the product, contract with Radius Health, Inc. customers, invoice nor sell a Radius Health, Inc. product.

We are utilizing ICS as the Third Party Logistics provider to manage the storage and distribution of Radius Health, Inc. products to Wholesalers, Specialty pharmacies, Hospitals, Specialty Distributors, Hospitals, Long-term care, Mail Order, Clinics and Retailers. ICS is located at 420 International Blvd., Suite 500, Brooks, KY 40109. Our hours of operation are 8:00 a.m. – 5:00 p.m. EST, Monday through Friday.

Product

Abaloparatide – NDC: 70539-001-01

Abaloparatide – NDC: 70539-001-02

Abaloparatide – NDC: 70539-001-99

Abaloparatide – NDC: 70539-001-98

Description of Facility

Radius Health, Inc. does not handle, store or ship commercial product from its headquarters in Boston, MA (it is used exclusively for office space). Radius Health, Inc. uses Integrated Commercialization Solutions (ICS) as its Third Party Logistics provider to manage the storage and distribution of our products.

(WHD0857)

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) [+](#)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?SUBJECT=NATIONAL%20DRUG%20CODE%20DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through April 15, 2021

You have searched Finished drug products

Search Results: 'Radius Health'

[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
Tymlos	70539-001-02	2000 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA208743	Radius Health, Inc.	70539-001	abaloparatide	ABALOPARATIDE	HUMAN PRESCRIPTION DRUG
Tymlos	70539-001-98	2000 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA208743	Radius Health, Inc.	70539-001	abaloparatide	ABALOPARATIDE	HUMAN PRESCRIPTION DRUG

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)

(<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
M.H

Nevada Customers

<u>Name</u>	<u>Address Line 1</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
BRIOVARX	8350 BRIOVA DRIVE	LAS VEGAS	NV	89113
ASPCARES	501 S RANCHO DR SUITE G46	LAS VEGAS	NV	89106
CVS SPECIALTY	7251 S EASTERN AVE	LAS VEGAS	NV	89119
CARDINAL HEALTH LLC	6640 ECHO AVE J	RENO	NV	89506

AVERI R. PRICE

Quinobequin Road • Waban, MA 02468

617.

Demonstrated Compliance Leadership as Part of Executive Leadership Team
Expertise in FDA, PhRMA, Anti-Kickback, OIG Guidance & FCPA Compliance
Develops Solutions through Partnership with Business Leaders
Experienced and Proven Team Leader

PROFESSIONAL EXPERIENCE

RADIUS HEALTH – Waltham, MA

02/2016 – Present

VP, Chief Compliance Officer

Reporting to the CEO and serving on the company's Executive Leadership Team. Radius is a publicly traded company (Nasdaq) with marketed product in osteoporosis and a robust pipeline in endocrinology and oncology.

- Designed and implemented company's first compliance program, while providing leadership to the company in its transformation from an 80-employee R&D organization to a 400+-employee commercial organization.
- Program development includes developing policies, standards and training intended to prevent illegal, unethical and improper conduct throughout the organization.
- Provides strategic business advice to senior management and leadership.
- Developing a strong culture of compliance, utilizing proven methods from previous experience.
- Developed internal investigation approach and oversees all internal investigations.
- Established and manages aggregate spend system and reporting.
- Manages compliance team of 2.

SUNOVION PHARMACEUTICALS, INC. – Marlborough, MA

06/2011 – 02/2016

Senior Director of Compliance and Ethics (2013 – 2016) / Director of Compliance and Ethics (2011 – 2013)

Recruited to strengthen the effectiveness, awareness, and adoption of compliance program across the enterprise. Promoted to integrate compliance into commercial, corporate, and research & development as organization grew organically and through acquisition. Responsible for compliance programs in North America and Europe.

- High-profile role introducing, advocating, and leading the design and implementation of new policies, communication and training programs, monitoring, business standards and investigative structures to ensure products, agreements, research, operations, and business strategies comply with FDA regulation, PhRMA Code, Anti-Kickback, statute and ABPI regulations. Managed company Compliance team.
- Conducted a large-scale internal assessment, identified issues, defined and communicated the strategy to leadership team, and orchestrated all efforts to create a positive compliance structure.
- Introduced a "principles / values not rules" training approach that has been adopted by commercial teams.
- Spearheaded the integration of compliance into business training programs that improved overall adoption.
- Established the Tone from the Middle Program to educate and secure buy-in from sales managers on their compliance roles and provide them with effective tools to mitigate risks and drive compliant business practices.
- Established Compliance Liaison Boards throughout organization, developing effective two-way communication and understanding between Compliance team and business partners.
- Positioned the compliance department as a strategic partner to global leaders that has enabled continued business growth—positioning organization as the only one within the antipsychotic market to launch and grow their products without a Corporate Integrity Agreement (CIA).
- Developed the compliance structure for Sunovion Pharmaceuticals, Sunovion Pharma Europe, and Sunovion Canada.
- Trusted advisor to sales and marketing leads, senior vice presidents, managed market leads, and medical liaison leads on new business plans, agreements, marketing materials, press releases, proposals, product launches, managed care, health economic / outcomes research, and medical activities.
- Expanded the compliance organization and implemented an effective framework for mitigating risks.

...Continued...

AVERI R. PRICE, PAGE 2

NIXON PEABODY LLP / HOLLAND AND KNIGHT LLP – Boston, MA

07/2006 – 06/2011

Associate

Brought in by Holland and Knight to provide strategic counsel to pharmaceutical / medical device companies and their employees with civil / criminal healthcare fraud cases. Chosen and moved with partners within the White Collar Group to Nixon Peabody.

- Provided legal representation to corporations and individuals in defending allegations of federal and state healthcare fraud, including False Claims Act investigations.
- Earned a reputation for defending of healthcare professionals, assisting them in navigating through the complex and stressful process, and achieving positive outcomes.
- Developed factual and legal defenses, developed presentations to prosecutors, prepared clients for government interviews, and protecting the interest of clients.
- Advised corporations and individuals within the pharmaceutical and medical device industries on reimbursement, product approval, sales and marketing, and advertising strategies.
- Collaborated with clients' in-house counsel and leadership teams to ensure new products, programs, and business plans were compliant with regulatory requirements.

BROWN RUDNICK BERLACK ISRAELS LLP – Boston, MA & Hartford, CT

06/2001 – 05/2006

Associate

Joined Boston practice to provide legal expertise to hospitals, physician groups, and individual practitioners with regulatory approvals, strategic business development, and fraud matters. Transferred and evolved as the subject matter expert within the Hartford practice providing corporate and regulatory expertise to a large hospital. Provided strategic counsel and successful litigation support to hospitals on compliance, Medicare / Medicaid reimbursement, HIPAA, Stark, and anti-kickback issues.

UNITED STATES ATTORNEY'S OFFICE – Boston, MA

Summer, 2000

Summer Intern – Criminal Division

CENTER FOR CLINICAL MEDICAL ETHICS, UNIVERSITY OF CHICAGO HOSPITALS – Chicago, IL

1996 – 1998

Office Assistant to Director Mark Siegler, MD

Chosen to participate in weekly conferences to discuss clinical ethical cases with staff and fellows.

E D U C A T I O N & C R E D E N T I A L S

Juris Doctor | UNIVERSITY OF MICHIGAN LAW SCHOOL, 2001

Journal of Law Reform, Associate Editor (2000-2001) / Contributing Editor (2001)

International Law Program | UNIVERSITY OF LEIDEN, 2000

Bachelor of Arts in Philosophy, with Honors | UNIVERSITY OF CHICAGO, 1998

Awarded the Manley Thompson Memorial Prize for Best Senior Thesis in Philosophy Department

Senior Thesis: "Can Suicide Be Rational"



April 13, 2021

Via FedEx

Nevada State Board of Pharmacy
431 W. Plum Lane
Reno, NV. 89509

To Whom It May Concern::

On behalf of Radius Health, Inc. ("Radius") attached is Radius' Application.

Radius' product will be manufactured by its contract manufacturer and will be distributed to wholesalers, specialty pharmacies, hospitals, specialty distributors, hospitals, long-term care, mail order, clinics and retailers by its third party logistics provider, ICS, who is licensed to ship pharmaceutical products into your state. Radius' product is not a controlled substance. Accordingly, Radius does not have a DEA registration.

I hope this information is helpful as you review Radius' application. If you have any questions regarding this application please contact me at (614) 406-3129 or via email at Theresa.carey@twolabs.com. Please also address all written communication to me. My address is 4005 S. Section Line Rd. Delaware, OH 43015

Thank you in advance for your consideration.

Theresa Carey
Licensing Analyst
PharmaLicense

Use these links to rapidly review the document:

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[INDEX TO CONSOLIDATED FINANCIAL STATEMENTS](#)

[PART IV](#)

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**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, 2020

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: 001-35726

Radius Health, Inc.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)

80-0145732
(I.R.S. Employer
Identification No.)

22 Boston Wharf Road, 7th Floor
Boston, Massachusetts 02210
(Address of principal executive offices)

617-551-4000
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act: **Common Stock**

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.0001 per share	RDUS	The Nasdaq Global 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 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 ☒

The aggregate market value of the registrant's common stock, \$0.0001 par value per share ("Common Stock"), held by non-affiliates of the registrant, based on the last sale price of the Common Stock at the close of business on June 30, 2020 was \$0.6 billion. For the purpose of the foregoing calculation only, all directors and executive officers of the registrant are assumed to be affiliates of the registrant.

Number of shares outstanding of the registrant's common stock, par value \$0.0001 per share, as of February 22, 2021: 46,894,429

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement for its 2021 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

4000

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: Teligent Pharma, Inc.

Physical Address: 105 Lincoln Avenue

City: Buena State: NJ Zip Code: 08310

Telephone Number: 856-697-1441 Fax Number: N/A

Toll Free Number: _____

E-mail: jgiulianelli@teligent.com Website: www.teligent.com

Facility Manager: Antonio DiNicola, Plant Manager

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

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

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

Name: Cardinal

Address:

Name: McKesson

Address:

Name: ABC

Address:

Name: Kaiser Permanente

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 ☒

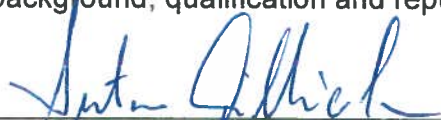
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

ANTONIO DINICOLA
Print Name of Authorized Person

3/9/21
Date

Board Use Only

Date Processed: _____

Amount: 500

CHECK #00000027296

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Corporation Name: Teligent Pharma, Inc.

Mailing Address: 105 Lincoln Avenue

City: Buena State: NJ Zip: 08310

Telephone: 856-697-1441 Fax: N/A

Contact Person: Antonio DiNicola

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: October 23, 3015

Registration number issued: 20150617330

Stock Exchange: TLGT

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

0742888

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:

105 LINCOLN AVE BUENA, NJ 08310-

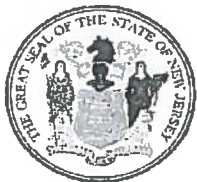
Reg. No.
5001368

TELIGENT PHARMA, INC.
C/O JILL GIULIANELLI, MGR, RA
105 LINCOLN AVE - P.O. BOX 687
BUENA, NJ 08310-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2022

Establishment Copy



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

P.O. Box 369, Trenton, New Jersey 08625-0369

0738260

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:

105 LINCOLN AVE BUENA, NJ 08310-

Reg. No.
5001368

TELIGENT PHARMA, INC.
C/O JILL GIULIANELLI, MGR, RA
105 LINCOLN AVE - P.O. BOX 687
BUENA, NJ 08310-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELIGENT PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST 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 "TELIGENT PHARMA, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MAY, A.D. 1987.

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



2126863 8300

SR# 20210181560

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: 202337194

Date: 01-21-21



Teligent, Inc.
105 Lincoln Avenue
Buena, NJ 08310
T 856 697 1441

www.teligent.com

Corporate Officers

Timothy Sawyer

4 Emerson Road
Larchmont NY 10538
856-
SS C
DOB

President/CEO

Philip Yachmetz

Baxter Lane
West Orange, NJ 07052
201
SS 1
DOB

Chief Legal Officer

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: ANTONIO DI NICOLA

Address: 37 FOX HOLLOW LANE

City: SEWELL State: NJ Zip: 08080

I hereby authorize the TELCIGENT PHARMA, INC. to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant Antonio Di Nicola

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

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 Seal

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 3/2/2021

Registration Number: 5001368

Registered as: Manufacturer

Parent Company Name: TELIGENT PHARMA, INC.

Trade Name:

Original Issue Date: 01/21/2000

Expiration Date: 01/31/2022

Current Issue Date: 12/29/2020

Disciplines: No

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)

[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&site&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)



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New Search (default.cfm)

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Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Teligent, Inc.	1000526875	011036910	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	105 Lincoln Ave., Buena, New Jersey (NJ) 08310, United States (USA)	12/31/2021

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Establishment:

Teligent, Inc.
105 LINCOLN AVE
Buena, NJ 08310
Registration Number: 1000526875
FEI Number: 1000526875
Status: Active
Date Of Registration Status: 2021

Owner/Operator:

Teligent, Inc.
105 Lincoln Avenue
Buena, NJ US 08310
Owner/Operator Number: 10043787

Official Correspondent:

Susan Todd
105 Lincoln Avenue
Buena, NJ 08310
Phone: 856-6971441-1056

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

✓
Verified
in IT

Page Last Updated: 03/15/2021

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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: **001-08568**

Teligent, Inc.

(Formerly IGI Laboratories, Inc.)

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction
of incorporation or organization)

01-0355758

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

105 Lincoln Ave., Buena, N.J.

(Address of principal executive offices)

08310

(Zip Code)

Registrant's telephone number, including area code **(856) 697-1441**

Securities registered pursuant to Section 12(b) of the Exchange Act:

Title of each class	Trading symbol(s)	Name of each exchange on
Common Stock, Par Value \$0.01 Per Share	TLGT	The Nasdaq Stock Market

Securities registered pursuant to Section 12(g) of the Exchange 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 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 and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit and post 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 registrant’s voting and non-voting common stock held by non-affiliates of the registrant (without admitting that any person whose shares are not included in such calculation is an affiliate) computed by reference to the price at which the common stock was last sold, as of the last business day of the registrant’s most recently completed second fiscal quarter was \$27.4 million.

As of March 25, 2020, the registrant had 53,899,495 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

The following documents (or parts thereof) are incorporated by reference into the following parts of this Form 10-K: Certain information required in Part III of this Annual Report on Form 10-K is incorporated from the Registrant’s Proxy Statement for the Annual Meeting of Stockholders to be held on May 19, 2020.

FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements regarding us and our business, financial condition, results of operations and prospects within the meaning of Section 27A of the Securities Act of 1933 (Securities Act), and Section 21E of the Securities Exchange Act of 1934 (the "Exchange Act"). Such forward-looking statements include those that express plans, anticipation, intent, contingency, goals, targets or future development and/or otherwise are not statements of historical fact. These forward-looking statements are based on our current expectations and projections about future events and they are subject to risks and uncertainties known and unknown that could cause actual results and developments to differ materially from those expressed or implied in such statements.

In some cases, you can identify forward-looking statements by terminology, such as "goals," "expects," "anticipates," "intends," "plans," "believes," "seeks," "estimates," "may," "could," "should," "would," "predicts," "appears," "projects," or the negative of such terms or other similar expressions. Factors that could cause or contribute to differences in results and outcomes from those in our forward-looking statements include, without limitation, those discussed in this Current Report on Form 10-K, as well as those discussed in our other Securities and Exchange Commission ("SEC") filings. We undertake no obligation to (and expressly disclaim any obligation to) revise or update any forward-looking statements made herein whether as a result of new information, future events or otherwise. However, you should consult any further disclosures we may make on these or related topics in our reports on Form 8-K or Form 10-Q filed with the SEC.

The following discussions should be read in conjunction with the sections of this Report entitled "Management's Discussion and Analysis of Financial Condition and Results of Operations" and "Risk Factors."

PART I

Item 1. BUSINESS

Our Company

Strategic Overview

Teligent, Inc., is a specialty generic pharmaceutical company. All references to "Teligent," the "Company," "we," "us," and "our" refer to Teligent, Inc. Our mission is to become a leader in the specialty generic pharmaceutical market. Under our own label, we currently market and sell generic topical, branded generic and generic injectable pharmaceutical products in the United States and Canada. In the United States we are currently marketing 38 generic topical pharmaceutical products and 4 branded generic pharmaceutical products. In Canada, we sell over 32 generic and branded generic injectable products and medical devices. Generic pharmaceutical products are bioequivalent to their brand name counterparts. We also provide contract manufacturing services to the pharmaceutical, over-the-counter, ("OTC"), and cosmetic markets. We operate our business under one segment.

Our common stock is trading on the Nasdaq Global Select Market under the trading symbol "TLGT." Our principal executive office, laboratories and manufacturing facilities are located at 105 Lincoln Avenue, Buena, New Jersey. We have additional offices located in Iselin, New Jersey, Mississauga, Canada, and Tallinn, Estonia.

We have two platforms for growth:

- Developing, manufacturing and marketing a portfolio of generic pharmaceutical products under our own or a private label in topical, injectable, complex and ophthalmic dosage forms; and
- Managing our current contract manufacturing and formulation services business.

We have been in the contract manufacturing and development of topical products business since the early 1990s, but our strategy since 2010 has been focused on the growth of our own generic pharmaceutical business. Since 2010, we have focused on transitioning our business to include more customers in the topical pharmaceutical industry. In 2014, we broadened our primary target product focus from topical pharmaceuticals to include a wider specialty pharmaceutical approach. We believe that expanding our development and commercial base beyond topical generics, historically the cornerstone of our expertise, to include injectable generics, complex generics and ophthalmic generics (what we call our "TICO strategy"), will leverage our existing expertise and capabilities, and broaden our platform for a more diversified strategic growth.

Teligent was recognized by the FDA as one of the top 15 generic companies to receive Abbreviated New Drug Application ("ANDA") approvals in 2018. In 2019, we submitted one ANDA. We currently have 16 ANDAs submitted singly and 2 ANDAs that were submitted with partners are pending at the FDA. Additionally, we have 2 ANDs pending before Canada's food and drug regulatory authority. We have an additional 45 product candidates at various stages of our development pipeline.

We expect to continue to expand our presence in the generic topical pharmaceutical market through the filing of additional ANDAs and the subsequent launch of products as these applications are approved. We received five approvals from our internally developed pipeline of topical generic products in 2019. We intend to continue to submit further ANDAs to the FDA and abbreviated new drug submissions ("ANDS") to Health Canada in 2020, although the typical timelines for submission and approval may be adversely impacted by the current COVID-19 pandemic. We continue to seek to license or acquire further products, intellectual property, or pending applications to expand our portfolio. We expect to accelerate our growth through the creation of unique opportunities from the acquisition of additional intellectual property and/or the expansion of the use of our existing intellectual property. We are also exploring the options to monetize certain of our non-core assets.

Facility Expansion. We completed the first phase of our facility expansion in July 2016, with the complete interior renovation of our building at 101 Lincoln Avenue in Buena, New Jersey. This building now houses our new product development laboratory for work on topical and sterile pharmaceuticals. This laboratory integrates our formulation and analytical chemistry teams into one lab. This building renovation also houses our regulatory affairs, supply chain and corporate service teams.

We continued with the significant expansion and utilities upgrade of our manufacturing facility at 105 Lincoln Avenue in Buena, New Jersey. In October 2018, we received the Certificate of Occupancy to begin using our manufacturing facility, which includes a state-of-the-art quality control and microbiology lab for the testing of our pharmaceutical products. The expanded facility has increased our manufacturing capability for topical products and, upon FDA approval, will also enable the production of sterile injectable products in both vial and ampule presentations. We have utilized this facility expansion as an opportunity to upgrade and improve the degree of automation and capacity in our existing topical production suite. The sterile production area is designed

around isolator-based technology. The facility includes a versatile vial and ampule filling line capable of between four and eight million units per year, with space and critical utilities included in the build-out for a potential future higher-speed filling line. Through December 31, 2019 the Company has incurred approximately \$88.3 million for this project and is currently substantially complete with construction. We have been partnering with contract manufacturing organizations, or CMOs, for the development, registration and manufacture of some of our sterile injectable and ophthalmic products. Upon successful FDA inspection, we may transfer the manufacture of some of these injectable products to this facility. We will also use the new sterile production capability to support our internal R&D pipeline of sterile injectable products in vial and ampule presentations. The expansion was implemented in order to secure Teligent's long-term growth in manufacturing and marketing injectable Pharmaceutical products for sale in the U.S.

Teligent Canada. On November 13, 2015, we acquired all of the rights, title and interest in the development, production, marketing, import and distribution of all products of Alveda Pharmaceuticals Inc., or Alveda, pursuant to two asset purchase agreements, one relating to the acquisition of all of the intellectual property-related assets of Alveda and the other relating to the acquisition of all other assets of Alveda.

In connection with the completion of the acquisition, we formed three subsidiaries: Teligent Luxembourg S.à.r.l., or LuxCo, a private limited company incorporated under the laws of the Grand Duchy of Luxembourg and wholly-owned by the Company; Teligent OÜ, a private limited company incorporated under the laws of the Republic of Estonia that is wholly-owned by LuxCo; and Teligent Canada Inc., a company incorporated under the laws of the Province of British Columbia that is wholly-owned by LuxCo.

Teligent Canada currently has 14 employees located in our offices in Mississauga, Canada. Teligent Canada acquired all of the Alveda working capital, including accounts receivable, inventory, accounts payable, and capital assets. In addition, Teligent Canada acquired Alveda's existing customer relationships, all contracts necessary to execute the Canadian distribution activities, operational permits, and all intellectual property required to operate the marketing and distribution of products in Canada. Teligent Canada also transitioned a majority of the existing workforce as part of the acquisition. Teligent Canada currently markets and distributes over 32 products. Teligent continues to transition these products to distribute them under a Teligent Canada label.

Teligent OÜ. Teligent OÜ currently has 15 employees. Teligent OÜ is responsible for the development, enhancement, maintenance, protection and exploitation functions related to the intellectual property-related assets acquired from Alveda. In addition, Teligent OÜ is responsible for the management of the supply chain function and procurement of products for sale to Teligent Canada in addition to certain products and active pharmaceutical ingredients ("API's") for Teligent Pharma, Inc. in the U.S. We built and developed a laboratory to support analytical chemistry, quality control, and formulation development to support our Teligent US and Teligent Canada supply chain management and technical services teams.

Our Generic Pharmaceutical Business

In September 2010, we leveraged our existing formulation and manufacturing capabilities to begin the Company's transformation from being solely a contract manufacturing and development company into a generic pharmaceutical company with our own portfolio of products, as recognized by our first ANDA submission to the FDA. ANDAs are submitted to the FDA for generic drug products that have the same active ingredient, strength, dosage form, and route of administration as brand name innovator drug products to which they are bioequivalent, meaning that there is no significant difference between the drugs in their rate and extent of absorption in the body. In the United States, approved ANDA generic drugs are usually interchangeable with the innovator drug. This means that the generic version may generally be substituted for the branded product by either a physician or pharmacist when dispensing a prescription. Our commercialization of each of these product candidates requires approval of the respective ANDA by the FDA.

Based on IQVIA data, the addressable market for the 16 ANDA filings that Teligent has pending with the FDA totals approximately \$1.06 billion per annum. We expect to continue to expand our presence in the generic topical pharmaceutical market through the submission of additional ANDAs to the FDA and the subsequent launch of products if and when these applications are approved by the FDA. Additionally, we plan to file further ANDSs with Health Canada in 2020 to the extent the COVID-19 pandemic allows for the submission of new drug applications. We also have 45 additional product candidates in various stages of development.

As part of our growth strategy, we also seek opportunities to acquire additional products and ANDAs or ANDSs. On February 1, 2013, we acquired assets and intellectual property, including an approved ANDA, for econazole nitrate cream 1%, which we launched under our label in September 2013. On September 24, 2014, we acquired from AstraZeneca previously approved ANDAs and NDAs associated with 18 products, 17 of which are injectable products and one non-injectable product for pain management. On September 30, 2014, we acquired previously marketed and approved ANDAs associated with two ophthalmic products from Valeant Pharmaceuticals LLC and Valeant Pharmaceuticals Luxembourg SARL, or Valeant, in addition to the

exclusive right to acquire three additional previously marketed and approved injectable products from Valeant. In November 2014, we completed the purchase of one of those three optioned injectable products and its related NDA from Valeant. In March 2015, we completed the purchase of the final two optioned injectable products and their related NDAs from Valeant.

On November 13, 2015, we formed Teligent Canada, and completed the acquisition of Alveda. Teligent Canada had ten employees, including a general manager located in our offices in Mississauga, Canada. Teligent Canada acquired all of the Alveda working capital, including accounts receivable, inventory, accounts payable, and capital assets. In addition, Teligent Canada acquired Alveda's existing customer relations, all contracts necessary to execute the Canadian distribution activities, operational permits, and all intellectual property required to operate the marketing and distribution of Alveda's products in Canada. Teligent Canada also transitioned a majority of the existing workforce as part of the acquisition. Teligent Canada currently markets and distributes 32 injectable products.

Our Contract Manufacturing and Development Business

We develop, manufacture, fill and package topical semi-solid and liquid products for branded and generic pharmaceutical customers, as well as the OTC and cosmetic markets. These products are used in a wide range of applications from cosmetics and cosmeceuticals to the prescription treatment of conditions like dermatitis, psoriasis and eczema.

We believe that our quality contract manufacturing and development business provides a consistent and reliable source of products and services to our customers. We offer flexibility in batch sizing and package design, which gives our customers the opportunity to select the appropriate presentation for each product. Our high-speed packaging lines can accommodate a variety of tubes, bottles, pumps and jars. As a result of the rollout of our TICO strategy and the increased focus and commitment of R&D and technical resources toward internal projects, revenue from our contract services business may decrease over time.

Our Competitive Strategy

We develop and market a diversified product portfolio focused on alternative dosage forms. Our goal is to become a leader in the specialty generic pharmaceutical market. Under our own label, we currently market and sell generic topical and branded generic injectable pharmaceutical products in the United States and Canada. We also provide contract manufacturing services to the pharmaceutical, OTC, and cosmetic markets. We have been in the contract manufacturing and development of topical products business since the early 1990s, but our strategy since 2010 has been focused on the growth of our own generic pharmaceutical business. In 2014, we started the transformation of our business from working toward being a leader in the topical generic pharmaceutical industry to becoming a leader in the specialty pharmaceutical markets. We believe that expanding our development and commercial base beyond topical generics to injectable generics, complex generics and ophthalmic generics (what we call our TICO strategy), will leverage existing expertise and capabilities, diversify our commercial opportunities and broaden our platform for long-term strategic growth.

Our TICO Strategy

Our TICO strategy originated from the opportunity to leverage our value chain, which we have developed and strengthened through our topical portfolio. Our value chain includes our internal expertise in product and molecule selection and development, manufacturing, sales, logistics and distribution, as well as our relationships with our customers and consumers. With the expansion of our existing manufacturing facility, we see the potential to effectively leverage our existing infrastructure across this value chain and to further expand our strategic reach to the injectable, complex and ophthalmic generic pharmaceutical markets.

Topical (T) - Our focus on the topical market has been the foundation for our growth. While we have manufactured topical products since the early 1990s, we began to focus our strategy on the topical generic market in 2010. In December 2012, we launched our first generic topical pharmaceutical products under our own label. Currently, we market 38 topical products under our own label. We have received FDA approvals for 38 topical generic products from our internally developed pipeline. In our topical pipeline, we have 18 ANDAs submitted to the FDA that are awaiting approval. We intend to continue to develop topical generic products and utilize our expertise in drug formulation and manufacture to expand our own generic topical prescription drug portfolio. We are targeting to develop and file further regulatory submissions with the FDA in 2020. Upon regulatory approval, we would market these products under the Teligent label to national chain drug stores and drug wholesalers through our internal sales efforts.

In our topical contract services business, we have developed strong customer relationships that we believe provide us with both recurring revenue streams from those customers and opportunities to selectively increase our product offerings to our

customers. We intend to continue to capitalize on our strong customer relationships to maintain some contract manufacturing and development revenues.

We have an FDA-registered facility that is equipped for manufacturing topical, semi-solid and liquid products. The design and configuration of our manufacturing facility provides flexibility in manufacturing batch sizes from 250 kg up to 4,000 kg. We intend to leverage this flexibility and capacity to support our growth in the topical prescription markets. We are progressing with the significant expansion and utilities upgrade in this facility which will increase our manufacturing capacity for topical products to accommodate the expected growth created by the eventual commercial launch of generic pharmaceutical products in our pipeline. On November 26, 2019, the FDA issued us a Warning Letter following an inspection of our manufacturing facility at 105 Lincoln Avenue, Buena, New Jersey, that identified several cGMP violations. We are continuing to work diligently to remediate all issues cited by the FDA and hope to close out this inspection in the coming months.

Injectable (I) - As part of the injectable phase of our TICO strategy, on September 24, 2014, we acquired from AstraZeneca previously approved ANDAs and NDAs associated with 18 products, 17 of which are injectable products and one of which is a non-injectable product for pain management. Of the products we acquired, two of the products are currently on the FDA drug shortage list. We have received FDA approval for our first product in this portfolio, Cefotan® (Cefotetan for Injection), which we launched in the first quarter of 2016.

On September 30, 2014, we acquired previously marketed and approved ANDAs associated with two ophthalmic products from Valeant, in addition to the exclusive right to acquire three additional previously marketed and approved injectable products from Valeant. In November 2014, we completed the purchase of the NDA for one of those three optioned injectable products from Valeant. In March 2015, we completed the purchase of the final two NDAs for the optioned injectable products from Valeant.

On October 5, 2015, we acquired three currently marketed injectable pharmaceutical products (Fortaz®, Zinacef™ and Zantac® Injection) from Concordia Pharmaceuticals Inc., S.à.r.l., Barbados Branch.

We intend to leverage our existing topical value chain as we build our injectable generic portfolio. We have entered into partnerships with contract manufacturing organizations, or CMOs, for the manufacture of some of our products in our portfolio of sterile products. Longer term, we expect to bring much of this production capability in-house.

The facility expansion, which completed construction activities in the fourth quarter of 2018 will also enable the production of sterile injectable products in both vial and ampule presentations. The sterile production area is designed around forward-thinking isolator-based technology. We have a portfolio of sterile injectable products we acquired in 2014, which upon completion of the site expansion, we may transfer the manufacture of some of these products to our Buena, New Jersey facility. We will also use the new sterile production capability to support our internal R&D pipeline of sterile injectable products in vial and ampule presentations.

We plan to continue to pursue business development opportunities to expand our injectable portfolio.

Complex (C) - We began one project as part of the complex portfolio of our TICO strategy. Our partner filed the ANDA in the second quarter of 2017 for a generic version of an oral product that targets an orphan disease and received a complete response letter from the FDA in the third quarter of 2018. The Company responded to the FDA's complete response letter in 2019, but received a second complete response letter on December 23, 2019. The response to this CRL was submitted on January 21, 2020. We consider our focus on complex products or markets to be broadly defined to include potential complexity in one of the critical areas of our industry value chain. The intent of this opportunity is to provide patients with a lower cost alternative of an approved orphan drug. We will continue to seek opportunities relevant to building our complex portfolio of products.

Ophthalmic (O) - As part of the ophthalmic portfolio of our TICO strategy, on September 30, 2014, we acquired previously marketed and approved ANDAs associated with two ophthalmic products from Valeant. Similar to our injectable portfolio, we are forming partnerships with CMOs for commercial production. We plan to continue to review business development opportunities to expand our ophthalmic portfolio. We are currently working with a contract research organization to develop three generic ophthalmic products.

Our Customers

Generic Pharmaceutical Business. The manufacturing and commercialization of generic specialty pharmaceutical markets is competitive, and there are established manufacturers, suppliers and distributors actively engaged in all phases of our business. We currently manufacture and sell topical generic pharmaceutical products under our own label. In October 2015, we acquired and began to sell our first generic injectable products. We currently market over 32 products in Canada. As we continue to execute our TICO strategy, we will compete in other markets, including the injectable and ophthalmic generic pharmaceutical markets, and expect to face other competitors.

For the years ended December 31, 2019, and 2018, 43% and 54% of our total product sales, net, respectively, were to the three large wholesale drug distributors: AmerisourceBergen Corporation, or ABC; Cardinal Health, Inc., or Cardinal; and McKesson Drug Company, or McKesson. As of December 31, 2019, Cardinal accounted for 22% of our accounts receivable, ABC accounted for 11% of our accounts receivable, and McKesson accounted for 25% of our accounts receivable. As of December 31, 2018, Cardinal accounted for 19% of our accounts receivable, McKesson accounted for 30% of our accounts receivable, and ABC accounted for approximately 19% of our accounts receivable.

ABC, Cardinal and McKesson are key distributors of our products, as well as a broad range of health care products for many other companies. None of these distributors is an end user of our products. Generally, if sales to any one of these distributors were to diminish or cease, we believe that the end users of our products would likely find little difficulty obtaining our products either directly from us or from another distributor. However, the loss of one or more of these distributors, together with a delay or inability to secure an alternative distribution source for end users, could have a material adverse effect on our revenue, business, financial condition, results of operations and cash flows. There are generally three major negotiating entities in the US market. The Walgreens Boots Alliance Development (WBAD), which consists of Walgreens, AmerisourceBergen's PRxO Generics program, and Econdisc members. Red Oak Sourcing which consists of CVS and Cardinal's source program. Finally, ClarusOne which consists of Walmart, RiteAid and McKesson's OneStop program. A loss of any of these major entities could result in a significant reduction in revenue.

We consider our business relationships with ABC, Cardinal and McKesson to be in good standing and have fee for services contracts with each of them. However, a change in purchasing patterns, a decrease in inventory levels, an increase in returns of our products, delays in purchasing products and delays in payment for products by one or more of these distributors could have a material adverse effect on our revenue, business, financial condition, results of operations and cash flows. We continue to analyze the market for other opportunities to expand our current relationships with other customers, while we continue to seek to diversify our existing portfolio of specialty generic drug products through internal research and development. In addition, we continue to explore business development opportunities to add additional products and /or capabilities to our existing portfolio.

Contract Manufacturing and Development Business. Our customers in the contract manufacturing business generally consist of pharmaceutical companies, as well as cosmetic and OTC product marketers, who require product development/manufacturing support. For the year ended December 31, 2019, approximately 54% of our contract services revenue was derived from pharmaceutical customers, as compared to 79% of total contract services revenue for the year ended December 31, 2018. None of our contract manufacturing services customers represented 10% of total revenue for the years ended December 31, 2019 or December 31, 2018.

Concentration of Risk. In 2019, we had sales to two customers which accounted for more than 10% of our total revenue. These customers had sales of \$17.6 million and \$9.6 million respectively and represented 41% of total revenues in aggregate. Accounts receivable related to these two customers represented 31% of total accounts receivable as of December 31, 2019. In 2018, we had sales to three customers which individually accounted for more than 10% of our total revenue. These customers had sales of \$21.2 million, \$7.3 million and \$6.9 million, respectively, and represented 54% of total revenues in the aggregate. Accounts receivable related to these major customers represented 30%, 19% and 19%, respectively, or 68% of all accounts receivable as of December 31, 2018.

Expansion into foreign operations in the fourth quarter of 2015 has generated net revenues greater than 10% outside of the United States. For the year ended December 31, 2019, domestic net revenues were \$48.4 million and foreign net revenues were \$17.5 million. As of December 31, 2019, domestic net assets were \$154.3 million and foreign assets were \$52.6 million. For the year ended December 31, 2018, domestic net revenues were \$45.6 million and foreign net revenues were \$20.2 million. As of December 31, 2018, domestic assets were \$132.7 million and foreign assets were \$58.2 million.

Our Products

Diflorasone Diacetate Ointment USP 0.05% accounted for 15% of the Company's total revenues in fiscal 2019. There was no product which individually accounted for more than 10% of the total revenues in 2018.

Corporate Information

We were incorporated in Delaware in 1977, and on May 7, 2008, our stockholders approved our name change from IGI, Inc. to IGI Laboratories, Inc. Effective October 23, 2015, we changed our name to Teligent Inc. Our principal offices are located at 105 Lincoln Avenue, Buena, New Jersey 08310. Our telephone number is (856) 697-1441. We maintain a website at www.teligent.com. We make available on or through our website our periodic reports that we file with the Securities and Exchange Commission, or the SEC. This information is available on our website free of charge as soon as reasonably practicable after we electronically file the information with or furnish it to the SEC. The contents of our website are not incorporated by reference into this document and shall not be deemed "filed" under the Securities Exchange Act of 1934, as amended, or the Exchange Act.

Teligent United States Topical Pharmaceutical Products

Product	Formulation	Presentations	Brand equivalent	Therapeutic Classification
Betamethasone Dipropionate (Augmented), 0.05%	Ointment	15g, 50g	DIPROLENE®	Topical Corticosteroid
Betamethasone Dipropionate (Augmented), 0.05%	Lotion	30mL, 60mL	DIPROLENE®	Topical Corticosteroid
Ciclopirox 1%	Shampoo	120mL	Loprox	Anti-fungal
Clindamycin Phosphate 1%	Topical Solution	30mL, 60mL	Cleocin®	Topical Anti-infective
Clobetasol Propionate 0.05%	Lotion	2oz, 4oz	Clobetasol	Topical Corticosteroid
Clobetasol Propionate 0.05%	Gel	15g, 30g, 60g	Embeline®	Topical Corticosteroid
Clobetasol Propionate 0.05%	Ointment	15g, 30g, 45g, 60g	Temovate Ointment	Topical Corticosteroid
Clobetasol Propionate 0.05%	Cream	15g, 30g, 45g, 60g	Temovate Cream	Topical Corticosteroid
Clobetasol Propionate Emollient 0.05%	Cream	15g, 30g, 45g, 60g	TemovateE®	Topical Corticosteroid
Desonide 0.05%	Ointment	15g, 60g	Desonide Ointment	Topical Corticosteroid
Desoximetasone 0.25% (1)	Ointment	15g, 60g, 100g	Topicort®	Topical Corticosteroid
Desoximetasone 0.05%	Ointment	15g, 30g, 60g, 100g	Topicort®	Topical Corticosteroid
Diclofenac Sodium 1.5%	Topical Solution	150mL	Pennsaid®	Topical Anti-inflammatory
Difforaseone Diacetate 0.05%	Ointment	15g, 30g, 60g	PSORCON	Corticosteroid
Econazole Nitrate 1%	Cream	15g, 30g, 85g	Spectazole®	Topical Anti-fungal
Erythromycin 2%	Gel	30g, 60g	Erygel®	Topical Corticosteroid
Erythromycin 2%	Topical Solution	60 mL	Erythromycin Topical Solution 2%	Topical Corticosteroid
Fluocinolone Acetonide 0.01%	Topical Solution	60mL	Synalar®	Topical Corticosteroid
Fluocinolone Acetonide 0.01%	Cream	15g, 60g	Synalar®	Topical Corticosteroid
Fluocinolone Acetonide 0.025%	Ointment	15g, 60g	Synalar®	Topical Corticosteroid
Fluocinolone Acetonide 0.025%	Cream	15g, 60g	Synalar®	Topical Corticosteroid
Fluocinonide 0.05%	Gel	15g, 30g, 60g	Fluocinonide Gel	Topical Corticosteroid
Fluocinonide 0.05%	Ointment	15g, 30g, 60g	Lidex	Topical Corticosteroid
Fluocinonide 0.1%	Cream	30g, 60g, 120g	Vanos	Topical Corticosteroid
Fluocinonide 0.05%	Cream	15g, 30g, 60g, 120g	Fluocinonide Cream	Topical Corticosteroid
Fluocinonide 0.05%	Topical Solution	20mL, 60mL	Lidex	Topical Corticosteroid
Flurandrenolide 0.05%	Ointment	15g, 30g, 60g	Cordran®	Topical Corticosteroid
Gentamicin Sulfate 0.1%	Cream	15g, 30g	Garamycin Cream	Topical Anti-infective
Gentamicin Sulfate 0.1%	Ointment	15g, 30g	Gentamicin Ointment	Topical Anti-infective
Halobetasol Propionate 0.05%	Ointment	15g, 50g	Ultravate	Topical Corticosteroid
Hydrocortisone Butyrate 0.1%	Lotion	118mL, 59 mL	Locoid®	Topical Corticosteroid
Hydrocortisone 2.5%	Cream	30g, 1lb jar	Hydrocortisone Cream	Topical Steroid
Hydrocortisone 2.5%	Lotion	2oz	Hydrocortisone Lotion	Topical Steroid
Lidocaine 4%	Topical Solution	50mL	Xylocaine®	Topical Anesthetic
Lidocaine 5%	Ointment	35.44g	Xylocaine®	Topical Anesthetic
Lidocaine/Prilocaine 2.5% / 2.5%	Cream	5g, 30g	EMLA Cream	Local Anesthetic
Nystatin/Triam 100,000 Nystatin units/1mg per gram	Ointment	15g, 30g, 60g	Mykacet®	Topical Anti-fungal
Triamcinolone Acetonide 0.025%	Lotion	60mL	Triamcinolone Acetonide	Topical Corticosteroid
Triamcinolone Acetonide 0.1%	Ointment	15g, 80g, 1lb jar	Kenalog®	Topical Corticosteroid
Triamcinolone Acetonide 0.1%	Lotion	60mL	Triamcinolone Acetonide	Topical Corticosteroid
Triamcinolone Acetonide 0.1%	Cream	15g, 30g, 80g	Kenalog®	Topical Corticosteroid
Triamcinolone Acetonide 0.5%	Ointment	15g	Kenalog®	Topical Corticosteroid

Teligent United States Injectable Products

Product	Strength	Formulation	Presentations	Dossier type held by Teligent	Therapeutic Classification
Cefotan (Cefotetan) ®	1g, 2g	Injectable	Vial	NDA	Antibacterial for systemic use
Fortaz (Ceftazidime) ®	500mg, 1g, 2g, 6g	Injectable	Vial, Twist Vial, Frozen Bag	NDA	Antibacterial for systemic use
Zantac (Ranitidine) ®	25mg/ml	Injectable	2ml, 6ml, 40ml Vials	NDA	Drugs for peptic ulcer and gastro-oesophageal related disorders (GORD)
Zinacef (Cefuroxime) ™	750mg, 1.5g, 7.5g	Injectable	Vial, Twist Vial	NDA	Antibacterial for systemic use

Teligent Canada Products (1)

Product	Strength	Formulation	Presentations	Brand equivalent	Dossier type held by Teligent	Therapeutic Classification
Acetylcysteine	200 mg/mL	Injectable	10mL and 30 mL vial	Mucomyst®	ANDS	Antidote
Atropine	0.4 mg/mL, 0.6 mg/mL	Injectable	1 mL ampoule	N/A	DINA	Antimuscarinic, antispasmodic
Baclofen	0.05 mg/mL, 0.5mg/mL	Injectable	1mL, 5mL, 20mL ampoule	Lioresal®	ANDS	Muscle Relaxant
Clindamycin Phosphate Topical Solution USP	1% w/v	Topical Solution	30 mL and 60 mL bottle	DalacinT®	ANDS	Topical Antibiotic
Cyanocobalamin	1000 mcg/mL	Injectable	1 mL ampoule, 10 mL vial	N/A	DINA	Hematopoietic
Diazepam	5 mg/mL	Injectable	2mL ampoule	Valium®	ANDS	Anxiolytic - sedative
Diclofenac Sodium Solution	1.5% w/w	Topical Solution	150 mL, 60 mL bottle	Pennsaid®	ANDS	Topical Anti-inflammatory
Dimenhydrinate	50 mg/mL, 250 mg/mL	Injectable	1 mL ampoule, 5 mL vial	Gravol®	DINA	Antiemetic
Dobutamine	12.5 mg/mL	Injectable	20 mL vial	N/A	ANDS	Sympathomimetic
Dorzolamide (2)	0.02	Ophthalmic Solution	5 mL	Trusopt	ANDS	Elevated Intraocular Pressure Therapy (Topical Carbonic Anhydrase Inhibitor)
Dorzolamide & Timolol (2)	2% Dorzolamide and 0.5% Timolol	Ophthalmic Solution	5 mL & 10 mL	Cosopt	ANDS	Elevated Intraocular Pressure Therapy (Topical Carbonic Anhydrase Inhibitor and Topical Beta-Adrenergic Blocking Agent)
Epinephrine	1 mg/mL	Injectable	1 mL ampoule	Adrenalin®	DINA	Sympathomimetic
Ergonovine Maleate	0.25 mg/mL	Injectable	1 mL ampoule	N/A	DINA	Oxytocic
Fentanyl	50 mcg/mL	Injectable	2mL ampoule	Sublimaze®	ANDS	Opiate Anesthetic
Furosemide	10 mg/mL	Injectable	2 mL ampoule	Lasix®	ANDS	Diuretic
Gemcitabine Hydrochloride	10 mg, 200 mg, 1 g	Injectable	10 mg, 200 mg, 1 g vial	Gemzar®	ANDS	Antineoplastic agent
Gentamicin Sulfate	10 mg/mL, 40 mg/mL	Injectable	2mL ampoule	Garamycin®	ANDS	Antibiotic
Irinotecan Hydrochloride	20 mg/mL	Injectable	2 mL, 5 mL, 15 mL, 25 mL vial	Camptosar®	ANDS	Antineoplastic agent
Latanoprost (2)	50 mcg/mL	Ophthalmic Solution	2.5 mL	Xalatan	ANDS	Prostaglandin F2α analogue
Latanoprost & Timolol (2)	50 mcg / mL Latanoprost and	Ophthalmic Solution	2.5 mL	Xalacom	ANDS	Elevated Intraocular Pressure Therapy Prostaglandin F2α Analogue and Beta-adrenergic Receptor Blocker
Product	Strength	Formulation	Presentations	Brand equivalent	Dossier type held by Teligent	Therapeutic Classification
Lidocaine 1%	10 mg/mL	Injectable	5 mL and 10 mL polyampoule, 5 mL ampoule	Xylocaine®	DINA	Local Anesthetic
Lidocaine 1% multidose	10 mg/mL	Injectable	20 mL and 50 mL vial	Xylocaine®	DINA	Local Anesthetic
Lidocaine 2%	20 mg/mL	Injectable	5 mL and 10 mL polyampoule	Xylocaine®	DINA	Local Anesthetic

Lidocaine 2% multidose	20 mg/mL	Injectable	20 mL and 50 mL vial	Xylocaine®	DINA	Local Anesthetic
Lidocaine 2% with epinephrine	20 mg/mL & 0.01 mg/mL	Injectable	20 mL and 50 mL vial	Xylocaine®	DINA	Local Anesthetic
Lidocaine Hydrochloride Topical Solution USP 4%	40 mg/mL	Topical Solution	50mL bottle	Xylocaine®	DINA	Topical Anesthetic
Lidocaine Ointment USP 5%	50 mg/g	Ointment	35g tube	Xylocaine®	DINA	Topical Anesthetic
Methylene Blue	10 mg/mL	Injectable	5mL ampoule	N/A	DINA	Antidote
Naloxone	0.4mg / ml	Injectable	1mL ampoule	Narcan®	ANDS	Opiate Antagonist
Piperacillin and Tazobactam	2g/0.25 g, 3 g/0.375 g, 4 g/0.5 g	Injectable	2.25 g, 3.375 g, 4.5 g vial	Tazocin®	ANDS	Antibacterial for systemic use
Sodium Chloride	0.009	Injectable	10 mL polyampoule	N/A	DINA	Diluent
Sterile Water for Injection	1	Injectable	10 mL polyampoule	N/A	DINA	Diluent
Succinylcholine Chloride	20 mg/mL	Injectable	10 mL and 20 mL vial	Quelicin®	DINA	Muscle Relaxant
Sufentanil Citrate Injection	50 mcg/mL	Injectable	1 mL, 5 mL and 20 mL ampoule	N/A	ANDS	Opiate Anesthetic

- (1) Table does not include Euflexxa®, which is not owned by Teligent Canada but is distributed and sold by Teligent Canada.
(2) Cross-licensed products registered under Teligent Canada Inc.

Teligent United States Other Products

Below is a listing of the previously marketed products that were purchased from AstraZeneca and Valeant, along with a description of each respective formulation, presentation, brand equivalent, dossier and indication.

Product	Strength	Formulation	Presentations	Brand equivalent	Dossier type held by Teligent	Therapeutic Classification
Ciprofloxacin	0.3%	Ophthalmic Solution	2.5ml, 5ml, 10ml bottles	Ciloxan ®	ANDA	Antibacterial for systemic use
Betaxolol	0.5%	Ophthalmic Solution	5ml, 7.5ml, 15ml bottles	Betopic ®	ANDA	Beta Blocking Agent
Phytonadione	10mg, 1mg	Injectable	0.5ml, 1ml ampoules; 3cc, 6cc vials	AquaMephyton ®	NDA	Hemostatic
Amikacin Sulfate	50mg/ml, 250mg/ml	Injectable	2ml, 4ml vials	Amikacin Sulfate ®	ANDA	Antibacterial for systemic use
Calcitonin Salmon	200IU/ml	Injectable	2ml vials	Miacalcin ®	ANDA	Anti-parathyroid Agent
Cefotetan Disodium	20mg/ml	Injectable (bag)	50ml bags	Cefotetan ®	NDA	Antibacterial for systemic use
Clindamycin Phosphate	150mg/ml	Injectable	2ml, 4ml, 6ml, 60ml vials	Cleocin ®	ANDA	Antibacterial for systemic use
Dobutamine HCl	12.5mg/ml	Injectable	20ml, 40ml vials	Dobutamine HCl ®	ANDA	Cardiac Stimulant
Dopamine HCl	40mg/ml	Injectable	5ml, 10ml (vials and syringes)	Dopamine HCl ®	NDA / ANDA	Cardiac Stimulant
Dopamine HCl	80mg/ml	Injectable	5ml, 10ml (vials, ampoules, and	Dopamine HCl ®	NDA / ANDA	Cardiac Stimulant
Dopamine HCl	160mg/ml	Injectable	5ml (vials and ampoules)	Dopamine HCl ®	NDA / ANDA	Cardiac Stimulant
Droperidol	2.5mg/ml	Injectable	10ml vials, 2ml and 5ml ampoules, and 2ml	Inapsine ®	ANDA	Anti-Psychotic
Furosemide	10mg/ml	Injectable	2ml, 4ml, 8ml, and 10ml vials, 4ml and 10ml syringes	Furosemide ®	ANDA	Diuretic
Mannitol	USP 25%	Injectable	50ml (vials and syringes)	Mannitol ®	ANDA	Diuretic
Meperidine HCl	25mg/ml, 50mg/ml, 75mg/ml, 100mg/ml	Injectable	1ml and 30ml vials, 1ml and 1.5ml ampoules, and 1ml syringes	Demerol ®	ANDA	Systemic analgesic
Midazolam HCl	5mg/ml	Injectable	2ml syringe	Midazolam ®	ANDA	Sedative
Orphenadrine	30 mg/mL	Injectable	2 mL ampule	Orphenadrine Citrate	ANDA	Muscle Relaxant
Edrophonium	10 mg/mL	Injectable	1 mL ampule and 10 mL vial	Enlon®	NDA	Acetylcholinesterase inhibitor
MVI-12	N/A	Injectable	10 mL ampules and 5 mL vials	N/A	NDA	Systemic multivitamin
Naloxone HCl	0.4 mg/mL, 1 mg/mL	Injectable	1 mL, 5 mL and 10 mL vials	N/A	ANDA	Opiate Antagonist
Naloxone HCl (preservative free)	0.4 mg/mL	Injectable	1 mL vials	N/A	ANDA	Opiate Antagonist
Tobramycin Sulfate	10 mg/mL, 40 mg/mL	Injectable	2 mL and 35 mL vials	N/A	ANDA	Antibacterial for systemic use
Nalbuphine	10 mg/mL and 20 mg/mL	Injectable	1 mL and 10 mL vials	Nubain®	ANDA	Systemic analgesic

Our Suppliers

We require a supply of quality raw materials and components to manufacture and package pharmaceutical products for ourselves and third parties with which we have contracted. The principal components of our products are active and inactive pharmaceutical ingredients and certain packaging materials. The APIs and other materials and supplies used in our pharmaceutical manufacturing operations are generally available and purchased from many different U.S. and non-U.S. suppliers. However, in some cases, the raw materials used to manufacture pharmaceutical products are available only from a single supplier. Even when more than one supplier exists, we may choose, and in some cases have chosen, only to list one supplier in our applications submitted to the FDA. Any change in a supplier not previously approved must then be submitted through a formal approval process with the FDA.

Research and Development

Our R&D activities are integral to our business and are conducted at our facilities in Buena, New Jersey and Estonia. The R&D team is responsible for formulation, reverse engineering, methods development, analytical and microbiologic testing and scale up, and regulatory expertise. Our employees have specific expertise in developing injectable products and topical products in a wide range of dosage forms, including simple solutions through complex creams. All ANDA topical development is conducted in-house except for bioequivalence testing, which is performed by a contract research organization ("CRO"). Our injectable development is primarily conducted in house with some assistance from certain CRO's.

We incurred \$10.8 million and \$14.1 million in R&D expenses in 2019 and 2018, respectively.

Product Development and Government Regulation

United States

Prescription pharmaceutical products in the U.S. are generally marketed as either brand or generic drugs. Brand products are usually marketed under brand names through marketing programs that are designed to generate physician and consumer loyalty. Brand products are patent protected, which provides a period of market exclusivity during which time they are sold with little or no competition for the compound, although there typically are other participants in the therapeutic area. Additionally, brand products may benefit from other periods of non-patent market exclusivity available under various provisions of the Federal Food, Drug, and Cosmetic Act (FD&C Act). Exclusivity normally provides brand products with the ability to maintain their profitability for a period of time and brand products typically continue to play a significant role in the market due to physician and consumer loyalties after the end of patent protection or other market exclusivities.

Generic pharmaceutical products are the pharmaceutical and therapeutic equivalents of the brand product, also known as the reference listed drug, or RLD. A reference listed brand drug is an approved drug product listed in the FDA publication entitled Approved Drug Products with Therapeutic Equivalence Evaluations, popularly known as the Orange Book. The Drug Price Competition and Patent Term Restoration Act of 1984, or the Hatch-Waxman Act, provides that generic drugs may enter the market after the approval of an ANDA. An ANDA approval requires that bioequivalence to the reference listed drug be demonstrated and also requires that any patents on the corresponding reference listed drug be expired, invalidated, non-infringed and/or any other relevant market exclusivity periods related to the reference listed drug be expired as well. Generic drugs are bioequivalent to their reference brand name counterparts. Accordingly, generic products provide a safe, effective and cost-efficient alternative to users of these reference brand products. Branded generic pharmaceutical products are generic products in that they are approved for marketing under an ANDA, but they may be more responsive to promotion efforts generally used to promote branded pharmaceutical products. Growth in the generic pharmaceutical industry has been, and will continue to be, driven by the increased market acceptance of generic drugs, as well as the number of brand drugs for which patent terms and/or other market exclusivities have expired.

We obtain new generic products primarily through internal product development. Additionally, we license or co-develop products through arrangements with other companies. All applications for FDA approval must contain information relating to product formulation, raw material suppliers, stability, manufacturing processes, packaging, labeling and quality control. Information to support the bioequivalence of generic drug products or the safety and effectiveness of new drug products for their intended use is also required to be submitted. There are generally two types of applications used for obtaining FDA approval of new products:

- **New Drug Application** — An NDA is filed when approval is sought to market a newly developed branded product and, in certain instances, for a new dosage form, a new delivery system or a new indication for a previously approved drug.

- **Abbreviated New Drug Application** — An ANDA is filed when approval is sought to market a generic equivalent of a drug product previously approved under an NDA and listed in the FDA's Orange Book (i.e., an RLD) or for a new dosage strength for a drug previously approved under an ANDA.

The ANDA development process is generally less time-consuming and complex than the NDA development process. It typically does not require new preclinical and clinical studies, because it relies on the studies establishing safety and efficacy conducted for the RLD previously approved through the NDA process. The ANDA process, however, does typically require one or more bioequivalence studies to show that the ANDA drug is bioequivalent to the previously approved reference listed brand drug. Bioequivalence studies compare the bioavailability of the proposed drug product with that of the RLD product containing the same active ingredient. Bioavailability is a measure of the rate and extent to which the active ingredient or active moiety is absorbed from a drug product and becomes available at the site of action in a human patient. Thus, a demonstration of bioequivalence confirms the absence of a significant difference between the proposed product and the reference listed brand drug in terms of the rate and extent to which the active ingredient or active moiety becomes available at the site of drug action when administered at the same molar dose under similar conditions.

Generic products are generally introduced to the marketplace at the expiration of patent protection for the brand product or at the end of a period of non-patent market exclusivity. However, if an ANDA applicant files an ANDA containing a certification of invalidity, non-infringement or unenforceability related to a patent listed in the Orange Book with respect to the relevant RLD, the applicant may be able to market the generic equivalent prior to the expiration of patent protection for the brand product. Such patent certification is commonly referred to as a Paragraph IV certification. If the holder of the NDA sues, claiming infringement or invalidation, within 45 days of notification by the applicant, the FDA may not approve the ANDA application until the earlier of the rendering of a court decision favorable to the ANDA applicant or the expiration of 30 months. An ANDA applicant that is first to file a Paragraph IV certification is eligible for a period of generic marketing exclusivity. This exclusivity, which under certain circumstances may be required to be shared with other ANDA sponsors that have made Paragraph IV certifications, lasts for 180 days, during which the FDA cannot grant final approval to other ANDA applications for a generic equivalent to the same reference drug.

In addition to patent exclusivity, the holder of the NDA for the listed drug may be entitled to a period of non-patent market exclusivity, during which the FDA cannot approve an application for a generic version product. If the reference drug is a new chemical entity, the FDA may not accept an ANDA for a generic product for up to five years following approval of the NDA for the new chemical entity. If it is not a new chemical entity, but the holder of the NDA conducted clinical trials essential to approval of the NDA or a supplement thereto, the FDA may not approve an ANDA for a reference NDA product before the expiration of three years. Certain other periods of exclusivity may be available if the RLD is indicated for treatment of a rare disease (i.e., orphan drug exclusivity) or the sponsor conducts pediatric studies in accordance with FDA requirements.

Supplemental ANDAs are required to secure FDA for approval of various types of changes to an approved application and these supplements may be under review for six months or more. In addition, certain types of changes may only be approved once new bioequivalence studies are conducted or other requirements are satisfied.

An additional requirement for FDA approval of NDAs and ANDAs is that our manufacturing procedures and operations conform to FDA requirements and guidelines, generally referred to as current Good Manufacturing Practices, or cGMPs. The requirements for FDA approval encompass all aspects of the production process, including validation and recordkeeping, which are continuously changing and evolving.

In addition to generic products that are approved for marketing via ANDAs, Section 505(b)(2) of the FD&C Act permits the filing of an NDA where at least some of the information required for approval comes from studies not conducted by or for the applicant and for which the applicant has not obtained a right of reference. A Section 505(b)(2) applicant may eliminate the need to conduct certain preclinical or clinical studies, if it can establish that reliance on studies conducted for a previously-approved product is scientifically appropriate. Unlike the ANDA pathway used for bioequivalent versions of brand products, which does not allow applicants to submit new clinical data other than bioavailability or bioequivalence data, the 505(b)(2) regulatory pathway does not preclude the possibility that a follow-on applicant would need to conduct additional clinical trials or nonclinical studies; for example, they may be seeking approval to market a previously approved drug for new indications or for a new patient population that would require new clinical data to demonstrate safety or effectiveness.

Facilities, procedures, operations and/or testing of products are subject to periodic inspection by the FDA, the U.S. Drug Enforcement Administration, or DEA, and other authorities. In addition, the FDA conducts pre-approval and post-approval reviews and plant inspections to determine whether our systems and processes are in compliance with cGMP and other FDA regulations. Our suppliers are subject to similar regulations and periodic inspections.

In 2012, the U.S. Food and Drug Administration Safety and Innovation Act, or the FDASIA, was enacted into law. FDASIA is intended to enhance the safety and security of the U.S. drug supply chain by holding all drug manufacturers supplying products to the U.S. to the same FDA inspection standards and schedules.

FDASIA also included the Generic Drug User Fee Act (GDUFA), a novel user fee program focused on three key aims:

- Safety – Ensure that industry participants, foreign or domestic, are held to consistent quality standards and are inspected with parity using a risk-based approach.
- Access – Expedite the availability of generic drugs by bringing greater predictability to the review times for abbreviated new drug applications, amendments and supplements and improving timeliness in the review process.
- Transparency – Enhance FDA’s visibility into the complex global supply environment by requiring the identification of facilities involved in the manufacture of generic drugs and associated APIs, and to improve the FDA’s communications and feedback with industry.

Under GDUFA, 70% of the total fees were derived from facility fees paid by Finished Dosage Form manufacturers and API facilities listed in pending or approved generic drug applications. The remaining 30% of the total fees were derived from application fees, including generic drug application fees, prior approval supplement fees and fees for certain types of Drug Master Files, or DMFs.

In August 2017, Congress passed and the President signed the FDA Reauthorization Act (FDARA). Among other provisions, FDARA included the second iteration of GDUFA, or “GDUFA II,” to reauthorize the collection of these user fees from industry for another 5 years, i.e., through September 2022. GDUFA II also made significant changes to the generic drug user fee program, including eliminating the fee for Prior Approval Supplements and creating a new Generic Drug Applicant Annual Program Fee, assessed based on the number of approved ANDAs owned by a company and its affiliates. The new Annual Program Fee is expected to account for approximately 62% of fees collected by FDA under GDUFA. In exchange, GDUFA II implements a number of elements to enhance communication between FDA and industry throughout the ANDA review process, thereby improving predictability and transparency and promoting the efficiency and effectiveness of the generic drug review process.

Canada

In Canada, the registration process for approval of all generic pharmaceuticals has two tracks that proceed in parallel. The first track of the process involves an examination of the proposed generic product by Health Canada, the federal department responsible for national public health, to ensure that the quality, safety and efficacy of the proposed generic product meets Canadian standards and bioequivalence requirements. The second track concerns patent rights of the brand drug owner. Companies may submit an application called an abbreviated new drug submission, or ANDS, to Health Canada that compares the proposed generic drug to another drug marketed in Canada under a Notice of Compliance, or NOC, issued to a first person. When Health Canada is satisfied that the generic pharmaceutical product described in the ANDS satisfies the statutory requirements, it issues an NOC for that product for the uses specified in the ANDS, subject to any court order that may be made in the second track of the approval process.

The second track of the approval process is governed by the Patented Medicines NOC Regulations, or the Regulations. We currently do not have any applications in development that would utilize this track.

Section C.08.004.1 of the Canadian Food and Drug Regulations is the so-called data protection provision, and the current version of this section applies in respect of all drugs for which an NOC was issued on or after June 17, 2006. A subsequent applicant for approval to market a drug for which an NOC has already been issued does not need to perform duplicate clinical trials similar to those conducted by the first NOC holder, but is permitted to demonstrate safety and efficacy by submitting data demonstrating that its formulation is bioequivalent to the formulation that was issued for the first NOC. The first party to obtain an NOC for a drug will have an eight-year period of exclusivity starting from the date it received its NOC based on those clinical data. A subsequent applicant for approval that seeks to establish safety and efficacy by comparing its product to the product that received the first NOC will not be able to file its own application until six years after the issuance of the first NOC. The Minister of Health will not be permitted to issue a NOC to that applicant until eight years after the issuance of the first NOC — this additional two-year period will correspond in most cases to the 24-month automatic stay under the Regulations. If the first person provides the Minister with the description and results of clinical trials relating to the use of the drug in pediatric populations, it will be entitled to an extra six months of data protection. A drug is only entitled to data protection so long as it is being marketed in Canada.

Facilities, procedures, operations and/or testing of products are subject to periodic inspection by Health Canada. In addition, Health Canada conducts pre-approval and post-approval reviews and plant inspections to determine whether our systems are in compliance with the Good Manufacturing Practices in Canada, Drug Establishment Licensing requirements and other provisions of the Regulations. Competitors are subject to similar regulations and inspections.

The federal government, provinces and territories in Canada operate drug benefit programs through which eligible recipients receive drugs through public funding; these drugs are listed on provincial or territorial Drug Benefit Formularies (each, a “Formulary”). Eligible recipients include First Nations and Inuit clients, seniors, persons on social assistance, low-income earners, and those with certain specified conditions or diseases. Formulary listings are also used by private payors to reimburse generic products. To be listed in a Formulary, drug products must have received an NOC from Health Canada and must comply with each jurisdiction’s individual review process.

The primary regulatory approval for pharmaceutical manufacturers, distributors and importers selling pharmaceuticals to be marketed in Canada is the issuance of an establishment license, or EL. An EL is issued to a Canadian facility once Health Canada has approved the facilities in which the pharmaceuticals are manufactured, distributed or imported. A key requirement for EL-issuance is compliance with the Good Manufacturing Practices as set out by Health Canada. For pharmaceuticals that are imported into Canada, the license for the Canadian importing facility must list all foreign sites at which imported pharmaceuticals, and their active ingredients, are manufactured and tested. To be listed on our EL, all our foreign sites must demonstrate compliance with relevant Good Manufacturing Practices recognized by Health Canada.

Sales and Marketing

We sell, distribute and market our prescription drug products to national chain drug stores and drug wholesalers and distributors and group purchasing organizations, or GPOs, in the United States and Canada. This commercialization infrastructure includes satisfying our state, provincial, territorial, or national licensing requirements, implementing procedures with our third-party logistics partners, and maintaining appropriate sales order to cash administrative processes and a manager of national accounts to manage our sales.

Competition

In our generic topical prescription drug business, we face competition from other generic drug manufacturers and brand-name pharmaceutical companies through authorized generics. Although there are a significant number of competitors in the generic drug market, there are fewer competitors in the topical generic drug market. The five dominant companies in the topical generic drug market are: Perrigo Company, Sandoz (the generic pharmaceutical division of Novartis AG), Taro Pharmaceutical Industries, Ltd., Mylan N.V., and Teva Pharmaceutical Industries, Ltd. We believe the concentrated nature of the topical generic drug market creates an opportunity for us to be able to compete based on a variety of factors, including our focus on niche opportunities within the market segment and our dedication to quality in every area of our business.

In our generic injectable prescription drug business, we also face competition from other generic drug manufacturers and brand-name pharmaceutical companies through authorized generics. Although there are a significant number of competitors in the generic drug market, there are fewer dominant competitors in the injectable generic drug market. The five dominant companies in the injectable generic drug market in the United States consist of Grifols USA, Fresenius Kabi USA, Pfizer, Par and Hikma. In Canada, we face competition from largely the same firms as in the United States as well as certain Canada-only firms. The Canadian generic injectable market is dominated by Sandoz (the generic pharmaceutical division of Novartis AG), Pfizer Injectables and Fresenius Kabi Canada.

Our generic injectable strategy is focused on injectable products with limited competition, and products that have a history of lack of supply, or instability in the supply chain, where we can add value and leverage on our ability to be a reliable supplier to the marketplace. We believe the concentrated nature of some molecules within the injectable generic drug market, and history of lack of supply of certain molecules in the marketplace, create opportunities for us that we believe will enable us to compete based on a variety of factors, including our focus on niche opportunities within the market segment and our dedication to quality in every area of our business.

The contract manufacturing services market is highly competitive and includes larger organizations with substantially greater resources than us. Many of our competitors are companies that commercialize and/or manufacture their required products at their own facilities. These competitors include major pharmaceutical companies, generic drug manufacturers and consumer health product companies that generally have substantially greater manufacturing, R&D, marketing and financial resources than us and, in some cases, have more geographically diversified international operations. We compete specifically with a number of different privately held contract manufacturing companies. Although this market is competitive, the competition is limited due to the need for specific expertise in topical formulations and cGMP facilities. We believe that we have the expertise required and we will

continue to service our existing customers in this market by providing high quality, customer-oriented service, complemented by our contract development expertise in topical formulations.

Environmental Matters

Our operations are subject to a variety of environmental, health and safety laws and regulations, including those of the United States Environmental Protection Agency and equivalent state and local regulatory agencies. These laws and regulations govern, among other things, air emissions, wastewater discharges, the use, handling and disposal of hazardous substances and wastes, soil and groundwater contamination and employee health and safety. Our manufacturing facility uses, in varying degrees, hazardous substances in its processes. Contamination at our facility can result and has resulted in liability to us, for which we have recorded appropriate reserves as needed. For example, two of the Company's facilities have undergone remediation of environmental contamination.

Intellectual Property

To compete effectively, we need to develop and maintain a proprietary position with regard to our technology, product candidates and business. Our goal is to safeguard our trade secrets and know-how, attain, maintain and enforce patent protection for our product candidates, formulations, processes, methods and other proprietary technologies, and operate without infringing on the proprietary rights of others. We seek to obtain, where appropriate, the broadest intellectual property protection possible for our current product candidates and any future product candidates, proprietary information and proprietary technology. We seek to achieve this protection through a combination of contractual arrangements and patents.

We depend upon the skills, knowledge, experience and know-how of our management and R&D personnel, as well as that of our consultants, advisors and collaborators. To help protect our proprietary know-how, which is not patentable, and for inventions for which patents may be difficult to enforce, we currently rely, and will continue to rely in the future, on confidentiality agreements to protect our interests. We require our employees, consultants, advisors and collaborators to enter into confidentiality agreements that prohibit the disclosure of confidential information to any other parties. We also require our employees and consultants to disclose and assign to us their ideas, developments, discoveries and inventions. We understand that these agreements may not provide us with adequate protection for our trade secrets, know-how or other proprietary information in the event of any unauthorized use or disclosure.

We also seek to obtain patent protection when necessary, and we understand that this may not provide us with complete protection against competitors who may attempt to circumvent our patents.

Facility and Operations

The Company's executive administrative offices are located in Buena, New Jersey, in two facilities which originally were approximately 33,000 square feet built on 8.44 acres of land in 1995, which we own. In 2017 we acquired an additional 3.0 acres of adjacent land in support of our facility expansion. We now own a total of 11.44 acres at our Buena facility. This facility is used for production, product development, marketing and warehousing for our pharmaceutical, cosmeceutical and cosmetic products. We completed construction on an expansion of our Buena, New Jersey facility to total approximately 110,000 square feet. The expanded facility has increased our manufacturing capability for topical products and will also enable the production of sterile injectable products in both vial and ampule presentations upon FDA approval. The sterile production area is designed around isolator-based technology. Our capabilities encompass a full suite of competencies, including manufacturing, regulatory, quality assurance and in-house validation. We are using this facility expansion as an opportunity to secure our long-term growth in manufacturing and marketing injectable in the US and to upgrade and improve the degree of automation and capacity in our existing topical production suite.

We operate our facility in accordance with cGMP. Our facility is registered with the FDA as a drug establishment. We believe that our facility and equipment are in good condition, are well-maintained and are able to operate at present levels. Our manufacturing operations are focused on regulatory compliance, continuous improvement, process standardization and excellence in quality and execution across the organization. On November 26, 2019, the FDA issued us a Warning Letter following an inspection of our manufacturing facility at 105 Lincoln Avenue, Buena, New Jersey, that identified several cGMP violations. We are continuing to work diligently to remediate all issues cited by the FDA and hope to close out this inspection in the coming months.

We lease additional warehouse space in Vineland, New Jersey, as needed to complement our existing warehouse capacity.

The Company also leases approximately 9,500 square feet of corporate office space in Iselin, New Jersey, approximately 4,000 square feet of office space in Mississauga, Canada and approximately 3,000 square feet of office and laboratory space in Tallinn, Estonia.

Employees

On December 31, 2019, we had a total of 252 full-time employees, including 14 full-time employees in Canada and 15 full-time employees in Estonia. In addition, as the need arises, we occasionally utilize short-term, part-time employees who are paid on an hourly basis. We also utilize temporary employees provided by third-parties on a regular basis, primarily in our production department. We do not have a collective bargaining agreement with our employees and we believe that our employee relations are good.

Item 1A. RISK FACTORS

Our current business and future results may be affected by a number of risks and uncertainties, including those described below. The risks and uncertainties described below are not the only risks and uncertainties we face. It is not possible to predict or identify all risk factors that could impact us. For example, the current pandemic related to the COVID-19 coronavirus is causing a dramatic negative impact on the health of citizens globally which has negatively affected the economies and markets around the world. Additional risks and uncertainties not currently known to us or that we currently deem immaterial may also impair our business operations. If any of the following risks actually occur, our business, results of operations and financial condition could suffer. The risks discussed below also include forward-looking statements and our actual results may differ substantially from those discussed in these forward-looking statements.

Risks Related to Our Business

Our business may be adversely affected by the recent coronavirus outbreak.

In December 2019, a novel strain of coronavirus was reported to have surfaced in Wuhan, China. In January 2020, this coronavirus spread to other countries, including the United States, and efforts to contain the spread of this coronavirus intensified. The outbreak and any preventative or protective actions that governments or we may take in respect of this coronavirus may result in a period of business disruption, reduced customer traffic and reduced operations. Any resulting financial impact cannot be reasonably estimated at this time but may materially affect our business, financial condition, results of operations, and cash flows. The extent to which the coronavirus impacts our results will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions to contain the coronavirus or treat its impact, among others.

We may need to raise additional capital that will be required to operate and grow our business, and we may not be able to raise capital on terms acceptable to us or at all.

Operating our business and maintaining our growth efforts will require additional cash outlays and capital expenditures. If cash on hand and cash generated from operations are not sufficient to meet our cash requirements, we will need to seek additional capital, potentially through debt or equity financings, to fund our growth. We cannot assure you that we will be able to raise needed cash on terms acceptable to the Company, our significant stockholders, or at all. Financings may be on terms that are dilutive or potentially dilutive to our stockholders, and the prices at which new investors would be willing to purchase our securities may be lower than the current price per share of our common stock. The holders of new securities may also have rights, preferences or privileges which are senior to those of existing holders of common stock. If new sources of financing are required, but are insufficient or unavailable, we will be required to modify our growth and operating plans based on available funding, if any, which would harm our ability to grow our business or even stay in business. The equity and lending markets have been and will most likely continue to be negatively impacted for an unknown period of time due to the COVID-19 pandemic.

There is substantial doubt about our ability to continue as a going concern.

The following negative conditions and events raise substantial doubt about our ability to continue as a going concern as of December 31, 2019:

We incurred significant losses and generated negative cash flows from operations in recent years and expect to continue to incur losses and generate negative cash flow for the foreseeable future. As a result, we had an accumulated deficit of \$121.5 million, total principal amount of outstanding borrowings of \$214.0 million, and limited capital resources to fund ongoing operations at

December 31, 2019. Our available capital resources may not be sufficient for us to continue to meet our obligations as they become due over the next twelve months if we cannot improve our operating results or increase our operating cash inflows. In the event these capital resources are not sufficient, we may need to raise additional capital through the sale of equity or debt securities, enter into strategic business collaboration agreements with other companies, seek other funding facilities, or sell assets. However, we cannot provide assurances that additional capital will be available on acceptable terms or at all. Moreover, if we are unable to meet our obligations when they become due over the next twelve months through our available capital resources, or obtain new sources of capital when needed, we may have to delay expenditures, reduce the scope of manufacturing operations, reduce or eliminate one or more of our development programs, make significant changes to our operating plan, or cease operations.

We are subject to certain financial covenants as set forth in the April 6, 2020 amendments to the Senior Credit Facilities. These financial covenants include a trailing twelve months ("TTM") Minimum Revenue covenant that is required to be met each quarterly period from March 31, 2020 through December 31, 2020, a TTM Minimum Adjusted EBITDA that is required to be met each quarterly period from March 31, 2021 through maturity, and a minimum liquidity covenant tested at all times through the term of the agreement. These amendments supersede the financial covenants included in the original and amended agreements disclosed in Note 6 – Debt. In the event that we are unable to comply with these covenants, or obtain a waiver from our lenders, the lender shall have the right, but not the obligation, to permanently reduce the commitment in whole or in part or to declare all or any portion of the outstanding balance due and payable. Furthermore, in the event that outstanding balances under the Ares Credit agreements are declared due and payable by the lender, the lenders of the 2023 Series A and Series B Unsecured Convertible Notes shall have the right, but not the obligation, to declare all of the outstanding balance due and payable as well. We do not currently have available liquidity to repay these outstanding borrowings in the event of a default. If we are unable to raise additional capital to meet these obligations, we may have to seek other strategic alternatives, including ceasing our operations.

In June 2019, we received a de-listing notice from the NASDAQ due to our share price being below \$1.00 for 30 consecutive trading days. The notice specified that our share price must trade above \$1.00 per share for ten consecutive trading days prior to December 2, 2019 in order to prevent our common stock from being de-listed. For the 180 days preceding December 2, 2019, our share price remained below \$1.00. We requested a second 180-day extension. NASDAQ denied our request and we chose to file for an appeal. We were granted a hearing date for the end of January 2020. Subsequent to the appeal hearing, NASDAQ set a deadline of April 17, 2020 for us to regain compliance with NASDAQ's continuing listing requirements. In early March 2020, the COVID-19 global pandemic triggered a significant decline in global capital markets, including NASDAQ. In light of this significant decline, we requested NASDAQ to reconsider the April 17, 2020 deadline. NASDAQ agreed to our request and set a new deadline to regain compliance by June 1, 2020. In January 2020, our Board of Directors and shareholders approved a reverse stock split in the range of any whole number between five (5) and ten (10) to one (1). While we believe that the reverse stock split will ultimately increase our share price above \$1.00 for the required ten consecutive trading days, we can provide no assurances that our shares will trade above \$1.00 per share for the required time period. A de-listing from the NASDAQ would be a "Fundamental Change" under the Company's 2023 Series A and Series B Unsecured Convertible Notes which triggers a right by the holders to require the Company repurchase the Convertible Notes. In such an event, the Company would need to seek financing to repurchase the Convertible Notes and there is no guarantee that such financing would be available or on terms acceptable to the Company. If noteholders demanded a repurchase of the notes and the Company could not finance the repurchase, it would be in default under the Indentures governing the Convertible Notes, and in that event the lenders of the Ares Credit agreements would have the right, but not the obligation, to declare all of the outstanding balance under those agreements due and payable as well. Therefore, in the event of the Company's shares are de-listed from the NASDAQ, the Company would likely have to seek some combination of waivers from its lenders and noteholders and seek new capital through the sale of equity or debt securities. If the Company is unable to obtain such waivers or raise new capital to meet these obligations if they become due, it may have to seek other strategic alternatives, including ceasing operations.

We rely on a limited number of customers for a large portion of our revenues.

We depend on a limited number of customers for a large portion of our revenue. We have two customers that accounted for 41% of our revenue for the year ended December 31, 2019, and three of our customers accounted for an aggregate of 54% of our revenue for the year ended December 31, 2018. The loss of one or more of these customers could have a significant impact on our revenues and harm our business, results of operations and cash flows.

Due to our dependence on a limited number of products, our business will be materially adversely affected if these products do not perform as well as expected.

We expect to generate a significant portion of our total revenues and gross margin from the sale of a limited number of products. While we continue to diversify our product portfolio, one of our products accounted for 15% of our revenue for the year ended December 31, 2019. Any material adverse developments, including increased competition, loss of customers, pricing pressures

and supply shortages, with respect to the sale or use of our products and prospective products, or our failure to successfully introduce such products, could have a material adverse effect on our revenues and gross margin.

The pharmaceutical industry in which we operate is intensely competitive. We are particularly subject to the pressures of direct competition. For example, the competition we encounter may have a negative impact upon the prices we may charge for our products, the market share of our products and our revenue and profitability.

The pharmaceutical industry in which we operate is intensely competitive. The competition that we encounter has an effect on our product prices, market share, revenue and profitability. Depending upon how we respond to this competition, its effect may be materially adverse to us.

We compete with:

- the original manufacturers of the brand-name equivalents of our generic products; and
- other generic drug manufacturers.

Most of the products that we are developing are either generic drugs or products without patent protection. These drugs are therefore more subject to direct competition than patented products. In addition, because many of our competitors have substantially greater financial, production and research and development resources, substantially larger sales and marketing organizations, and substantially greater name recognition than we have, we are particularly subject to the risks inherent in competing with them. For example, many of our competitors may be able to develop products and processes competitive with, or superior to, our own. Furthermore, we may not be able to successfully develop or introduce new products that are less costly than those of our competitors or offer purchasers of our products payment and other commercial terms as favorable as those offered by our competitors.

Furthermore, in the current political climate in which drug prices are a focus of the current administration, Congress, government and private payors, and the public more broadly, we cannot predict whether new legislative, regulatory, or other measures related to drug pricing may be enacted. If enacted, such drug pricing measures could have an impact on our gross margins from product sales, which could significantly and adversely impact our financial condition and cash flows.

For example, on December 20, 2019, President Trump signed the Further Consolidated Appropriations Act for 2020 into law (P.L. 116-94) that includes a piece of bipartisan legislation called the Creating and Restoring Equal Access to Equivalent Samples Act of 2019 or the “CREATES Act.” The CREATES Act aims to address the concern articulated by both the FDA and others in the industry that some brand manufacturers have improperly restricted the distribution of their products, including by invoking the existence of a Risk Evaluation and Mitigation Strategy, or REMS, for certain products, to deny generic product developers access to samples of brand products. Because generic product developers like our company need samples to conduct bioequivalence testing required by the FDA, some have attributed the inability to timely obtain samples as a cause of delay in the entry of generic products. To remedy this concern, the CREATES Act establishes a private cause of action that permits a generic product developer to sue the brand manufacturer to compel it to furnish the necessary samples on “commercially reasonable, market-based terms.” Whether and how generic product developers will use this new pathway, as well as the likely outcome of any legal challenges to provisions of the CREATES Act, remain highly uncertain and its potential effects on the market entry or timeline for our future commercial products are unknown.

As our competitors introduce their own generic equivalents of our generic pharmaceutical products, our revenues and gross margin from such products may decline, potentially rapidly.

Revenues and gross margin derived from generic pharmaceutical products often follow a pattern based on regulatory and competitive factors that we believe are unique to the generic pharmaceutical industry. As the patent(s) for a brand name product and the statutory marketing exclusivity period (if any) expires, the first generic manufacturer to receive regulatory approval for a generic equivalent of the product often is able to capture a substantial share of the market. However, as other generic manufacturers receive regulatory approvals for identical competing products, that market share, and the price of that product, may decline depending on several factors, including the number of competitors, the price of the brand product and the pricing strategy of the new competitors. In addition, the FDA has continued to shorten the review and response time to certain ANDAs, as a result of their guidelines established under GDUFA, and it has recently finalized policies to implement the Competitive Generic Therapy (“GCT”) designation pathway created by Congress in 2017 as part of FDARA. Based on these trends and regulatory developments, competitors could potentially enter the markets in which we compete more quickly. We cannot provide assurance that we will be able to continue to develop such products or that the number of competitors with such products will not

increase to such an extent that we may stop marketing a product for which we previously obtained approval, which may have a material adverse impact on our revenues and gross margin.

Our strategy depends on our ability to successfully develop and launch new pharmaceutical products ahead of our competitors.

Our continued growth is dependent upon our ability to develop and commercialize products in a timely manner. We may encounter delays in testing and manufacturing new pharmaceutical products, submitting applications for regulatory approval, receiving approval from the relevant authorities and commercializing new products. This process is costly and time-consuming. Delays at any stage could prevent us from successfully launching new products ahead of our competitors and could have a material adverse effect on our business, financial condition and results of operations. The recent COVID-19 pandemic may delay our applications in both submissions and approvals.

If pharmaceutical companies are successful in limiting the use of generics through their legislative, regulatory and other efforts, sales of our generic products may be adversely impacted.

Many pharmaceutical companies increasingly have used state and federal legislative and regulatory means to delay generic competition. These efforts have included:

- pursuing new patents for existing products that may be granted just before the expiration of earlier patents, which could extend patent protection for additional years or otherwise delay the launch of generics;
- selling the brand product as an “authorized generic,” either by the brand company directly, through an affiliate or by a marketing partner;
- using the Citizen Petition process to request amendments to FDA standards or otherwise delay generic drug approvals;
- seeking changes to the U.S. Pharmacopeia, an FDA, and industry recognized compendia of drug standards;
- attaching patent extension amendments to non-related federal legislation;
- engaging in state-by-state initiatives to enact legislation that restricts the substitution of some generic drugs, which could have an impact on products that we are developing; and
- seeking patents on methods of manufacturing certain active pharmaceutical ingredients.

If pharmaceutical companies or other third parties are successful in limiting the use of generic products through these or other means, our sales of our generic products may decline. If we experience a material decline in generic product sales, our results of operations, financial condition and cash flows may be significantly and adversely impacted.

Our generics business also faces increasing competition from brand-name manufacturers that do not face any significant regulatory approval or other barriers to enter into the generics market.

Our generics business also faces increasing competition from brand-name manufacturers that do not face any significant regulatory approval or other barriers to enter into the generics market. These brand-name companies sell “authorized generic” versions of their products to the market directly, acquire or form strategic alliances with our competitor generic pharmaceutical companies, or grant them rights to sell “authorized generics.” Moreover, brand-name companies continually seek new ways to delay the introduction of generic products and decrease the impact of generic competition, such as filing new patents on drugs whose original patent protection is about to expire, developing patented controlled-release products, changing product claims and product labeling, or developing and marketing as over-the-counter products those branded products that are about to face generic competition, when feasible. Our competitors, which include major multinational corporations, are consolidating in both the branded and generics industries, and the strength of the combined companies could affect our competitive position in all of our business areas. Furthermore, if one of our competitors or its customers acquires any of our customers or suppliers, we may lose business from the customer or lose a supplier of a critical raw material.

Our business and operations have experienced rapid growth, and if we do not appropriately manage any future growth, our business will be adversely affected.

We have experienced rapid growth over the last several years, and additional growth through acquisitions is possible in the future. Such growth has put significant demands on our management and infrastructure. Our success will depend in part upon our ability to manage this growth effectively. As we continue to grow, we must improve our operational, financial and management controls and our reporting systems and procedures. We must ensure that our policies and procedures evolve to reflect our current operations. We must also continue to effectively manage existing employees and to hire, train and manage new employees as needed. Any failure to expand these areas and implement appropriate procedures and controls in an efficient manner and at a pace consistent with our business objectives could have a material adverse effect on our business, financial condition, results of operations and cash flows. The recent COVID-19 pandemic may introduce additional challenges in the retention and hiring of key personnel.

Sales of our products may continue to be adversely affected by the continuing consolidation of our distribution network and the concentration of our customer base. The result of such developments could have a material adverse effect on our business, financial position and results of operations and could cause the market value of our common stock to decline.

Our principal customers are wholesale drug distributors and major retail drug store chains. These customers comprise a significant part of the distribution network for pharmaceutical products in the U.S. This distribution network is continuing to undergo significant consolidation marked by mergers and acquisitions, alliances and partnerships among wholesale distributors and the growth of large retail drug store chains. As a result, a small number of large wholesale distributors control a significant share of the market, and the number of independent drug stores and small drug store chains has decreased. We expect that consolidation of drug wholesalers and retailers will increase pricing and other competitive pressures on drug manufacturers. In addition, the Company generally does not enter into long-term supply agreements with its customers that would require them to purchase our products. The result of these developments may have a material adverse impact on our business, financial position and results of operations, and could cause the market value of our common stock to decline.

We face intense competition in the consumer products business.

Our business competes with large, well-financed cosmetic, pharmaceutical and consumer products companies with development and marketing groups that are experienced in the industry and possess far greater resources than those available to us. There is no assurance that we can compete successfully against our competitors or that we can develop and market products that will be favorably received in the marketplace.

Lack of availability, issues with quality or significant increases in the cost of raw materials used in manufacturing our products could adversely impact our profit margins and operating results.

Affordable, high quality raw materials and packaging components are essential to our business due to the nature of the products we manufacture. Raw materials and packaging components are generally available from multiple suppliers. Supplies of certain raw materials, and finished goods purchased by us are limited, or are available from one or only a few suppliers that have been pre-approved by the FDA for use in the manufacture of our products. In this type of limited-supplier situation, increased prices, rationing and/or shortages can occur. In response to the situation, we try to identify alternative materials or suppliers for such raw materials and finished goods like containers and closures. However, FDA requirements for products approved through the ANDA or NDA process could substantially lengthen the time for approval of an alternate material source. Certain material shortages and approval of alternate sources could adversely affect our financial results. The rapid increase in cost of many raw materials from inflationary forces, such as increased energy costs, and our ability or inability to pass on these increases to our customers, could have a material impact on our financial results.

In addition, raw materials purchased from third parties, including those from foreign countries, may contain counterfeit ingredients or other adulterants. We maintain a strict program of verification and product testing throughout the ingredient sourcing and manufacturing process to identify potential counterfeit ingredients, adulterants and toxic substances. Nevertheless, discovery of previously unknown problems with the raw materials or product manufacturing processes or new data suggesting an unacceptable safety risk associated therewith, could result in a voluntary or mandatory withdrawal of a potentially contaminated product from the marketplace, either temporarily or permanently. In addition, because regulatory authorities must generally approve raw material sources for pharmaceutical products, changes in raw material suppliers or the quality of their products may result in production delays or higher raw material costs. Also, any future recall or removal would result in additional costs to us, and may give rise to product liability or other litigation, either of which could have a material adverse effect on our operating results.

Our products, and the raw materials used to make those products, generally have limited shelf lives. Our inventory levels are based, in part, on expectations regarding future sales. We may experience build-ups in inventory if sales slow. Any significant shortfall in sales may result in higher inventory levels of raw materials and finished products, thereby increasing the risk of inventory spoilage and corresponding inventory write-downs and write-offs, which may materially and adversely affect our results of operations. Additionally, labeling changes required for regulatory compliance could render packaging inventories obsolete. Cargo thefts and/or diversions and economically or maliciously motivated product tampering in store shelves may be experienced from time to time, causing unexpected shortages.

The recent COVID-19 pandemic may introduce new challenges in sourcing raw materials for our products either from our existing or new suppliers and may negatively influence the cost of these raw materials.

We depend on a limited number of suppliers for API. Generally, only a single source of API is qualified for use in each product due to the costs and time required to validate a second source of supply. Changes in API suppliers must usually be approved by the FDA through a Prior Approval Supplement to each ANDA.

We maintain several single-source supplier relationships, either because alternative sources are not available or because the relationship is advantageous due to regulatory, performance, quality, support, or price considerations. Unavailability or delivery delays of single-source components or products could adversely affect our ability to ship the relevant product in a timely manner. The effect of unavailability or delivery delays would be more severe if associated with our higher volume or more profitable products. Even where alternative sources of supply are available, qualifying the alternate suppliers and establishing reliable supplies could cost more or could result in delays and a loss of revenues. As a result, the loss of a single-source supplier could have a material adverse effect on our results of operations. The recent COVID-19 pandemic may create local issues for our single source API suppliers and introduce delays in our manufacturing process.

Incidents related to hazardous materials could materially adversely affect our reputation, business, financial condition, operating results and cash flows.

There are portions of our operations that require the controlled use of hazardous materials. Although we are diligent in designing and implementing safety procedures to comply with the standards prescribed by federal, state, and local regulations, the risk of accidental contamination of property or injury to individuals from these materials cannot be completely eliminated. In the event of such an incident, we could be liable for any damages that result, which could materially adversely affect our reputation, business, financial condition, operating results and cash flows.

We are subject to stringent regulatory requirements related to environmental protection and hazardous waste disposal. Failure to adhere to such requirements could harm our business and results of operations.

In the United States, we and our suppliers of raw materials are also subject to regulation under the Occupational Safety and Health Act, the Toxic Substances Control Act, the Resource Conservation and Recovery Act and other current and potential future federal, state or local regulations. Failure to adhere to such regulations, by either us or our suppliers, could harm our business and results of operations. In addition, our analytical department uses certain hazardous materials and chemicals in limited and controlled quantities. We have implemented safety procedures for handling and disposing of such materials, however, such procedures may not comply with the standards prescribed by federal, state and local regulations. Even if we follow such safety procedures for handling and disposing of hazardous materials and chemicals and such procedures comply with applicable law, the risk of accidental contamination or injury from these materials cannot be completely eliminated. In the event of such an accident, we could be held liable for any damages and any such liability could exceed our resources.

Our operations and properties are also subject to a wide variety of increasingly complex and stringent federal, state and local environmental laws and regulations, including those governing the remediation of contaminated soil and groundwater. Such environmental laws may apply to conditions at properties and facilities presently or formerly owned or operated by us, as well as to conditions at properties at which wastes or other contamination attributable to us have been sent or otherwise come to be located. One of our facilities has undergone remediation of environmental contamination, and one of our facilities is currently undergoing remediation of environmental contamination. The total estimated costs for the clean-up and remediation is \$0.9 million as of December 31, 2019, and remaining costs accrued at December 31, 2019 totaled \$0.1 million. Based on information provided to us from our environmental consultants and what is known to date, we believe the reserves are sufficient for the remaining remediation of the environmental contamination. There is a possibility, however, that the remediation costs may exceed our estimates. In addition, we can give no assurance that the future cost of compliance with existing environmental laws will not give rise to additional significant expenditures or liabilities that would be material to us. Future events, such as new information,

changes in existing environmental laws or their interpretation, and more vigorous enforcement policies of federal, state or local regulatory agencies, may have a material adverse effect on our business, financial condition and results of operations.

In Canada, we and our suppliers of raw materials are also subject to regulation under the Hazardous Products Act, Controlled Products Regulations, Consumer Product Safety Act, Canadian Environmental Protection Act and other current and potential future federal, provincial/territorial or local regulations. Failure to adhere to such regulations, by either us or our suppliers, could harm our business and results of operations. In addition, our analytical department uses certain hazardous materials and chemicals in limited and controlled quantities. We have implemented safety procedures for handling and disposing of such materials, however, such procedures may not comply with the standards prescribed by federal, provincial/territorial and local regulations. Even if we follow such safety procedures for handling and disposing of hazardous materials and chemicals and such procedures comply with applicable law, the risk of accidental contamination or injury from these materials cannot be completely eliminated. In the event of such an accident, we could be held liable for any damages and any such liability could exceed our resources.

Future events, such as new information, changes in existing environmental laws or their interpretation, and more vigorous enforcement policies of federal, provincial/territorial or local regulatory agencies, may have a material adverse effect on our business, financial condition and results of operations.

We are subject to extensive government regulation by the FDA and other federal, state and local regulatory authorities that increases our costs and could prevent us from marketing or selling our products.

The manufacturing, processing, formulation, packaging, labeling, testing, storing, distributing, marketing, advertising and sale of our products, among other things, are subject to extensive regulation by one or more U.S. agencies, including the FDA, the Federal Trade Commission and the Consumer Products Safety Commission, as well as by several state and local agencies in localities where our products are stored, distributed or sold. In addition, we manufacture and market certain of our products in accordance with standards set by organizations, such as the USP, a scientific nonprofit organization that sets standards for the identity, strength, quality, and purity of medicines, food ingredients, and dietary supplements manufactured, distributed and consumed worldwide. USP's drug standards are enforceable in the United States by the FDA.

The FDA regulates the testing, manufacture, labeling, marketing and sale of pharmaceutical products. Approval by the FDA is required before any new drug, including any new generic drug, may be marketed or sold in the United States. In order to receive approval from the FDA for our product candidates that are generic versions of brand-name drugs, we intend to use the Abbreviated New Drug Application, or ANDA, route, which requires us to demonstrate to the FDA that each generic product candidate has the same active ingredient, strength, dosage form, route of administration and intended use as a corresponding approved drug product and is bioequivalent to the branded drug product (approved under a New Drug Application, or NDA), meaning that there is no significant difference between the drugs in their rate and extent of absorption in the body. However, if the FDA determines that an ANDA for a generic drug product is not adequate to support approval, it could deny our application or request additional data or information, which could delay approval of the product and impair our ability to compete with the brand-name drug product and/or other generic versions of the product.

If our product candidates receive FDA approval through the ANDA process, the labeling claims and marketing statements that we can make for our generic drugs are generally limited to the claims approved by the FDA for use in the brand-name product's label. In addition, following regulatory approval, the labeling, packaging, adverse event reporting, storage, advertising and promotion for the product will be subject to extensive and ongoing regulatory requirements.

As a manufacturer of pharmaceutical products, we must also comply with cGMPs, or current Good Manufacturing Practices, which include requirements related to production processes, quality control and assurance and recordkeeping. Our manufacturing facilities and procedures and those of our suppliers are subject to periodic inspection by the FDA and foreign regulatory agencies. Any material deviations from pharmaceutical cGMPs or other applicable requirements identified during such inspections may result in recalls or other enforcement actions, including warning letters, a delay or suspension in manufacturing operations, consent decrees or civil or criminal penalties. Further, discovery of previously unknown problems with a product or manufacturer may result in restrictions or sanctions, including suspension or withdrawal of marketing approvals, seizures or recalls of products from the market, or civil or criminal fines or penalties, any of which could significantly and adversely affect supplies of our products. On November 26, 2019 FDA issued us a Warning Letter following an inspection of our manufacturing facility at 105 Lincoln Avenue, Buena, New Jersey, that identified several cGMP violations. We are continuing to work diligently to remediate all issues cited by the FDA and hope to close out this inspection in the coming months.

The recent COVID-19 pandemic has introduced additional strain on the FDA. We are unable to fully understand the impact this may cause on regulations or the related timeframes pertaining to communication with the FDA.

We are subject to extensive government regulation by Health Canada and other federal, state provincial/territorial and local regulatory authorities that increases our costs and could prevent us from marketing or selling our products.

The manufacturing, processing, formulation, packaging, labeling, testing, storing, distributing, marketing, advertising and sale of our products, among other things, are subject to extensive regulation by one or more Canadian agencies, including Health Canada, as well as by several state and local agencies in localities where our products are stored, distributed or sold. In addition, we market certain of our products in accordance with standards set by organizations, such as the USP, the British Pharmacopeia, or BP, scientific nonprofit organizations that sets standards for the identity, strength, quality, and purity of medicines, food ingredients, and dietary supplements manufactured, distributed and consumed worldwide. Adherence to USP and BP published drug standards are prescribed by the Canadian Food and Drug Regulations.

Health Canada regulates the testing, manufacture, labeling, marketing and sale of pharmaceutical products. Approval by Health Canada is required before any new drug, including any new generic drug, may be marketed or sold in Canada. In order to receive approval from Health Canada for our product candidates that are generic versions of brand-name drugs, we intend to use the ANDS, or Drug Identification Number Application, or DINA, routes, which requires us to demonstrate to Health Canada that each generic product candidate has the same active ingredient, strength, dosage form, route of administration and intended use as a corresponding approved drug product and is bioequivalent to the branded drug product (approved under a New Drug Submission or NDS or DINA, meaning that there is no significant difference between the drugs in their rate and extent of absorption in the body. However, if Health Canada determines that an ANDS or DINA for a generic drug product is not adequate to support approval, it could deny our application or request additional data or information, which could delay approval of the product and impair our ability to compete with the brand-name drug product and/or other generic versions of the product.

If our product candidates receive Health Canada approval through the ANDS or DINA process, the labeling claims and marketing statements that we can make for our generic drugs are generally limited to the claims approved by Health Canada for use in the brand-name product's label. In addition, following regulatory approval, the labeling, packaging, adverse event reporting, storage, advertising and promotion for the product will be subject to extensive and ongoing regulatory requirements.

As an importer and distributor of pharmaceutical products, we must also comply with cGMPs, or current Good Manufacturing Practices, which include requirements related to production processes, quality control and assurance and recordkeeping. Our facilities and procedures and those of our suppliers are subject to periodic inspection by Health Canada and foreign regulatory agencies. Any material deviations from pharmaceutical cGMPs or other applicable requirements identified during such inspections may result in recalls or other enforcement actions, including non-compliance ratings, a delay or suspension in manufacturing operations. Further, discovery of previously unknown problems with a product or manufacturer may result in restrictions or sanctions, including suspension or withdrawal of marketing approvals, seizures or recalls of products from the market, and revoking of licenses, any of which could significantly and adversely affect supplies of our products.

The recent COVID-19 pandemic has introduced additional strains on Health Canada. We are unable to fully understand the impact this may cause on regulations or the related timeframes pertaining to communication with Health Canada.

Inadequate resources for the FDA, the SEC and other government agencies could hinder their ability to hire and retain key leadership and other personnel, prevent new products and services from being developed or commercialized in a timely manner or otherwise prevent those agencies from performing normal business functions on which the operation of our business may rely, which could negatively impact our business.

The ability of the FDA to review and approve new products can be affected by a variety of factors, including government budget and funding levels, ability to hire and retain key personnel and accept the payment of user fees, and statutory, regulatory, and policy changes. Average review times at the agency have fluctuated in recent years as a result. In addition, government funding of the SEC and other government agencies on which our operations may rely, including those that fund research and development activities is subject to the political process, which is inherently fluid and unpredictable.

Disruptions at the FDA and other agencies may also slow the time necessary for new drugs to be reviewed and/or approved by necessary government agencies, which would adversely affect our business. For example, over the last several years, including beginning on December 22, 2018, the U.S. government has shut down several times and certain regulatory agencies, such as the FDA and the SEC, have had to furlough critical FDA, SEC and other government employees and stop critical activities. If a prolonged government shutdown occurs, it could significantly impact the ability of the FDA to timely review and process our regulatory submissions, which could have a material adverse effect on our business. Further in our operations as a public company, future government shutdowns could impact our ability to access the public markets and obtain necessary capital in order to properly capitalize and continue our operations.

The introduction of the recent COVID-19 pandemic has increased the strain on the FDA, SEC and other government agencies which may increase the likelihood of delays in normal business functions.

We may be subject to, or may in the future become subject to, U.S. federal and state, and foreign laws and regulations imposing obligations on how we collect, use, disclose, store and process personal information. Our actual or perceived failure to comply with such obligations could result in liability or reputational harm and could harm our business. Ensuring compliance with such laws could also impair our efforts to maintain and expand our customer base, and thereby decrease our revenue.

In many activities, including the conduct of clinical trials, we are subject to laws and regulations governing data privacy and the protection of health-related and other personal information. These laws and regulations govern our processing of personal data, including the collection, access, use, analysis, modification, storage, transfer, security breach notification, destruction and disposal of personal data. We must comply with laws and regulations associated with the international transfer of personal data based on the location in which the personal data originates and the location in which it is processed. In May 2016, the EU Parliament adopted the comprehensive General Data Privacy Regulation, or the GDPR to, among other things, impose more stringent data protection requirements for processors and controllers of personal data and provide for greater penalties and fines for noncompliance, including fines in amounts up to €20 million or 4% of total worldwide annual turnover, whichever is higher. The GDPR became fully effective in May 2018. In addition, in 2018, California adopted a new privacy law (effective on January 1, 2020) that borrows heavily from the GDPR. Complying with the enhanced obligations imposed by the GDPR and other applicable international and US privacy laws and regulations may result in significant costs to our business and require us to amend certain of our business practices. Further, enforcement actions and investigations by regulatory authorities related to data security incidents and privacy violations continue to increase. The future enactment of more restrictive laws, rules or regulations and/or future enforcement actions or investigations could have a materially adverse impact on us through increased costs or restrictions on our businesses, and noncompliance could result in regulatory penalties and significant legal liability.

The privacy and security of personally identifiable information stored, maintained, received or transmitted, including electronically, subject to significant regulation in the United States and abroad. While we strive to comply with all applicable privacy and security laws and regulations, legal standards for privacy continue to evolve and any failure or perceived failure to comply may result in proceedings.

Our global operations expose us to certain risks, including challenges associated with political and economic instability, major hostilities and acts of terrorism.

We are a global company with operations outside of the United States. We face numerous risks inherent in conducting business internationally, including terrorist acts, acts of war, political unrest, public health concerns, labor disputes and national disasters. Such events may lead to economic and political uncertainties and contribute to global economic instability. We may not be successful in developing and implementing policies and strategies to address the foregoing events in a timely and effective manner. Consequently, the occurrence of one or more of the foregoing events could have a material adverse impact on our business, operating results and financial condition, including loss of sales or customers. The recent COVID-19 pandemic has introduced greater risks with foreign political and economic instability.

Violations of cGMP and other government regulations could have a material adverse effect on our reputation, business, financial condition and results of operations.

All facilities and manufacturing techniques used to manufacture pharmaceutical products for clinical use or for commercial sale in the United States and other Teligent markets must be operated in conformity with cGMP regulations as required by the FDA and other regulatory bodies. Our suppliers' facilities are subject to scheduled periodic regulatory and customer inspections to ensure compliance with cGMP and other requirements applicable to such products. A finding that we or one or more of our suppliers had materially violated these requirements could result in one or more regulatory sanctions, loss of a customer contract, disqualification of data for client submissions to regulatory authorities and a mandated closing of our suppliers' facilities, which in turn could have a material adverse effect on our reputation, business, financial condition, operating results and cash flows.

During our efforts to expand our existing manufacturing facility, as well as potentially select and build out an additional manufacturing facility, we could experience business interruptions, as well as incur significant capital expenditures to complete the expansions, which may have a material adverse effect on our business, financial position and results of operations.

We manufacture drug products at one domestic manufacturing facility. This facility may be forced to shut down or may be unable to operate at full capacity as a result of potential expansion plans. A significant disruption at this facility, even on a short-term basis, could impair our ability to produce and ship drug products to the market on a timely basis, which may have a material adverse effect on our business, financial position and results of operations.

We could experience business interruptions at our manufacturing facility, which may have a material adverse effect on our business, financial position and results of operations.

We manufacture drug products at one domestic manufacturing facility. This facility may be forced to shut down or may be unable to operate at full capacity as a result of hurricanes, tornadoes, earthquakes, storms and other extreme weather events as well as strikes, war, violent upheavals, terrorist acts, pandemics and other force majeure events. A significant disruption at this facility, even on a short-term basis, could impair our ability to produce and ship drug products to the market on a timely basis, which may have a material adverse effect on our business, financial position and results of operations through possible failure to supply fees or lost business opportunities. The recent COVID-19 pandemic may force us to temporarily close our production facility due to local, state or federal requirements.

We are currently in the process of expanding our manufacturing facilities. Any delays in the expansion process or in the receipt of certain regulatory approvals in connection therewith could have a material adverse effect on our business and results of operations.

We are in the process of expanding and upgrading our existing manufacturing facilities in Buena, New Jersey. Upon the completion of this expansion, we intend to transfer the manufacture of certain sterile injectables, for which we currently rely on CMOs, to this facility. Any delays in the expansion process could increase the overall cost of the expansion and could force us to postpone the planned transfer of our manufacturing to this facility. In addition, any delays or denials of the regulatory approvals needed to begin manufacturing products at this facility could have a material adverse effect on our business. As previously noted, on November 26, 2019 FDA issued us a Warning Letter following an inspection of our manufacturing facility at 105 Lincoln Avenue, Buena, New Jersey, that identified several cGMP violations and for which we are continuing diligent remediation activities. The recent COVID-19 pandemic may cause delays in the remediation and re-inspection process.

Our reporting and payment obligations related to our participation in federal health care programs, including Medicare and Medicaid, are complex and often involve subjective decisions that could change. Any failure to comply with those obligations could subject us to investigation, penalties, and sanctions.

Federal laws regarding reporting and payment obligations with respect to a pharmaceutical company's participation in federal health care programs, including Medicare and Medicaid, are complex. These programs generally require us to pay rebates or provide discounts to government payors in connection with our products that are dispensed to beneficiaries of these programs. In some cases, such as with the Medicaid Drug Rebate Program, the rebates are based on pricing and rebate calculations that we report on a quarterly basis to the government agencies that administer the programs. Because our processes for calculating applicable government prices and the judgments involved in making these calculations involve subjective decisions and complex methodologies, these calculations are subject to risk of errors and differing interpretations. In addition, they are subject to review and challenge by the applicable governmental agencies, and it is possible that such reviews could result in changes that may have material adverse legal, regulatory, or economic consequences. Responding to current and future changes may increase our costs and the complexity of compliance will be time-consuming, and could have a material adverse effect on our results of operations. For example, the U.S. Department of Health and Human Services ("DHHS") issued a proposed rule that would remove safe harbor protections for certain rebates. Given the complexity of the drug pricing systems in the United States, DHHS is also soliciting input on multiple issues and other proposals as part of this formal rulemaking process, and the timeline for any final government action could be lengthy. It is unclear what changes a DHHS final rule, if any, would make to the current drug rebate rules for Medicare and Medicaid programs, and what the potential impact of such changes would be to our business or operations.

In addition, the Office of Inspector General has recently increased its focus on the methodologies used by manufacturers to calculate the average manufacturer price, or AMP, and best price, or BP, to assess manufacturer compliance with reporting requirements under the Medicaid Drug Rebate Program. We are liable for errors associated with our submission of pricing data and for overcharging government payors. For example, failure to submit quarterly AMP and BP data on a timely basis could result in a civil monetary penalty of \$10,000 per day for each day the submission is late beyond the due date. Failure to make necessary disclosures and/or to identify overpayments could result in allegations against us under the Federal False Claims Act and other laws and regulations.

Our policies regarding returns, allowances and chargebacks, failure to supply penalties and marketing programs adopted by wholesalers may reduce revenues in future fiscal periods.

We, like other generic drug manufacturers, have agreements with customers allowing chargebacks, product returns, administrative fees, failure to supply penalties and other rebates. Under many of these arrangements, we may match lower prices offered to customers by competitors. If we choose to lower our prices and if contractually obligated, we issue a credit on the

products that the customer is holding in inventory, which could reduce sales revenue and gross margin for the period the credit is provided. Under many of these arrangements, we may have failure to supply penalties, which in the event we are unable to supply a certain product and are unable to meet the needs of our customers, we may incur failure to supply penalties which may be significant. Like our competitors, we also give credits for chargebacks to wholesalers with whom we have contracts for their sales to hospitals, group purchasing organizations, pharmacies or other customers. A chargeback is the difference between the price at which we invoice the wholesaler and the price that the wholesaler's end-customer pays for a product. Although we establish reserves based on prior experience and our best estimates of the impact that these policies may have in subsequent periods, we cannot ensure that our reserves are adequate or that actual product returns, allowances, and chargebacks will not exceed our estimates. As we continue to experience the consolidation of our customers, which may result in changes to previous patterns of ordering and/or pricing of our products, this could disrupt our established methodologies for calculating our provisions for chargebacks and other accruals.

We are subject to federal and state healthcare fraud and abuse and false claims laws and may be subject to related litigation brought by the government or private individuals.

We are subject to state and federal healthcare laws pertaining to fraud and abuse, physician payment transparency and laws that govern the submission of claims for reimbursement. These laws include the following:

- the federal Anti-Kickback Statute, which prohibits, among other things, persons from knowingly and willfully soliciting, receiving, offering or paying remuneration, directly or indirectly, in exchange for or to induce either the referral of an individual for, or the purchase, order or recommendation of, any good or service for which payment may be made under federal healthcare programs, such as Medicare and Medicaid. In addition, the government may assert that a claim including items or services resulting from a violation of the federal Anti-Kickback Statute constitutes a false or fraudulent claim for purposes of the False Claims Act;
- the federal False Claims Act, or FCA, which imposes civil liability and criminal fines on individuals or entities that knowingly submit, or cause to be submitted, false or fraudulent claims for payment to the government. The FCA also allows private individuals to bring a suit on behalf of the government against an individual or entity for violations of the FCA. These suits, also known as qui tam actions, may be brought by, with only a few exceptions, any private citizen who believes that he has material information of a false claim that has not yet been previously disclosed. These suits have increased significantly in recent years because the FCA allows an individual to share in any amounts paid to the federal government in fines or settlement as a result of a successful qui tam action;
- federal criminal laws that prohibit executing a scheme to defraud any federal healthcare benefit program or making false statements relating to healthcare matters;
- the federal Physician Payment Sunshine Act, which requires manufacturers of drugs, devices, biologics and medical supplies for which payment is available under Medicare, Medicaid or the Children's Health Insurance Program (with certain exceptions) to report annually to the government information related to payments or other "transfers of value" made to a "covered recipient," which include physicians (defined to include doctors, dentists, optometrists, podiatrists and chiropractors) and teaching hospitals, and beginning in 2022, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse-midwives following an expansion of the law by Congress in 2018. Applicable manufacturers and group purchasing organizations also must report annually ownership and investment interests held by physicians (as defined above) and their immediate family members and payments or other "transfers of value" to such physician owners and their immediate family members;
- the US federal Health Insurance Portability and Accountability Act of 1996, or HIPAA that imposes criminal and civil liability for executing a scheme to defraud any health care benefit program, or knowingly and willfully falsifying, concealing or covering up a material fact or making any materially false statement in connection with the delivery of or payment for health care benefits, items or services; similar to the US federal Anti-Kickback Statute, a person or entity does not need to have actual knowledge of the statute or specific intent to violate it in order to have committed a violation;
- the US federal laws that require pharmaceutical manufacturers to report certain calculated product prices to the government or provide certain discounts or rebates to government authorities or private entities, often as a condition of reimbursement under federal health care programs;
- HIPAA, which imposes obligations on certain covered entity health care providers, health plans, and health care clearinghouses as well as their business associates that perform certain services involving the use or disclosure of individually

identifiable health information, including mandatory contractual terms, with respect to safeguarding the privacy, security and transmission of individually identifiable health information; and

- state and foreign laws that govern the privacy and security of health information in certain circumstances, including state security breach notification laws, state health information privacy laws and federal and state consumer protection laws, many of which differ from each other in significant ways and often are not preempted by HIPAA, thus complicating compliance efforts;
- analogous state and foreign laws and regulations relating to health care fraud and abuse, such as state anti-kickback and false claims laws, that may apply to sales or marketing arrangements and claims involving health care items or services reimbursed by non-governmental third-party payors, including private insurers;
- state laws that require pharmaceutical companies to comply with the industry's voluntary compliance guidelines and the applicable compliance guidance promulgated by the federal government, or otherwise restrict payments that may be made to healthcare providers and other potential referral sources; state laws that require drug manufacturers to report information related to payments and other transfers of value to physicians and other healthcare providers or marketing expenditures; and state laws governing the privacy and security of health information in certain circumstances, many of which differ from each other in significant ways and may not have the same effect, thus complicating compliance efforts.

If our past or present operations are found to be in violation of any of such laws or any other governmental regulations that may apply to us, we may be subject to penalties, including civil and criminal penalties, damages, fines, exclusion from federal health care programs, and/or the curtailment or restructuring of our operations. Any penalties, damages, fines, curtailment, or restructuring of our operations could adversely affect our ability to operate our business and our financial results, action against us for violation of these laws, even if we successfully defend against them, it could cause us to incur significant legal expenses and divert our management's attention from the operation of our business.

Our business activities may be subject to the Foreign Corrupt Practices Act and similar anti-bribery and anti-corruption laws of other countries in which we operate.

We have conducted and have ongoing studies in international locations, and may in the future initiate additional studies in countries other than the United States. Our business activities may be subject to the Foreign Corrupt Practices Act, or FCPA, and similar anti-bribery or anti-corruption laws, regulations or rules of other countries in which we operate. The FCPA generally prohibits offering, promising, giving or authorizing others to give anything of value, either directly or indirectly, to a non-U.S. government official in order to influence official action or otherwise obtain or retain business. The FCPA also requires public companies to make and keep books and records that accurately and fairly reflect the transactions of the corporation and to devise and maintain an adequate system of internal accounting controls. Our business is heavily regulated and therefore involves significant interaction with public officials, including officials of non-U.S. governments. Additionally, in many other countries, the health care providers who prescribe pharmaceuticals are employed by their governments, and the purchasers of pharmaceuticals are government entities; therefore, our dealings with these prescribers and purchasers are subject to regulation under the FCPA. Recently the SEC and Department of Justice have increased their FCPA enforcement activities with respect to biotechnology and pharmaceutical companies. There is no certainty that all of our employees, agents or contractors, or those of our affiliates, will comply with all applicable laws and regulations, particularly given the high level of complexity of these laws. Violations of these laws and regulations could result in fines, criminal sanctions against us, our officers or our employees, the closing down of our facilities, requirements to obtain export licenses, cessation of business activities in sanctioned countries, implementation of compliance programs and prohibitions on the conduct of our business. Any such violations could include prohibitions on our ability to offer our products, if approved, in one or more countries and could materially damage our reputation, our brand, our international expansion efforts, our ability to attract and retain employees and our business, prospects, operating results and financial condition.

Healthcare legislative reform measures may have a material adverse effect on our business and results of operations.

In the United States, there have been and continue to be a number of legislative initiatives to contain healthcare costs. For example, in March 2010, the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, or the Affordable Care Act, was passed, which substantially changes the way health care is financed by both governmental and private insurers, and significantly impacts the U.S. pharmaceutical industry. The Affordable Care Act, among other things, addresses a new methodology by which rebates owed by manufacturers under the Medicaid Drug Rebate Program are calculated for drugs that are inhaled, infused, instilled, implanted or injected, increases the minimum Medicaid rebates owed by

manufacturers under the Medicaid Drug Rebate Program and extends the rebate program to individuals enrolled in Medicaid managed care organizations.

There also continues to be uncertainty that any provisions of the Affordable Care Act will continue to exist in their current form. Certain legislators are continuing their efforts to repeal the Act, although there is little clarity on how such a repeal would be implemented and what an Affordable Care Act replacement might look like, and there continue to be lawsuits in federal courts seeking to invalidate parts or all of the Act. For the immediate future, there continues to be significant uncertainty regarding the health care, health care coverage and health care insurance markets. Both Congress and President Trump have expressed an intention to repeal or repeal and replace the Affordable Care Act, and as a result certain sections of the Affordable Care Act have not been fully implemented or effectively repealed, and the Fifth Circuit Court of Appeals recently upheld a lower court decision finding the Affordable Care Act's individual mandate to be unconstitutional. The uncertainty around the future of the Affordable Care Act, and in particular the impact to reimbursement levels, may lead to uncertainty or delay in the purchasing decisions of our customers, which may in turn negatively impact our product sales. If there are not adequate reimbursement levels, our business and results of operations could be adversely affected. Similarly, there are a number of state and local legislative and regulatory efforts related to drug pricing, including drug price transparency laws that apply to pharmaceutical manufacturers, that may have an impact on our business.

We expect that additional state and federal healthcare reform measures will be adopted in the future, any of which could limit the amounts that federal and state governments will pay for healthcare products and services, which could result in reduced demand for our products or additional pricing pressures. The recent COVID-19 pandemic may introduce temporary or permanent healthcare reform measures for which we cannot predict the financial implication of on our business.

Even after our products receive regulatory approval, such products may not achieve expected levels of market acceptance.

Even if we are able to obtain regulatory approvals for our generic pharmaceutical products the success of those products is dependent upon market acceptance. Levels of market acceptance for our products could be impacted by several factors, including but not limited to:

- the availability of alternative products from our competitors;
- the price of our products relative to that of our competitors;
- the timing of our market entry;
- the ability to market our products effectively to the different levels in the distribution chain;
- other competitor actions; and
- the continued acceptance of and/or reimbursement for our products by government and private formularies and/or third party payors.

Additionally, studies of the proper utilization, safety, and efficacy of pharmaceutical products are being conducted by the industry, government agencies, and others. Such studies, which increasingly employ sophisticated methods and techniques, including methods to investigate the comparative effectiveness of different products used for similar indications, can call into question the utilization, safety, and efficacy of previously marketed as well as future products. In some cases, studies have resulted, and may in the future result, in the discontinuance of product marketing or other risk management programs, such as the need for a patient registry, as well as delays in approvals. The occurrence of any of the above risks could adversely affect our profitability, business, financial position, results of operations and/or cash flow, and could cause the market value of our common stock to decline.

Product recalls could harm our business.

Product recalls or product field alerts may be issued at our discretion or required by the FDA and Health Canada, other governmental agencies or other companies having regulatory authority for pharmaceutical product sales. From time to time, we may recall products for various reasons, including failure of our products to maintain their stability through their expiration dates or other quality issues. Any recall or product field alert has the potential of damaging our reputation or the reputation of the product. Any significant recalls could materially affect our sales. In these cases, our business, financial condition, results of operations and cash flows could be materially adversely affected.

We are susceptible to product liability claims that may not be covered by insurance and could require us to pay substantial sums.

We face the risk of loss resulting from, and adverse publicity and reputational harm associated with, product liability lawsuits, whether or not such claims are valid. We may not be able to avoid such claims. In addition, our product liability insurance may not be adequate to cover such claims and we may not be able to obtain adequate insurance coverage in the future at acceptable costs. A successful product liability claim that exceeds our policy limits could require us to pay substantial sums. In addition, product liability coverage for pharmaceutical companies is becoming more expensive and increasingly difficult to obtain and, as a result, we may not be able to obtain the type and amount of coverage we desire or to maintain our current coverage.

The manufacture and storage of pharmaceutical and other products are subject to inherent risk.

Because chemical ingredients are used in the manufacture of our products and due to the nature of the manufacturing process itself, there is a risk of incurring liability for damages caused by or during the storage or manufacture of both the chemical ingredients and the finished products. Although we have never incurred any material liability for damages of that nature, we may be subject to liability in the future. In addition, while we believe our insurance coverage is adequate, it is possible that a successful claim would exceed our coverage, requiring us to pay a substantial sum.

The testing required for the regulatory approval of our products is conducted by independent third parties. Any failure by any of these third parties to perform this testing properly and in a timely manner may have an adverse effect upon our ability to obtain regulatory approvals.

Our applications for the regulatory approval of our products incorporate the results of testing and other information that is conducted or gathered by independent third parties (including, for example, manufacturers of raw materials, testing laboratories, CROs or independent research facilities). Our ability to obtain regulatory approval of the products being tested is dependent upon the quality of the work performed by these third parties, the quality of the third parties' facilities, and the accuracy of the information provided to us by third parties. We have little or no control over any of these factors. If this testing is not performed properly, our ability to obtain regulatory approvals could be restricted or delayed. In addition, if third party fraud or other recordkeeping problems are discovered after our products are approved for marketing, any government investigations or findings could result in any products that incorporated those fraudulent results having their regulatory approvals withdrawn. The recent COVID-19 pandemic may create additional risk and delays at our independent third party service providers.

The failure to obtain, maintain or protect patents, trade secrets, know-how and other intellectual property could impact our ability to compete effectively.

To compete effectively, we need to develop and maintain a proprietary position with regard to our own technology, products and business. We rely on a combination of patents, trade secrets, proprietary know-how and other intellectual property to protect our proprietary technology and rights. We also maintain a number of trade secrets, know-how and other intellectual property.

The risks and uncertainties that we face with respect to patents and other proprietary rights include the following:

- the pending patent applications we have filed or may file, or to which we have exclusive rights, may not result in issued patents, or may take longer than we expect to result in issued patents;
- changes in U.S. patent laws may adversely affect our ability to obtain or maintain our patent protection;
- we may be subject to interference proceedings;
- the claims of any patents that are issued may not provide meaningful protection;
- we may not be able to develop additional proprietary technologies that are patentable;
- the patents licensed or issued to us or our collaborators may not provide a competitive advantage;
- other companies may challenge patents licensed or issued to us or our collaborators;
- other companies may independently develop similar or alternative technologies, or duplicate our technology;
- other companies may design around technologies we have licensed or developed; and

- enforcement of patents is complex, uncertain and expensive.

The trademark applications we have filed or may file may not result in trademark registrations, which would result in lesser protections for our brands.

Our product offerings and our customers' products may infringe on the intellectual property rights of third parties.

From time to time, third parties have asserted intellectual property infringement claims against us and our customers and there can be no assurance that third parties will not assert infringement claims against either us or our customers in the future. While we believe that our product offerings do not infringe in any material respect upon proprietary rights of other parties and/or that meritorious defenses would exist with respect to any assertions to the contrary, there can be no assurance that we would not be found to infringe on the proprietary rights of others.

Patent applications in the U.S. and some foreign countries are generally not publicly disclosed until they are published or the patent is issued, and we may not be aware of currently filed patent applications that relate to our offerings or processes. If patents later issue on these applications, we may be found liable for subsequent infringement. There has been substantial litigation in the pharmaceutical and biotechnology industries with respect to the manufacture, use and sale of products and processes that are the subject of conflicting patent rights.

Any claims that our product offerings or processes infringe these rights, regardless of their merit or resolutions, could be costly and may divert the efforts and attention of our management and technical personnel. We may not prevail in such proceedings given the complex technical issues and inherent uncertainties in intellectual property litigation. If such proceedings result in an adverse outcome, we could, among other things, be required to:

- pay damages in the form of lost profits and/or a reasonable royalty for any infringement;
- pay substantial damages (potentially treble damages in the U.S. if any such infringement is found to be willful);
- pay attorney fees of a prevailing party, if the case is found to be exceptional;
- cease the manufacture, use or sale of the infringing offerings or processes;
- discontinue the use of the infringing technology;
- expend significant resources to design around patented technology and develop non-infringing technology; and
- license patented technology from the third party claiming infringement, which license may not be available on commercially reasonable terms, or may not be available at all.

In addition, our customers' products may be subject to claims of intellectual property infringement and such claims could materially affect our business if their products cease to be manufactured and they have to discontinue the use of the infringing technology which we may provide. Further, depending on the particular circumstances of any given claim, it may be the case that we may be responsible for indemnifying our customers for a claim of intellectual property infringement.

If we were to assert any of our own intellectual property against third parties and the third parties were found not to infringe our intellectual property or our intellectual property was found to be invalid, and/or unenforceable, we would lose the opportunity to leverage our own intellectual property, for example, through licensing of our technology to others, collection of damages and/or royalty payments based upon successful assertion of our intellectual property rights via enjoining others from practicing the technology at issue.

Any of the foregoing could affect our ability to compete or have a material adverse effect on our business, financial condition and results of operations.

Significant balances of intangible assets, including goodwill, are subject to impairment testing and may result in impairment charges, which may materially and adversely affect our results of operations and financial condition.

A significant amount of our total assets is related to goodwill and intangible assets, including in-process research and development. As of December 31, 2019 the value of our goodwill and intangible assets net of accumulated amortization was \$45.1

million. Goodwill and other intangible assets are tested for impairment annually when events occur or circumstances change that could potentially reduce the fair value of the reporting unit or intangible asset. Impairment testing compares the fair value of the reporting unit or intangible asset to its carrying amount. Any future goodwill or other intangible asset impairment, if any, would be recorded in operating income and could have a material adverse effect on our results of operations and financial condition.

We may not be able to fully realize the expected benefits from the acquisition of certain products and/or companies.

Our recent acquisition of certain products and a company subjects us to additional operational and financial risks, including the following:

- additional costs that we may need to incur in order to return the products to the market and to comply with regulatory requirements;
- difficulties in coordinating research and development activities;
- uncertainties in the business relationships with our customers and suppliers; and
- lack of previous experiences in manufacturing, commercializing, and distributing products in therapeutic areas outside of the topical generic pharmaceutical market and in markets outside of the United States.

Our approved products may not achieve commercialization at levels of market acceptance that allow us to achieve profitability, which could have a material adverse effect on our business, financial position and results of operations.

We seek to develop, license or acquire products that we can commercialize at levels of market acceptance that would allow us to recoup the costs of development and commercialization, grow market share, and achieve profitability. Even if we are able to obtain regulatory approvals for certain pharmaceutical products, if we fail to accurately predict demand for such products, our business, financial position, and results of operations could be adversely impacted. Levels of market acceptance for products could be impacted by several factors, including but not limited to:

- the availability of alternative products from our competitors;
- the price of our products relative to that of our competitors;
- the effectiveness of our marketing relative to that of our competitors;
- the timing of our market entry;
- the ability to market our products effectively to the retail level; and
- the acceptance of our products by government and private formularies.

Some of these factors are not within our control and, if any such factor arises, our profitability, business, financial position and results of operations could be materially adversely affected.

Future acquisitions and investments could disrupt our business and harm our financial condition and operating results.

Our growth will depend, in part, on our continued ability to develop, commercialize and expand our drug products, including in response to changing regulatory and competitive pressures. In some circumstances, we accelerate our growth through the acquisition of complementary products and technologies rather than through internal development. The identification of suitable products to be acquired can be difficult, time-consuming and costly, and we may not be able to successfully complete or successfully execute strategies for identified acquisitions. The risks faced in connection with acquisitions include:

- diversion of management time and focus from operating our business to addressing acquisition and/or product integration challenges;
- coordination of research and development and sales and marketing functions;
- retention of key employees from the acquired company;

- integration of the acquired company's accounting, management information, human resources and other administrative systems;
- the need to implement or improve controls, procedures, and policies at a business that prior to the acquisition may have lacked effective controls, procedures and policies;
- liability for activities of the acquired company and/or products before the acquisition, including patent infringement claims, violations of laws, commercial disputes, tax liabilities and other known and unknown liabilities;
- unanticipated write-offs or charges; and
- litigation or other claims in connection with the acquired company or product, including claims from product users, former stockholders or other third parties.

In any acquisition that we may undertake, our failure to address these risks or other problems encountered in connection with any acquisitions and investments could cause us to fail to realize the anticipated benefits of these acquisitions or investments, cause us to incur unanticipated liabilities, and harm our business generally.

We may become involved in legal proceedings from time to time which may result in losses, damage to our business and reputation and place a strain on our internal resources.

In the ordinary course of our business, we may be involved in legal proceedings with both private parties and certain government agencies, including the FDA. Enforcement actions and litigation may result in verdicts against us, which may include significant monetary awards, judgments that certain of our intellectual property rights are invalid or unenforceable and injunctions preventing the manufacture, marketing and sale of our products. If disputes are resolved unfavorably, our business, financial condition and results of operations may be adversely affected.

Any government enforcement action or litigation, whether or not successful, may damage our reputation. Furthermore, we are likely to incur substantial expense in defending these actions and lawsuits, and the time demands of such enforcement actions and lawsuits could divert management's attention from ongoing business concerns and interfere with our normal operations.

In the normal course of business, we periodically enter into employment agreements, legal settlements, and other agreements which incorporate indemnification provisions. We maintain insurance coverage which we believe will effectively mitigate our obligations under these indemnification provisions. However, should our obligation under an indemnification provision exceed our coverage or should coverage be denied, it could have a material adverse effect on our business, financial position and results of operations.

Our business and operations would suffer in the event of system failures.

Despite the implementation of security measures, our internal computer systems are vulnerable to damage from computer viruses, unauthorized access, natural disasters, terrorism, war and telecommunication and electrical failures. Any system failure, accident or security breach that causes interruptions in our operations could result in a material disruption of our product development programs. To the extent that any disruption or security breach results in a loss or damage to our data or applications, or inappropriate disclosure of confidential or proprietary information, we may incur liability and the further development of our product candidates may be delayed.

In addition, we rely on complex information technology systems, including Internet-based systems, to support our supply chain processes as well as internal and external communications. The size and complexity of our systems make them potentially vulnerable to breakdown or interruption, whether due to computer viruses or other causes that may result in the loss of key information or the impairment of production and other supply chain processes. Such disruptions and breaches of security could adversely affect our business.

Compliance with ongoing post-marketing obligations for our approved ANDAs, NDAs, NDSs, and ANDSs may uncover new safety information that could give rise to a product recall, updated warnings, or other regulatory actions that could have an adverse impact on our business.

After the FDA or Health Canada approves a drug for marketing under an NDA, ANDA, NDS, or ANDS, the product's sponsor must comply with several post-marketing obligations that continue until the product is discontinued. These post-marketing obligations include the prompt reporting of serious adverse events to the appropriate regulatory agency or agencies, the

submission of product-specific annual reports that include changes in the distribution, manufacturing, and labeling information, and notification when a drug product is found to have significant deviations from its approved manufacturing specifications (among others). Our ongoing compliance with these types of mandatory reporting requirements could result in additional requests for information from the FDA or Health Canada and, depending on the scope of a potential product issue that the FDA or Health Canada may decide to pursue, potentially also result in a request from the agency to conduct a product recall or to strengthen warnings and/or revise other label information about the product. Any of these post-marketing regulatory actions could materially affect our sales and, therefore, they have the potential to adversely affect our business, financial condition, results of operations and cash flows.

Economic conditions could severely impact us.

Current economic conditions may cause a decline in business and consumer spending which could adversely affect our business and financial performance. Our operating results are impacted by the health of the North American economies. Our business and financial performance, including collection of our accounts receivable, realization of inventory, recoverability of assets including investments, may be adversely affected by current and future economic conditions, such as a reduction in the availability of credit, financial market volatility and recession. The recent COVID-19 pandemic may negatively impact North American economies, introduce extreme market volatility and potentially trigger a global recession.

Adverse conditions in the economy and disruption of financial markets could negatively impact our customers and therefore our results of operations.

An economic downturn in the businesses or geographic areas in which we sell our products could reduce demand for these products and result in a decrease in sales volume that could have a negative impact on our results of operations. Volatility and disruption of financial markets could limit our customers' ability to obtain adequate financing or credit to purchase and pay for our products in a timely manner, or to maintain operations, and result in a decrease in sales volume that could have a negative impact on our results of operations. Additionally, economic conditions and market turbulence may also impact our suppliers causing them to be unable to supply in a timely manner sufficient quantities of product components, thereby impairing our ability to manufacture on schedule and at commercially reasonable costs.

If the U.S. economy rapidly contracts or expands, we may have difficulty quickly scaling our operations in response, which may negatively impact our business and financial position. The recent COVID-19 coronavirus has negatively impacted the financial markets and may create additional risk for our customers and their ability to pay for our products.

If we are unable to hire additional qualified personnel, our ability to grow or maintain our business may be harmed.

We will need to hire or retain qualified personnel with expertise in nonclinical testing, government regulation, formulation and manufacturing, sales and marketing and finance. We compete for qualified individuals with numerous pharmaceutical and consumer products companies, universities and other research institutions. Competition for such individuals is intense, and we cannot be certain that our search for such personnel will be successful. Attracting and retaining qualified personnel will be critical to our success. The recent COVID-19 pandemic may cause additional retention and recruitment challenges for the Company.

We have identified material weaknesses in our internal control over financial reporting, and if we are unable to satisfy regulatory requirements relating to internal controls, our stock price could suffer.

Section 404 of the Sarbanes-Oxley Act of 2002 requires companies to conduct a comprehensive evaluation of the effectiveness of their internal control over financial reporting. At the end of each fiscal year, we must perform an evaluation of our internal control over financial reporting, include in our annual report the results of the evaluation. We have identified material weaknesses in our internal control over financial reporting, and if additional material weaknesses are found in our internal controls in the future, or if we fail to remediate our existing material weaknesses, we could fail to meet our regulatory reporting requirements and be subject to regulatory scrutiny and a loss of public confidence in our internal controls, which could have an adverse effect on our stock price.

We have identified material weaknesses in our internal control over financial reporting, which could continue to impact negatively our ability to report our results of operations and financial condition accurately and in a timely manner.

As required by Section 404 of the Sarbanes-Oxley Act of 2002, management has conducted an evaluation of the effectiveness of our internal control over financial reporting at December 31, 2019. We identified a number of material weaknesses in our internal control over financial reporting and concluded that, as of December 31, 2019, we did not maintain effective control over financial reporting based on criteria established in Internal Control-Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission. For a detailed description of these material weaknesses, see Item 9A, "Controls and

Procedures." Each of our material weaknesses results in more than a remote likelihood that a material misstatement of the annual or interim financial statements that we prepare will not be prevented or detected. As a result, we must perform extensive additional work to obtain reasonable assurance regarding the reliability of our financial statements. In addition, on March 15, 2018, we filed an amendment to our Quarterly Report on Form 10-Q for the quarter ended September 30, 2017 and on December 12, 2018, we filed an amendment to our Quarterly Report on Form 10-Q for the quarter ended June 30, 2018, in each case in order to revise and restate certain items disclosed in such reports. Moreover, other material weaknesses may be identified.

We are in the process of remedying all of the identified material weaknesses, and this work will continue during fiscal 2020 and beyond. For a detailed description of our remedial efforts, see Item 9A, "Controls and Procedures." There can be no assurance as to when all of the material weaknesses will be remedied. Until our remedial efforts are completed, management will continue to devote significant time and attention to these efforts, and we will continue to incur expenses associated with the additional procedures and resources required to prepare our Consolidated Financial Statements. Certain of our remedial actions, such as hiring additional qualified personnel to implement our reconciliation and review procedures, will be ongoing and will result in our incurring additional costs even after our material weaknesses are remedied.

If we are unsuccessful in implementing or following our remediation plan, or fail to update our internal control over financial reporting as our business evolves or to integrate acquired businesses into our controls system, or if additional material weaknesses are found in our internal controls in the future, we may not be able to timely or accurately report our financial condition, results of operations or cash flows or to maintain effective disclosure controls and procedures. If we are unable to report financial information in a timely and accurate manner or to maintain effective disclosure controls and procedures, we could be subject to, among other things, regulatory or enforcement actions by the SEC, an inability for us to be accepted for listing on any national securities exchange in the near future, securities litigation and a general loss of investor confidence, any one of which could adversely affect our business prospects and the market value of our Common Stock. Further, there are inherent limitations to the effectiveness of any system of controls and procedures, including the possibility of human error and the circumvention or overriding of the controls and procedures. We could face additional litigation exposure and a greater likelihood of an SEC enforcement or other regulatory action if further restatements were to occur or other accounting-related problems emerge. In addition, any future restatements or other accounting-related problems may adversely affect our financial condition, results of operations and cash flows.

Currency fluctuations and changes in exchange rates could adversely affect our business, financial condition, results of operations, cash flows, and/or common stock price.

Although we report our financial results in U.S. Dollars, a portion of our revenues and other liabilities and our costs are denominated in non-U.S. currencies, including the Euro and Canadian Dollar. Our results of operations and, in some cases, cash flows, have in the past been and may in the future be adversely affected by certain movements in currency exchange rates. The occurrence of any of the above risks could cause a material adverse effect on our business, financial condition, results of operations, cash flows, and/or share price. The recent COVID-19 pandemic could potentially create incremental foreign currency volatility and increase our risks.

The Company is exposed to market risk from fluctuations in currency exchange rates.

The Company operates in multiple jurisdictions denominated in currencies of the local jurisdiction. Additionally, the Company may enter into acquisition, licensing, borrowing or other financial transactions that may give rise to currency exposure. Since the Company cannot, with certainty, foresee and mitigate against such adverse fluctuations, fluctuations in currency exchange rates could negatively affect the Company's results of operations, financial position and cash flows.

Our ability to use our net operating loss carry forwards and certain other tax attributes may be limited.

As of December 31, 2019, we had federal net operating loss carry forwards, or NOLs, of approximately \$48.5 million which expire from 2020 through 2037. Federal operating losses arising during and after 2018 are not subject to expiration; however, their usage is limited to 80% of taxable income during the year of use. Our ability to utilize our NOLs may be limited under Section 382 of the Internal Revenue Code. The limitations apply if an ownership change, as defined by Section 382, occurs. Generally, an ownership change occurs when certain shareholders increase their aggregate ownership by more than 50 percentage points over their lowest ownership percentage in a testing period (typically three years). Our ability to use net operating loss carry forwards is subject to substantial limitation in future periods under certain provisions of Section 382 of the Internal Revenue Code, which limit the utilization of net operating losses upon a more than 50% change in ownership of our stock that is held by 5% or greater stockholders. We examined the application of Section 382 with respect to an ownership change that took place during 2010, as well as the limitation on the application of net operating loss carry forwards. We believe that operating losses subsequent to the change date in 2010 (aggregating \$26.5 million) are not subject to Section 382 limitations. We have estimated

that the annual limitation starting in 2010 aggregates from \$1.0 million to \$2.3 million per year including the effect of amortization of built in gains.

We are subject to the provisions of ASC 740-10-25, Income Taxes (ASC 740). ASC 740 prescribes a more likely-than-not threshold for the financial statement recognition of uncertain tax positions. ASC 740 clarifies the accounting for income taxes by prescribing a minimum recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. On a quarterly basis, we undergo a process to evaluate whether income tax accruals are in accordance with ASC 740 guidance on uncertain tax positions. For federal purposes, (except for the years 2014 and 2015, which have been examined by the Internal Revenue Services), post 1998 tax years remain open to examination as a result of net operating loss carryforwards. We are currently open to audit by the appropriate state income taxing authorities for tax years 2014 through 2018.

The 2017 comprehensive federal tax reform bill could adversely affect our business and financial condition.

On December 22, 2017, President Trump signed into law the “United States Tax Cuts and Jobs Act,” or U.S. TCJA, significantly revising the Internal Revenue Code of 1986, as amended, or the Code. The U.S. TCJA, among other things, includes changes to U.S. federal tax rates, imposes significant additional limitations on the deductibility of interest and net operating loss carryforwards, allows for the expensing of capital expenditures, and puts into effect the migration from a “worldwide” system of taxation to a territorial system. Our net deferred tax assets and liabilities have been revalued at the newly enacted U.S. corporate rate, and the impact was recognized in our tax expense in the year of enactment. We continue to examine the impact this tax reform legislation may have on our business. We urge investors to consult with their legal and tax advisers regarding the implications of the U.S. TCJA on an investment in our common stock.

We are currently involved in antitrust litigation related to our pricing practices, which is also part of a larger investigation by the attorneys general of forty-five states into alleged generic drug price fixing schemes and asserting claims under federal antitrust law (specifically, section 1 of the Sherman Act).

Thirteen putative class actions have been filed against us and have been consolidated in Multidistrict Litigation in the Eastern District of Pennsylvania regarding the pricing of generic pharmaceuticals, including our antifungal skin cream Econazole Nitrate 1% product. In addition, “Opt-out” antitrust lawsuits have been filed against us by various plaintiffs and all but one has been consolidated into the Multidistrict Litigation. Each of the opt-out complaints names up to forty-seven defendants (including us) and involves allegations regarding the pricing of econazole along with up to 180 other drug products, most of which were not manufactured or sold by us during the period at issue. While we intend to vigorously defend our position in connection with these lawsuits, the outcome of the litigation could result in serious fines being levied on us, along with harm to our reputation. Any negative outcome from this or any other investigation related to our pricing could have a material adverse effect on our business, financial condition and results of operations.

We may be subject to, or may in the future become subject to, U.S. federal and state, and foreign laws and regulations imposing obligations on how we collect, use, disclose, store and process personal information. Our actual or perceived failure to comply with such obligations could result in liability or reputational harm and could harm our business. Ensuring compliance with such laws could also impair our efforts to maintain and expand our customer base, and thereby decrease our revenue.

In many activities, including the conduct of clinical trials, we are subject to laws and regulations governing data privacy and the protection of health-related and other personal information. These laws and regulations govern our processing of personal data, including the collection, access, use, analysis, modification, storage, transfer, security breach notification, destruction and disposal of personal data. We must comply with laws and regulations associated with the international transfer of personal data based on the location in which the personal data originates and the location in which it is processed. In May 2016, the EU Parliament adopted the comprehensive General Data Privacy Regulation, or the GDPR to, among other things, impose more stringent data protection requirements for processors and controllers of personal data and provide for greater penalties and fines for noncompliance, including fines in amounts up to €20 million or 4% of total worldwide annual turnover, whichever is higher. The GDPR became fully effective in May 2018. In addition, in 2018, California adopted a new privacy law that went into effect on January 1, 2020, which borrows heavily from the GDPR. Complying with the enhanced obligations imposed by the GDPR and other applicable international and US privacy laws and regulations may result in significant costs to our business and require us to amend certain of our business practices. Further, enforcement actions and investigations by regulatory authorities related to data security incidents and privacy violations continue to increase. The future enactment of more restrictive laws, rules or regulations and/or future enforcement actions or investigations could have a materially adverse impact on us through increased costs or restrictions on our businesses, and noncompliance could result in regulatory penalties and significant legal liability.

Risks Related to Our Common Stock

Shares of our common stock can be relatively illiquid which may affect the trading price of our common stock.

For the year ended December 31, 2019, the average daily trading volume of our common stock on the Nasdaq Global Select Market was 411,037 shares. As a result of our relatively small public float, our common stock may be less liquid than the stock of companies with broader public ownership. Among other things, trading of a relatively small volume of our common stock may have a greater impact on the trading price for our shares than would be the case if our public float were larger. The recent COVID-19 pandemic may cause increased risk to our common stock's liquidity and trading price.

We have not paid dividends to our common stockholders in the past nor do we expect to pay dividends in the foreseeable future, and any return on investment may be limited to potential future appreciation on the value of our common stock.

We currently intend to retain any future earnings to support the development and expansion of our business and do not anticipate paying cash dividends in the foreseeable future. Our payment of any future dividends will be at the discretion of our Board of Directors after taking into account various factors, including without limitation, our financial condition, operating results, cash needs, growth plans and the terms of any credit agreements that we may be a party to at the time. To the extent we do not pay dividends, our stock may be less valuable because a return on investment will only occur if and to the extent our stock price appreciates, which may never occur. In addition, investors must rely on sales of their common stock after price appreciation as the only way to realize their investment, and if the price of our stock does not appreciate, then there will be no return on investment. Investors seeking cash dividends should not purchase our common stock.

If we fail to comply with the reporting obligations of the Exchange Act and Section 404 of the Sarbanes-Oxley Act of 2002, or if we fail to achieve and maintain adequate disclosure controls and procedures and internal control over financial reporting, our business results of operations and financial condition, and investors' confidence in us, could be materially adversely affected.

As a public company, we are required to comply with the periodic reporting obligations of the Exchange Act including preparing annual reports, quarterly reports and current reports. We did not timely file our Quarterly Report on Form 10-Q for the quarter ended September 30, 2018, which quarterly report was filed on December 12, 2018. Our failure to prepare and disclose this information in a timely manner could subject us to penalties under federal securities laws, expose us to lawsuits and restrict our ability to access financing. In addition, we are required under applicable law and regulations to integrate our systems of disclosure controls and procedures and internal control over financial reporting. Our management assessed our existing disclosure controls and procedures as of December 31, 2019, and our management concluded that our disclosure controls and procedures were not effective as of December 31, 2019, solely because of the material weaknesses in our internal control over financial reporting described herein in Item 9A(ii).

If we fail to achieve and maintain the adequacy of our disclosure controls and procedures and internal control over financial reporting, we may not be able to ensure that we can conclude that we have effective disclosure controls and procedures and internal control over financial reporting in accordance with the Sarbanes-Oxley Act of 2002. Moreover, effective disclosure controls and procedures and internal control over financial reporting are necessary for us to produce reliable financial reports and are important to help prevent fraud. As a result, our failure to satisfy the requirements of Section 404 of the Sarbanes-Oxley Act of 2002 on a timely basis could result in the loss of investor confidence in the reliability of our financial statements, which in turn could harm our business and negatively impact the trading price of our common stock.

Our principal stockholders, directors and executive officers own a significant percentage of our stock and will be able to exercise significant influence over our affairs.

Our current principal stockholders, directors and executive officers own in the aggregate a significant portion of the voting power of our capital stock. As a result, these stockholders, if acting together, would be able to influence or control matters requiring approval by our stockholders, including the election of directors and the approval of mergers, acquisitions or other extraordinary transactions. They may also have interests that differ from yours and may vote in a way with which you disagree and which may be adverse to your interests. This concentration of ownership may have the effect of delaying, preventing or deterring a change of control of our company, could deprive our stockholders of an opportunity to receive a premium for their common stock as part of a sale of our company and might ultimately affect the market price of our common stock.

Due to the concentration of common stock owned by significant stockholders, the sale of such stock might adversely affect the price of our common stock.

Our largest stockholders own shares of common stock that have been registered for resale under the Securities Act. The sale of such stock, depending on the interplay of numerous factors, including, without limitation, the method and timing of the sales, could substantially depress the value of our common stock. If such stockholders sold a significant amount of stock it could have an adverse effect on the price of the stock.

Our stock price is, and we expect it to remain, volatile and subject to wide fluctuations, which may make it difficult for stockholders to sell shares of common stock at or above the price for which they were acquired.

Our stock price is, and we expect it to remain, volatile, which could limit investors' ability to sell stock at a profit. During the last two fiscal years, our stock price has closed at a low of \$0.40 in the fourth quarter of 2019 and a high of \$4.46 in the third quarter of 2018. The volatile price of our stock makes it difficult for investors to predict the value of their investment, to sell shares at a profit at any given time, or to plan purchases and sales in advance. A variety of factors may affect the market price of our common stock. These include, but are not limited to:

- publicity regarding actual or potential clinical results relating to products under development by our competitors or us;
- delay or failure in initiating, completing or analyzing nonclinical or clinical trials or the unsatisfactory design or results of these trials;
- achievement or rejection of regulatory approvals by our competitors or us;
- announcements of technological innovations or new commercial products by our competitors or us;
- developments concerning proprietary rights, including patents;
- developments concerning our collaborations;
- regulatory developments in the U.S. and foreign countries;
- economic or other crises in the markets in which we compete, and other external factors;
- stock market price and volume fluctuations of other publicly traded companies and, in particular, those that are in the cosmetic, pharmaceutical and consumer products industry;
- actual or anticipated sales of our common stock, including sales by our directors, officers or significant stockholders;
- period-to-period fluctuations in our revenues and other results of operations;
- speculation about our business in the press or the investment community; and
- global events such as natural disasters, pandemics or acts of terrorism.

In the past, securities class action litigation has often been instituted against companies following periods of volatility in their stock price. This type of litigation, even if it does not result in liability for us, could result in substantial costs to us and divert management's attention and resources.

Risks Related to our Notes and Senior Credit Facilities

We may not have the ability to raise the funds necessary to settle conversions of the Notes, purchase the Notes as required pursuant to the terms of the indentures governing the Notes or pay the redemption price for any Notes we redeem, and our future debt may contain limitations on our ability to pay cash upon conversion or repurchase of the Notes.

On December 16, 2014, we completed the sale of \$125 million aggregate principal amount of 3.75% Convertible Senior Notes due 2019 (the "2019 Notes") to Deutsche Bank Securities Inc. and J.P. Morgan Securities LLC as the initial purchasers and on December 22, 2014, we issued to the initial purchasers an additional \$18.75 million aggregate principal amount of the Notes. On May 1, 2018, we entered into separate, privately negotiated exchange agreements with certain holders of the Notes to exchange

an aggregate principal amount of approximately \$75 million of the 2019 Notes in exchange for an equal amount of our 4.75% Convertible Senior Notes due May 1, 2023 (the “2023 Notes”). On October 31, 2019, the Company closed its offering of the 2023 Series B Notes in the aggregate principal amount of \$34.4 million due May 1, 2023 (“2023 Series B Notes” and together with the 2023 Notes, the “Notes”). As part of the offering, the Company entered into agreements with certain holders of its existing 2023 Notes to exchange \$9.0 million of the 2023 Notes for \$5.1 million of the 2023 Series B Notes. The gross cash proceeds of approximately \$29.3 million from the financing were used to extinguish the Company’s existing 2019 Notes in December 2019 and intended to pay amounts owing with respect to other indebtedness and to fund general corporate and working capital requirements. Pursuant to the terms of the indentures governing the Notes, following certain events, holders of the Notes will have the right to require us to purchase their Notes for cash. Such event may also constitute an event of default or prepayment under, and result in the acceleration of the maturity of, our then-existing indebtedness. We cannot assure you that we will have sufficient financial resources, or will be able to arrange financing, to pay the purchase price in cash with respect to any Notes surrendered by holders for purchase at that time, make cash payments upon conversions or pay the redemption price for any Notes we redeem. In addition, restrictions in our then existing credit facilities or other indebtedness, if any, may not allow us to purchase the Notes (even if required pursuant to the terms of the indentures), make cash payments upon conversions of the Notes or pay the redemption price for any Notes we redeem would result in an event of default with respect to the Notes which could, in turn, constitute a default under the terms of our other indebtedness, if any. If the repayment of the related indebtedness were to be accelerated after any applicable notice or grace periods, we may not have sufficient funds to repay the indebtedness and purchase the Notes, make cash payments upon conversions thereof or pay the redemption price for any Notes we redeem. The recent COVID-19 pandemic may create incremental challenges in securing the funds required to pay our Notes.

Our substantial indebtedness could materially adversely affect our business, financial condition or results of operations and prevent us from fulfilling our obligations under the Notes.

As of December 31, 2019, our total consolidated indebtedness was \$214.0 million. Our substantial level of indebtedness coupled with our net loss increases the possibility that we may be unable to generate cash sufficient to pay, when due, the principal of, interest on, or other amounts due in respect of our indebtedness. The recent COVID-19 pandemic may add to our indebtedness. Our substantial indebtedness, combined with our other financial obligations and contractual commitments, may have a material adverse impact on us. For example, it could

- make it difficult for us to satisfy our obligations with respect to our outstanding and other future debt obligations;
- increase our vulnerability to general adverse economic conditions or a downturn in the industries in which we operate;
- impair our ability to obtain additional financing in the future for working capital, investments, acquisitions and other general corporate purposes;
- require us to dedicate a substantial portion of our cash flows to the payment to our financing sources, thereby reducing the availability of our cash flows to fund working capital, investments, acquisitions and other general corporate purposes; and
- place us at a disadvantage compared to our competitors.

Servicing our debt requires a significant amount of cash, and we may not have sufficient cash flow from our business to pay our debt.

Our ability to make payments of the principal of, to pay interest on, to pay any cash due upon conversion of or to refinance our indebtedness, including the Notes and Senior Credit Facilities, depends on our future performance, which is subject to economic, financial, competitive and other factors beyond our control, which is increased as a result of the recent COVID-19 pandemic. Our business may not continue to generate cash flow from operations in the future sufficient to service our debt and make necessary capital expenditures. If we are unable to generate such cash flow, we may be required to adopt one or more alternatives, such as selling assets, restructuring debt or obtaining additional equity capital on terms that may be onerous or highly dilutive. Our ability to refinance our indebtedness will depend on the capital markets and our financial condition at such time. We may not be able to engage in any of these activities or engage in these activities on desirable terms, which could result in a default on our debt obligations.

To the extent we issue shares of our common stock to satisfy all or a portion of our conversion obligation, conversions of the Notes will dilute the ownership interest of our existing stockholders, including holders who had previously converted their Notes.

The holders of our Notes can require us, under certain circumstances, to convert their Notes into shares of our common stock. We have the option to satisfy this conversion obligation with cash, shares of our common stock or a combination of cash and

shares of our common stock at our election. To the extent we issue shares of our common stock to satisfy all or a portion of our conversion obligation, the conversion of some or all of the Notes will dilute the ownership interests of our existing stockholders. Any sales in the public market of our common stock issuable upon such conversion could adversely affect prevailing market prices of our common stock. In addition, the existence of the Notes may encourage short selling by market participants because the conversion of the Notes could depress the price of our common stock.

Restrictive covenants in our Senior Credit Facilities may interfere with our ability to obtain additional advances under existing credit facilities or to obtain new financing or to engage in other business activities.

Our Senior Credit Facilities contain certain affirmative, negative, and financial covenants, including cross-defaults on other material indebtedness, as well as events of default triggered by a change of control and certain actions initiated by the FDA.

These restrictions may interfere with our ability to obtain additional advances under our credit facilities or to obtain restrictions may interfere with our ability to obtain additional advances under existing credit facilities or to obtain new financing or to engage in other business activities, which may inhibit our ability to grow our business and increase revenue.

Our ability to satisfy our obligations pursuant to our Senior Credit Facilities depends on our future operating performance and on economic, financial, competitive, and other factors beyond our control.

On December 13, 2018, we entered into: (i) a First Lien Revolving Credit Agreement, by and among us, as the borrower, certain of our subsidiaries, as guarantors, the lenders from time to time party thereto, and ACF Finco I LP, as administrative agent (the "First Lien Agent") (as amended on October 31, 2019, the "First Lien Credit Agreement") and (ii) a Second Lien Credit Agreement, by and among us, as the borrower, certain of our subsidiaries, as guarantors, the lenders from time to time party thereto, and Ares Capital Corporation, as administrative agent (the "Second Lien Agent") (as amended on February 8, 2019, June 29, 2019 and October 31, 2019, the "Second Lien Credit Agreement" and, together with the First Credit Agreement, the "Senior Credit Facilities"). The Senior Credit Facilities consist of a first lien asset based revolving credit facility of up to \$25.0 million ("Revolver") and an aggregate of \$80.0 million in original principal amount of second lien term loans consisting of a \$50.0 million initial term loan and a \$30.0 million delayed draw term loan A (collectively, the "Term Loans"). The Senior Credit Facilities also included a \$15.0 million delayed draw term loan b commitment, which remained undrawn and expired on October 31, 2019. As of December 31, 2019, \$25.0 million was drawn under the Revolver and \$88.5 million of Term Loans were outstanding. As of December 31, 2019, the Revolver was fully drawn. The Revolver bears interest at a fluctuating rate of interest equal to one, two, three or six-month LIBOR plus a margin of 3.75% or a rate based on the prime rate plus a margin of 2.75%. The Revolver matures on the earliest to occur of the June 23, 2024 and the date of that is 91 days prior to the maturity date of each of (x) the 2023 Notes and (y) the 2023 Series B Notes. The Term Loans bear interest at a fluctuating rate of interest equal to one, two, three or six-month LIBOR plus a margin of 8.75% or a rate based on the prime rate plus a margin of 7.75%. The Term Loans mature on the earliest to occur of the June 23, 2024 and the date of that is 181 days prior to the maturity date of each of (x) the 2023 Notes and (y) the 2023 Series B Notes. Interest on the Senior Credit Facilities is payable in cash quarterly in arrears (or more frequently in connection with customary LIBOR interest provisions), provided, that the Company may elect (and has covenanted to the lenders under its First Lien Credit Agreement to) pay interest on the Term Loans in kind until the earlier to occur of the date upon which Company has provided financial statements demonstrating twelve-months of revenue of at least \$125,000,000 and (ii) December 28, 2020. As the interest rates applicable to the Senior Facilities are fluctuating, we do have market risk related thereto.

We may not generate sufficient cash flow from operations to cover required interest and principal payments, which could result in an event of default and acceleration of our obligations under these agreements, which may require us to seek additional financing or restructure existing debt on unfavorable terms. In addition, adverse changes in credit markets could increase our cost of borrowing and make it more difficult for us to obtain financing. The recent COVID-19 pandemic may negatively impact our ability to make scheduled payments or satisfy other obligations pursuant to our Senior Credit Facility.

We will continue to have the ability to incur debt; if we incur substantial additional debt, these higher levels of debt may affect our ability to pay the principal of and interest on the Notes and the Senior Credit Facilities.

We and our subsidiaries may be able to incur substantial additional debt in the future, subject to the restrictions contained in our debt instruments, some of which may be secured debt. The indentures governing the 2023 Notes do not restrict our ability to incur additional indebtedness or require us to maintain financial ratios or specified levels of net worth or liquidity. Thereafter, we and the subsidiary guarantors of the 2023 Series B Notes will continue to be restricted from incurring indebtedness, with exceptions and baskets as further set forth in the indenture governing the 2023 Series B Notes. All restrictions on the incurrence of indebtedness by us and the subsidiary guarantors in the indenture governing the 2023 Series B Notes will terminate on the first date on which the aggregate outstanding principal balance of the notes is equal to or less than 10% of the original principal balance of the 2023 Series B Notes. If we incur substantial additional indebtedness in the future, these higher levels of indebtedness may

affect our ability to pay the principal of and interest on the Notes, or any fundamental change purchase price or any cash due upon conversion, to pay the principal of and interest on our Senior Credit Facilities, and our creditworthiness generally.

Item 1B. UNRESOLVED STAFF COMMENTS

None.

Item 2. PROPERTIES

The Company's executive administrative offices are located in Buena, New Jersey, in two facilities now totaling approximately 110,000 square feet with the expansion of the facility completed in the fourth quarter of 2018 is built on 8.44 acres of land in 1995, which we own. In 2017 we acquired an additional 3.0 acres of adjacent land in support of our facility expansion. We now own a total of 11.44 acres at our Buena facility. One of those facilities is used for production, product development, marketing and warehousing for our own generic prescription pharmaceutical products and pharmaceutical, cosmeceutical and cosmetic products. In July 2016, the Company completed the first phase of the facility expansion in the Buena, New Jersey location. The facility now houses our new product development laboratory for work on topical and sterile pharmaceuticals. The other facility is currently being expanded to increase our manufacturing capacity for topical products, and will also enable the production of sterile injectable products in both vial and ampule presentations. We lease additional square feet of warehouse space as needed in Vineland, New Jersey, lease approximately 9,500 square feet of corporate office space in Iselin, New Jersey, and lease approximately 4,000 square feet of office space in Mississauga, Canada. The Company also leases approximately 3,000 square feet of office and laboratory space in Tallinn, Estonia.

Item 3. LEGAL PROCEEDINGS

To date, thirteen putative class action antitrust lawsuits have been filed against the Company along with co-defendants, including Taro Pharmaceuticals U.S.A., Inc. and Perrigo New York Inc., regarding the pricing of generic pharmaceuticals, including econazole nitrate. The class plaintiffs seek to represent nationwide or state classes consisting of persons who directly purchased, indirectly purchased, paid and/or reimbursed patients for the purchase of generic pharmaceuticals from as early as July 1, 2009 until the time the defendants' allegedly unlawful conduct ceased or will cease. The class plaintiffs seek treble damages for alleged overcharges during the alleged period of conspiracy, and certain of the class plaintiffs also seek injunctive relief against the defendants. The actions have been consolidated by the Judicial Panel on Multidistrict Litigation to the Eastern District of Pennsylvania for pre-trial proceedings as part of the In re Generic Pharmaceuticals Pricing Antitrust Litigation matter. On October 16, 2018 the court dismissed the class plaintiffs' claims against the Company with leave to replead. On December 21, 2018 the class plaintiffs filed amended complaints, which the Company moved to dismiss on February 21, 2019. This motion remains pending. On December 19, 2019 certain class plaintiffs filed a further complaint that included additional claims against the Company based on the Company's sales of fluocinolone acetonide. A motion to dismiss this complaint has not yet been filed.

"Opt-out" antitrust lawsuits have additionally been filed against the Company by various plaintiffs, including Humana Inc.; The Kroger Co. et al.; United HealthCare Services, Inc.; Molina Healthcare, Inc.; MSP Recovery Claims, Series LLC; Health Care Service Corp.; and Harris County, Texas. All but one of these complaints have been consolidated into the In re Generic Pharmaceuticals Pricing Antitrust Litigation matter by the Judicial Panel on Multidistrict Litigation. Each of the opt-out complaints names up to forty-seven defendants (including the Company) and involves allegations regarding the pricing of econazole along with up to 180 other drug products, most of which were not manufactured or sold by the Company during the period at issue. The opt-out plaintiffs seek treble damages for alleged overcharges for the drug products identified in the complaint during the alleged period of conspiracy, and some also seek injunctive relief. A motion to dismiss the Humana Inc. and The Kroger Co., et al. opt-out complaints was filed on February 21, 2019. A motion to dismiss the remaining opt-out complaints has not yet been filed.

Due to the early stage of these cases, we are unable to form a judgment at this time as to whether an unfavorable outcome is either probable or remote or to provide an estimate of the amount or range of potential loss. We believe these cases are without merit, and we intend to vigorously defend against these claims.

On October 20, 2017, a Demand for Arbitration was filed with the American Arbitration Association by Stayma Consulting Services, Inc. ("Stayma") against the Company regarding the Company's development and manufacture for Stayma of two generic drug products, one a lotion and one a cream, containing 0.05% of the active pharmaceutical ingredient flurandrenolide. The Company developed the two products and Stayma purchased commercial quantities of each; however, Stayma alleges that the Company breached agreements between the parties by developing an additional and different generic drug product, an ointment, containing flurandrenolide, and failing to meet certain contractual requirements. Stayma seeks monetary damages. The arbitrator has issued an interim award finding that the Company is not liable to Stayma on two of Stayma's three claims against the Company. The third claim will proceed to a damages phase. The Company has argued that Stayma did not suffer any damages

related to this claim and will vigorously pursue complete dismissal of the third claim. In addition, the arbitrator will determine money damages owed by Stayma to the Company relating to Stayma's failure to pay several past due invoices of approximately \$1.7 million.

On December 13, 2018, Valdepharm SA filed a lawsuit alleging that the Company breached contracts regarding two drug products that the Company had sought to have Valdepharm manufacture. On February 12, 2019 the Company answered the complaint and counterclaimed, alleging that Valdepharm breached the contracts by failing to perform its work in compliance with FDA regulations and current Good Manufacturing Practices. Each party seeks damages associated with the alleged breach and related claims. Due to the early stage of the case we are unable to form a judgment at this time as to whether an unfavorable outcome is either probable or remote or to provide an estimate of the amount or range of potential loss. We believe the claims against Teligent are without merit, and we intend to vigorously defend against them.

On April 15, 2019 a federal class action was filed the Oklahoma Police Pension Fund and Retirement System against the Company and certain individual defendants in the U.S. District Court, Southern District of New York. The lawsuit was brought on behalf of persons or entities who purchased or otherwise acquired publicly-traded Teligent, Inc. securities from March 7, 2017 through November 6, 2017. The complaint alleges that defendants made false or misleading statements regarding the Company's business, operational, and compliance policies in violation of U.S. securities laws. The plaintiff seeks to recover compensable damages. Due to the early stage of these cases, we are unable to form a judgment at this time as to whether an unfavorable outcome is either probable or remote or to provide an estimate of the amount or range of potential loss. We believe these cases are without merit, and we intend to vigorously defend against these claims.

Item 4. MINE SAFETY DISCLOSURES

Not applicable.

PART II

Item 5. MARKET FOR REGISTRANT'S COMMON EQUITY, RELATED STOCKHOLDER MATTERS AND ISSUER PURCHASES OF EQUITY SECURITIES

Market Information

We transferred the listing of our common stock from the NYSE MKT to the NASDAQ Global Select Market. Our common stock ceased trading on the NYSE MKT under the symbol "IG" at the close of business on October 23, 2015 and began trading on the Nasdaq Global Select Market under the symbol "TLGT" on October 26, 2015.

Stockholders

As of March 25, 2020, there were approximately 342 stockholders of record of our 53,899,495 outstanding shares of common stock.

Dividends

We have not paid cash dividends to our stockholders since inception and we do not plan to pay cash dividends in the foreseeable future. We currently intend to retain earnings, if any, to finance the growth of the Company.

Equity Compensation Plans

The information required by Item 5 of Form 10-K regarding equity compensation plans is incorporated herein by reference to Item 12 of Part III of this Annual Report.

Unregistered Sales of Securities

None.

Issuer Purchases of Equity Securities

None.

Item 6. SELECTED FINANCIAL DATA

The selected consolidated financial data presented below should be read in conjunction with the Company's consolidated financial statements included in Item 8 and "Management's Discussion and Analysis of Financial Condition and Results of Operations," included in Item 7.

	As of and For the Years Ended December 31,				
	2019	2018	2017	2016	2015
<i>(In thousands, except per share data)</i>					
Revenues	\$ 65,896	\$ 65,865	\$ 60,202	\$ 63,012	\$ 37,940
Gross profit	23,523	22,385	27,372	34,687	21,315
Operating (loss) income	(8,020)	(15,099)	(11,797)	2,542	(3,192)
Interest and other non-operating income (expense)	(21,339)	(21,219)	(3,479)	(14,240)	9,895
Foreign currency exchange (loss) gain	(1,523)	(3,371)	7,719	(936)	109
Loss before income tax expense	(25,033)	(36,318)	(15,276)	(11,698)	6,703
Income tax (benefit) provision	91	(62)	(85)	287	35
Net (loss) income	(25,124)	(36,256)	(15,191)	(11,985)	6,668
Net (loss) income attributable to common stockholders	(25,124)	(36,256)	(15,191)	(11,985)	6,668
Weighted average shares outstanding:					
Basic	53,839	53,593	53,324	53,078	52,873
Diluted	53,839	53,593	53,324	53,078	67,112
PER SHARE:					
Net (loss) income:					
Basic	(0.47)	(0.68)	(0.28)	(0.23)	0.13
Diluted	(0.47)	(0.68)	(0.28)	(0.23)	(0.07)
BALANCE SHEET DATA:					
Current assets	\$ 61,644	\$ 48,386	\$ 59,131	\$ 101,965	\$ 115,542
Property, plant and equipment, net	96,349	91,775	68,355	26,215	8,706
Total assets	206,905	190,892	184,585	181,895	183,503
Current liabilities	16,606	32,612	18,696	13,632	9,509
Long-term obligations, less current installments	195,606	139,859	121,136	111,596	107,235
Stockholders' (deficit)/equity	(5,307)	18,421	44,753	56,667	66,759
CASH FLOW DATA:					
Net cash (used in) provided by operating activities	\$ (18,419)	\$ (13,275)	\$ 398	\$ (447)	\$ (15,459)
Net cash used in investing activities	(8,203)	(25,294)	(40,429)	(20,076)	(53,068)
Net cash provided by (used in) financing activities	30,449	25,333	269	(10)	(3,111)
Net (decrease)/increase in cash, cash equivalents and restricted cash	3,827	(13,236)	(39,762)	(20,533)	(71,638)

Item 7. MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS

Forward-Looking Statements

This "Management's Discussion and Analysis of Financial Condition and Results of Operations" section and other sections of this Annual Report on Form 10-K contain forward-looking statements that are based on current expectations, estimates, forecasts

and projections about the industry and markets in which the Company operates and on management's beliefs and assumptions. In addition, other written or oral statements, which constitute forward-looking statements, may be made by or on behalf of the Company. Words such as "expects," "anticipates," "intends," "plans," "believes," "seeks," "estimates," variations of such words and similar expressions are intended to identify such forward-looking statements. These statements are not guarantees of future performance, and involve certain risks, uncertainties and assumptions, which are difficult to predict. See "Item 1A: Risk Factors" above. Therefore, actual outcomes and results may differ materially from what is expressed or forecasted in such forward-looking statements. The Company undertakes no obligation to update publicly any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law.

Company Overview

Strategic Overview

Teligent, Inc. and its subsidiaries (collectively the "Company") is a specialty generic pharmaceutical company. Our mission is to become a leader in the specialty generic pharmaceutical market. Under our own label, we currently market and sell generic topical and generic and branded generic injectable pharmaceutical products in the United States and Canada. In the United States we currently market 38 generic topical pharmaceutical products and four branded generic pharmaceutical products. In Canada we sell 32 generic and branded generic injectable products and medical devices. Generic pharmaceutical products are bioequivalent to their brand name counterparts. We also provide contract manufacturing services to the pharmaceutical, over-the-counter, ("OTC"), and cosmetic markets. We operate our business under one segment. Our common stock is trading on the Nasdaq Global Select Market under the trading symbol "TLGT." Our principal executive office, laboratories and manufacturing facilities are located at 105 Lincoln Avenue, Buena, New Jersey. We have additional offices located in Iselin, New Jersey, Mississauga, Canada, and Tallinn, Estonia.

Currently, we have two platforms for growth:

- Developing, manufacturing and marketing a portfolio of generic pharmaceutical products under our own or a private label in topical, injectable, complex and ophthalmic dosage forms; and
- Managing our current contract manufacturing and formulation services business.

We have been in the contract manufacturing and development of topical products business since the early 1990s, but our strategy since 2010 has been focused on the growth of our own generic pharmaceutical business. Since 2010, we have focused on transitioning our business to include more customers in the topical pharmaceutical industry. In 2014, we broadened our target product focus from topical pharmaceuticals to include a wider specialty pharmaceutical approach. We believe that expanding our development and commercial base beyond topical generics, to include injectable generics, complex generics and ophthalmic generics (what we call our "TICO strategy"), will leverage our existing expertise and capabilities, and broaden our platform for more diversified strategic growth.

In 2014, we acquired 23 drug products that had been previously approved by the United States Food and Drug Administration, or FDA. Our pipeline includes 18 Abbreviated New Drug Applications ("ANDAs") for additional pharmaceutical products filed with the FDA. We have two abbreviated new drug submissions ("ANDSs") on file with Health Canada. In addition, we have 45 product candidates at various stages of our development pipeline. We expect to continue to expand our presence in the generic pharmaceutical market through the filing of additional ANDAs with the FDA, the filing of applications to Health Canada and the subsequent launch of products as these applications are approved. We will also seek to license or acquire further products, intellectual property, or pending applications to expand our portfolio. On November 13, 2015, we acquired all of the rights, title and interest in the development, production, marketing, import and distribution of all products of Alveda Pharmaceuticals Inc., or Alveda, pursuant to two asset purchase agreements, one relating to the acquisition of all of the intellectual property-related assets of Alveda and the other relating to the acquisition of all other assets of Alveda.

We also develop, manufacture, fill, and package topical semi-solid and liquid products for branded and generic pharmaceutical customers, as well as the OTC and cosmetic markets. These products are used in a wide range of applications from cosmetics and cosmeceuticals to the prescription treatment of conditions like dermatitis, psoriasis, and eczema.

Product and Pipeline Approvals

The following is a summary of significant approvals announced in 2019:

On January 2, 2019, we announced approval of an ANDA for Gentamicin Sulfate Ointment USP, 0.1%. This was our thirty-second approval from our internally developed pipeline of topical generic pharmaceutical medicines. We launched this product in the first quarter of 2019.

On January 24, 2019, we announced approval of an ANDA for Clobetasol Propionate Ointment USP, 0.05%. This was our first approval for 2019, and our thirty-third approval from our internally developed pipeline of topical generic pharmaceutical medicines. We launched this product in the first quarter of 2019.

On March 14, 2019, we announced approval of an ANDA for Desonide ointment, 0.05%. This was our second approval of 2019, and our thirty-fourth approval from our internally developed pipeline of topical generic pharmaceutical medicines. We launched this product in the second quarter of 2019.

On March 19, 2019, we announced approval of an ANDA for Fluocinonide Topical Solution USP, 0.05%. This was our third approval of 2019, and our thirty-fifth approval from our internally developed pipeline of topical generic pharmaceutical medicines. We launched this product in the early third quarter of 2019.

On April 4, 2019, we announced approval of an ANDA for Fluocinonide Cream USP, 0.1%. This was our fourth approval of 2019, and our thirty-sixth approval from our internally developed pipeline of topical generic pharmaceutical medicines. We expect to launch this product in the second half of 2021.

On October 18, 2019, we announced approval of an ANDA for Gentamicin Sulfate Cream USP, 0.1% (gentamicin base). This was our fifth approval of 2019, and our thirty-seventh approval from our internally developed pipeline of topical generic pharmaceutical medicines. We launched this product in the fourth quarter of 2019.

Results of Operations

Fiscal year ended December 31, 2019 compared to fiscal year ended December 31, 2018

We had a net loss of \$25.1 million, or \$0.47 per share, during the year ended December 31, 2019 ("Current Year") compared to net loss of \$36.3 million, or \$0.68 per share, during the year ended December 31, 2018 ("Prior Year"). Product Sales, net, include Company Product Sales and Contract Manufacturing Sales, as follows:

Revenues (in thousands):

Components of Revenue:	Year Ended December 31,		Increase/(Decrease)	
	2019	2018	\$	%
Product sales, net	\$ 64,291	\$ 59,591	\$ 4,700	8 %
Contract manufacturing sales	1,362	6,047	(4,685)	(77)%
Research and development services and other income	243	227	16	7 %
Total Revenues	<u>\$ 65,896</u>	<u>\$ 65,865</u>	<u>\$ 31</u>	<u>— %</u>

Total revenues were \$65.9 million in the Current Year compared to \$65.9 million in the Prior Year.

Research and development services and other income will not be consistent and will vary, from period to period, depending on the required timeline of each development project and/or agreement.

Costs and expenses (in thousands):

	Year Ended December 31,		Increase/(Decrease)	
	2019	2018	\$	%
Cost of revenues	\$ 42,373	\$ 43,480	\$ (1,107)	(3)%
Selling, general and administrative	20,785	23,408	(2,623)	(11)%
Product development and research	10,758	14,076	(3,318)	(24)%
Totals costs and expenditures	\$ 73,916	\$ 80,964	\$ (7,048)	(9)%

Total costs and expenditures decreased 9%, or \$7.0 million to \$73.9 million in the Current Year from \$81.0 million in the Prior Year. Cost of revenues decreased as a percentage of total revenue to 64% in the Current Year as compared to 66% in the Prior Year. Cost of revenues decreased \$1.1 million in the Current Year mainly due to (i) product mix with lower standard costs, (ii) favorable material revaluations in 2019, (iii) less impact of annual physical inventory and (iv) lower direct salaries and related costs inclusive of stock-based compensation related to options and restricted stock offset by increases to indirect salaries as the Company increased quality staffing in 2019 and depreciation due to the opening of portions of the new facility.

Selling, general and administrative expenses in the Current Year decreased by \$2.6 million as compared to the Prior Year. The changes primarily consist of (i) \$1.9 million impairment loss in the Prior Year, (ii) \$0.7 million decrease in salaries and related costs inclusive of stock-based compensation related to options and restricted stock, (iii) \$0.8 million decrease in bad debt expense and (iv) \$0.4 million decrease in other costs partially offset by an increase of \$0.6 million in professional fees including legal fees and audit fees and an increase of \$0.6 million in lease expense.

Product development and research expenses decreased by \$3.3 million as compared to the Prior Year. As we shift focus from our portfolio of topical generic prescription pharmaceutical products to injectable generic pharmaceutical products with the addition of our new facility, we invested less in topical R&D for 2019. This was mainly due to (i) \$0.4 million decrease in clinical studies, (ii) \$1.1 million decrease in salaries and related costs inclusive of stock based compensation related to options and restricted stock, (iii) \$0.8 million decrease in exhibit and pilot batch costs, (iv) \$0.8 million decrease in GDUFA and associated fees and (v) \$0.2 million decrease in contract research.

Other (Expense) Income, net (in thousands):

	Year Ended December 31,		Increase/(Decrease)	
	2019	2018	\$	%
Interest and other expense, net	\$ (21,154)	\$ (12,298)	\$ 8,856	72 %
Foreign exchange loss	\$ (1,523)	\$ (3,371)	(1,848)	55 %
Loss on debt restructuring	\$ (920)	\$ —	920	— %
Debt partial extinguishment of 2019 Notes	\$ (185)	\$ (4,235)	(4,050)	100 %
Change in the fair value of derivative liability	\$ 6,769	\$ —	(6,769)	— %
Debt extinguishment of prior term loan	\$ —	\$ (1,315)	(1,315)	100 %

Interest and other expense, net increased in the Current Year primarily as a result of a decrease in capitalized interest of \$4.6 million from Prior Year pertaining to the Buena Facility and an increase in interest expense of \$4.3 million related to the current debt structure.

Foreign exchange loss of \$1.5 million in the Current Year is related to the foreign currency translation of our intercompany loans denominated in U.S. dollars to our foreign subsidiaries to be repaid in November 2022. Depending on the changes in foreign currency exchange rates, we will continue to record a non-cash gain or loss on translation for the remaining term of these loans.

Debt partial extinguishment on the 2019 Notes was \$0.2 million in the Current Year compared to \$4.2 million in the Prior Year. Debt extinguishment of the Prior Term Loan was zero in the Current Year compared to \$1.3 million in the Prior Year.

The gain on the change in fair value of derivative of the 2023 Series B Notes was \$6.8 million in the Current Year.

Loss on debt restructuring in the Current Year was \$0.9 million.

Net loss attributable to common stockholders (in thousands, except per share numbers):

	Year Ended December 31,		Increase/(Decrease)	
	2019	2018	\$	%
Net loss attributable to common stockholders	\$ (25,124)	\$ (36,256)	\$ (11,132)	31 %
Basic and diluted loss per share	\$ (0.47)	\$ (0.68)	\$ (0.21)	31 %

Net loss for the Current Year was \$25.1 million as compared to net loss of \$36.3 million for the Prior Year. The decrease is primarily due to decrease i) in costs and expenses of \$7.0 million, ii) in foreign exchange loss of \$1.8 million, (iii) debt extinguishment losses of \$5.4 million and iv) derivative liability of \$6.8 million, partially offset by an increase in interest and other expenses of \$8.9 million and loss on debt restructuring of \$0.9 million in the Current Year as discussed above.

Liquidity and Capital Resources

The Company has incurred significant losses and generated negative cash flows from operations in recent years and expects to continue to incur losses and generate negative cash flow for the foreseeable future. As a result, the Company had an accumulated deficit of \$121.5 million, total principal amount of outstanding borrowings of \$214.0 million, and limited capital resources to fund ongoing operations at December 31, 2019. These capital resources were comprised of cash and equivalents of \$15.5 million at December 31, 2019 and the generation of cash inflows from working capital. We had working capital of \$45.0 million at December 31, 2019. The Company's available capital resources may not be sufficient for it to continue to meet its obligations as they become due over the next twelve months if we cannot improve our operating results or increase our operating cash inflows. In the event these capital resources are not sufficient, we may need to raise additional capital through the sale of equity or debt securities, enter into strategic business collaboration agreements with other companies, seek other funding facilities, or sell assets. However, the Company cannot provide assurances that additional capital will be available on acceptable terms or at all. Moreover, if the Company is unable to meet its obligations when they become due over the next twelve months through our available capital resources, or obtain new sources of capital when needed, the Company may have to delay expenditures, reduce the scope of our manufacturing operations, reduce or eliminate one or more of our development programs, make significant changes to our operating plan, or cease operations.

Our liquidity needs have typically arisen from the funding of our new manufacturing facility, product manufacturing costs, research and development programs and the launch of new products. In the past, we have met these cash requirements through cash inflows from operations, working capital management, and proceeds from borrowings discussed in Note 6. Although the construction of our new manufacturing facility was substantially completed in October of 2018, additional investment was made in order to prepare the facility and our employees for a prior approval inspection from the FDA for our injectable line. In addition, we expect to continue to incur significant expenditures for the development of new products in our pipeline, and the manufacturing, sales and marketing of our existing product. While we rely heavily on cash flows from operating activities and borrowings from outside sources to execute our operational strategy, meet our financial commitments and other short-term financial needs, we cannot be certain that sufficient capital will be generated through operations or will be available to the Company to the extent required and on acceptable terms.

The \$3.8 million increase in our cash during the twelve months ended December 31, 2019 was largely due to the issuance of the 2023 Series B Notes issued by the Company in the fourth quarter of 2019, offset by the settlement of the 2019 Notes also in the fourth quarter of 2019. In addition, we had an accumulated deficit of \$121.5 million as of December 31, 2019 and incurred a \$25.1 million net loss and used \$18.4 million in net cash from operating activities during the twelve months ended December 31, 2019.

On April 27, 2018, we entered into separate exchange agreements with certain holders of the 2019 Notes. The agreements gave the holders the right to exchange, in aggregate, \$75.1 million of the 2019 Notes for \$75.1 million of the 2023 Notes. The 2023 Notes bear a fixed interest rate of 4.75% per year, payable semi-annually with the principal payable in May 2023. At the option of the holders, the 2023 Notes are convertible into shares of our common stock, cash or a combination thereof. The initial conversion rate is \$4.45 per share, subject to certain adjustments, related to either our stock price volatility, or the Company's declaration of a stock dividend, stock distribution, share combination or share split expected dividends or other anti-dilutive activities. In addition, holders will be entitled to receive additional shares of common stock for a potential increase of the

conversion rate up to \$280.90 per share under a make-whole provision in some circumstances. We incurred debt issuance costs of \$1.6 million upon the issuance of the 2023 Notes.

In addition, on May 4, 2018, we filed a Registration Statement on Form S-3 ("the Form S-3") pursuant to the Securities Act of 1933, as amended. The Form S-3 registration allows us to issue, from time to time and at prices to be determined at or prior to the offering, up to \$50.0 million of any combination of the securities described in the prospectus, either individually or in units should the need to raise cash arise. We did not timely file our financial statements for the quarter ended September 30, 2018. The third quarter 2018 Form 10-Q was filed on December 12, 2018, after our extended deadline. As a result, our access to offer up to \$50.0 million of the identified securities was suspended for twelve months. On December 12, 2019 the Form S-3 registration was once again made available to the Company.

On December 13, 2018, we entered into the Senior Credit Facilities, consisting of the Revolver and Term Loans. The Senior Credit Facilities also included a \$15.0 million delayed draw term loan B commitment, which remained undrawn and expired on October 31, 2019. As of December 31, 2019, \$25.0 million was drawn under the Revolver and \$88.5 million of Term Loans were outstanding. The Initial Term Loan matures on the earlier to occur of (a) prior to maturity of the 2023 Notes and (b) June 13, 2024. We extended commitments related to undrawn amounts of the Delayed Draw Term Loan A from June 30, 2019 to December 13, 2019, pursuant to an amendment we entered with the Second Lien Agent on July 18, 2019. The extended Delayed Draw Term Loan A was subsequently drawn down by us in December 2019. Drawn amounts under the Delayed Draw Term Loans mature at the same time as the Initial Term Loan. The Term Loans mature on the earliest to occur of the June 23, 2024 and the date of that is 181 days prior to the maturity date of each of (x) the 2023 Notes and (y) the 2023 Series B Notes. The Revolver matures on the earliest to occur of the June 23, 2024 and the date of that is 91 days prior to the maturity date of each of (x) the 2023 Notes and (y) the 2023 Series B Notes. Our ability to borrow under the Revolver is subject to a borrowing base determined based upon eligible inventory, eligible equipment, eligible real estate and eligible receivables. The Senior Credit Facilities are secured by the Collateral. All of our debt is subordinated to the Senior Credit Facilities. The liens securing the Term Loans are subordinated to the liens securing the Revolver. The Senior Credit Facilities had customary financial and non-financial covenants, including affirmative, negative and reporting covenants, representations and warranties, and events of default, including cross-defaults on other material indebtedness, as well as events of default triggered by a change of control and certain actions initiated by the FDA which were superseded by the amendments noted below. The financial covenants consisted of a minimum revenue test, a minimum adjusted EBITDA test and a maximum total net leverage ratio.

In December 2018 the Company used \$52.8 million of proceeds from the Senior Credit Facilities to repurchase the 2019 Notes as well as \$0.3 million of proceeds to pay for transaction costs. The repurchase of the 2019 Notes for is considered a debt extinguishment under ASC 470-50. The 2019 Notes are accounted for under cash conversion guidance ASC 470-20, which requires us to allocate the fair value of the consideration transferred upon settlement to the extinguishment of the liability component and the reacquisition of the equity component upon derecognition. We allocated the total amount of unamortized debt issuance costs incurred to the liability and equity components using the same proportions as the consideration transferred to extinguish the 2019 Notes. In accordance with the guidance above, we recorded \$1.7 million as an extinguishment loss related to the repurchase of the 2019 Notes in the Consolidated Statement of Operations. In addition, we recorded a \$2.9 million reduction of Additional Paid in Capital in connection with the extinguishment of the 2019 Notes.

In the beginning of 2019, the Company used a total of \$2.7 million of proceeds from the Senior Credit Facilities to repurchase a portion of the remaining 2019 Notes. The repurchase of the 2019 Notes is considered a debt extinguishment under ASC 470-50. The 2019 Notes are accounted for under cash conversion guidance ASC 470-20, which requires the Company to allocate the fair value of the consideration transferred upon settlement to the extinguishment of the liability component and the reacquisition of the equity component upon derecognition. In accordance with the guidance above, the Company allocated a portion of the \$2.7 million to the extinguishment of the liability component equal to the fair value of that component immediately before extinguishment and recognized a \$0.2 million extinguishment loss in the Consolidated Statement of Operations to measure the difference between (i) the fair value of the liability component and (ii) the net carrying value amount of the liability component (which is already net of any unamortized debt issuance costs). The reduction of Additional Paid in Capital in connection with this extinguishment was immaterial. The Company settled the remaining 2019 Notes of \$13.0 million in principal upon its maturity in December 2019.

The Initial Term Loan of \$50.0 million and \$15.0 million of the Revolver were drawn by the Company on December 13, 2018. On December 21, 2018, the Company drew \$20.0 million of the Delayed Draw Term Loan A. In January 2019, the Company drew \$5.0 million and subsequently the remaining \$5.0 million under the Revolver were drawn down by the Company in April 2019. On September 18, 2019, pursuant to the Protective Advance clause in the Company's First Lien Credit Agreement with Ares Capital, the Company borrowed an incremental \$2.5 million from its existing revolving credit facility. Consistent with the terms of the revolving credit facility, Protective Advances are secured by the Administrative Agent's liens, constitute Obligations pursuant to the First Lien Credit Agreement, and bear interest at the rate applicable to the outstanding revolving credit facility balances, however, the Protective Advance is repayable on demand. The liability was subsequently paid off in November 2019 along with repayment fee of \$0.1 million. The Company drew down the remaining \$10 million under its borrowing capacity of

Delayed Draw Term Loan A before its expiry in December of 2019. The \$15 million Delayed Draw Term Loan B expired upon the issuance of the Series B Notes, prior to the Company drawing down any monies.

The Term Loans are governed by the Second Lien Credit Agreement. The 2023 Term Loans include a 24-month paid-in-kind interest option available to the Company should it choose to defer cash payments in order to maintain the liquidity needed to continue launching new products, and preparing for an FDA prior approval inspection of its new injectable manufacturing facility. The Company has elected the paid-in-kind interest option and increased the principal balance of 2023 Term Loans by \$8.5 million for the year ended December 31, 2019.

On October 31, 2019, the Company closed its Series B Notes offering in the aggregate principal amount of \$34.4 million. The Series B Notes will mature in May 2023 and are convertible at the option of the holder at any time prior to maturity at an initial conversion price of \$0.72 per share, subject to adjustment under certain circumstances. The Series B Notes and any shares of common stock issuable upon conversion of the Series B Notes (the "Conversion Shares") have not been registered under the Securities Act of 1933, as amended (the "Securities Act"), or any state or other jurisdiction's securities laws, and the New 2023 Notes and the Conversion Shares may not be offered or sold in the United States absent registration or an applicable exemption from the registration requirements of the Securities Act and applicable state or other jurisdictions' securities laws. The Company does not intend to file a registration statement for the resale of the Series B Notes or any Conversion Shares.

As part of the offering, the Company entered into agreements with certain holders of its existing 2023 Notes to exchange \$9.0 million of the 2023 Series A Unsecured Convertible Notes for \$5.1 million of the Series B Senior Unsecured Convertible Notes. The gross cash proceeds of approximately \$29.3 million from the financing were used to extinguish the Company's existing 2019 Notes in December 2019 and intended to pay amounts owing with respect to other indebtedness and to fund general corporate and working capital requirements. The Series B Notes bear interest at a rate of 7.00% per annum if paid in cash, semiannually in arrears on May 1 and November 1 of each year, beginning on May 1, 2020. The Company also has an option, and has agreed with its senior lender, to PIK the interest at 8.00% per annum, to defer cash payments. The net proceeds from the financing were \$26.9 million after deducting a total of \$2.3 million of the initial purchasers' discounts and professional fees associated with the transaction.

Under ASC 470-60, Troubled Debt Restructurings by Debtors, the exchange of the \$9.0 million of the Series A 2023 notes for the \$5.1 million of the Series B Notes represents a troubled debt restructuring ("TDR"). The TDR did not result in a gain recognition. As a result, a new effective interest rate was established based on the \$7.2 million carrying value of the original debt, net of the \$2.0 million fair value of the embedded derivative liability related to the new debt issued in the TDR and \$0.2 million issuance costs, getting accreted to \$6.8 million representing the total amount of the future undiscounted cash flows related to the \$5.1 million of the Series B Notes.

In accordance with ASC 815-15, Derivatives and hedging, Embedded Derivatives, the embedded conversion option should be bifurcated and separately accounted for as a derivative instrument, because the Company did not have enough authorized shares available to share-settle the conversion option. Such derivative instruments should be initially and subsequently measured at fair value, with changes in fair value recognized in earnings (see Note 7). The derivative liability recorded at the issuance date was \$13.5 million, including the \$2.0 million above accounted for in the TDR, which was subsequently remeasured to \$6.8 million as of December 31, 2019, with \$6.8 million recognized as a gain on change in fair value of derivative in the Company's statement of operations. Further, the \$0.9 million of allocated issuance costs associated with the bifurcated conversion features embedded in the notes was recognized as a loss on debt restructuring in the Company's statement of operations for the year ended December 31, 2019. In accordance with ASC 470-20, the initial carrying amount of the liability component of the Series B Notes, excluding the \$5.1 million portion above is accounted for as a TDR, upon issuance is the residual amount between total proceeds from the transaction and the derivative liability net of allocated issuance costs. The \$1.4 million debt issuance costs attributable to the liability component were recorded as a direct deduction from the liability component of the Series B Notes and are being amortized to interest expense using the effective interest method through the maturity date. The discount from the par amount of the Notes will be accreted to par utilizing the effective-interest rate method over the term of the Notes from the issuance date through May 2023. The effective interest rate of the 2023 Notes, inclusive of the debt discount and issuance costs is 27.4%.

On April 6, 2020, the Company entered (i) Amendment No. 2 of the Revolver and Amendment No. 4 of the Term Loans, effective as of December 31, 2019. The amendments collectively among other things, (i) increase the interest rates, (ii) reset certain prepayment premiums and modify the terms of certain mandatory prepayments and (iii) modify certain financial covenant levels inclusive of the disposition of prior covenants as of and for the period ended December 31, 2019. These financial covenants include a trailing twelve months ("TTM") Minimum Revenue covenant that is required to be met each quarterly period from March 31, 2020 through December 31, 2020, a TTM Minimum Adjusted EBITDA that is required to be met each quarterly period from March 31, 2021 through maturity, and a minimum liquidity covenant tested at all times through the term of the agreement. These amendments supersede the financial covenants included in the original and amended agreements. Pursuant to the amended Ares Credit Agreements, in the event the Company is unable to comply with these covenants, or obtain a waiver from its lenders, the lender shall have the right, but not the obligation, to permanently reduce the commitment in whole or in part or to declare all

or any portion of the outstanding balance due and payable. Furthermore, in the event that outstanding balances under the Ares Credit agreements are declared due and payable by the lender, the lenders of the 2023 Series A and Series B Unsecured Convertible Notes shall have the right, but not the obligation, to declare all of the outstanding balance due and payable as well. The Company does not currently have available liquidity to repay these outstanding borrowings in the event of a default. If the Company is unable to raise additional capital to meet these obligations, the Company may have to seek other strategic alternatives, including ceasing its operations.

In June 2019, the Company received a de-listing notice from the NASDAQ due to its share price being below \$1.00 for 30 consecutive trading days. The notice specified that the Company's share price must trade above \$1.00 per share for ten consecutive trading days prior to December 2, 2019 in order to prevent its common stock from being de-listed. For the 180 days preceding December 2, 2019 the Company's share price remained below \$1.00. The Company requested a second 180-day extension. NASDAQ denied its request and the Company chose to file for an appeal. The Company was granted a hearing date for the end of January 2020. Subsequent to the appeal hearing, NASDAQ set a deadline of April 17, 2020 for the Company to regain compliance with NASDAQ's continuing listing requirements. In early March 2020 the COVID-19 global pandemic triggered a significant decline in global capital markets, including NASDAQ. In light of this significant decline, the Company requested NASDAQ to reconsider the April 17, 2020 deadline. NASDAQ agreed to the Company's request and set a new deadline to regain compliance by June 1, 2020. In January 2020, the Company's Board of Directors and shareholders approved a reverse stock split in the range of any whole number between five (5) and ten (10) to one (1). While the Company believes that the reverse stock split will ultimately increase its share price above \$1.00 for the required ten consecutive trading days, it can provide no assurances that its shares will trade above \$1.00 per share for the required time period. A de-listing from the NASDAQ would be a "Fundamental Change" under the Company's 2023 Series A and Series B Unsecured Convertible Notes which triggers a right by the holders to require the Company repurchase the Convertible Notes. In such an event, the Company would need to seek financing to repurchase the Convertible Notes and there is no guarantee that such financing would be available or on terms acceptable to the Company. If noteholders demanded a repurchase of the notes and the Company could not finance the repurchase, it would be in default under the Indentures governing the Convertible Notes, and in that event the lenders of the Ares Credit agreements would have the right, but not the obligation, to declare all of the outstanding balance under those agreements due and payable as well. Therefore, in the event of the Company's shares are de-listed from the NASDAQ, the Company would likely have to seek some combination of waivers from its lenders and noteholders and seek new capital through the sale of equity or debt securities. If the Company is unable to obtain such waivers or raise new capital to meet these obligations if they become due, it may have to seek other strategic alternatives, including ceasing operations.

The negative financial conditions described above raise substantial doubt about our ability to continue as a going concern as of December 31, 2019.

Operating Activities

Our operating activities used \$18.4 million of cash during the year ended December 31, 2019 compared to \$13.3 million during the year ended December 31, 2018. The cash used for the year ended December 31, 2019 was mostly due to an increase in accounts receivable of \$3.7 million and inventories of \$6.1 million, and a reduction in deferred income of \$2.4 million, in addition to \$5.6 million of interest paid on our Notes, Revolver, and Term Loans. The cash used for the year ended December 31, 2018 was mostly due to an increase in accounts receivable of \$4.0 million and inventories of \$1.6 million, and a reduction in accounts payable of \$3.4 million, in addition to \$7.3 million of interest paid on our Notes, Revolver and Term Loans.

Investing Activities

Our investing activities used \$8.2 million during the year ended December 31, 2019 compared to \$25.3 million for the year ended December 31, 2018. The funds used for the year ended December 31, 2019 included \$8.2 million in capital expenditure, the majority of which were for the continued facility expansion in Buena, NJ. The funds used for the year ended December 31, 2018 included \$25.3 million in capital expenditures, the majority of which were also for the facility expansion in Buena.

Financing Activities

Our financing activities provided \$30.4 million of cash during the year ended December 31, 2019 compared to \$25.3 million of cash provided by in the year ended December 31, 2018. The cash provided during the year ended December 31, 2019 consisted of proceeds from the 2023 Series B Notes net of issuance costs of \$26.9 million as well as net borrowing from the Company's Senior Credit Facility of \$19.2 million, offset by the settlement of our 2019 Notes of \$15.7 million. The cash provided during the year ended December 31, 2018 consisted of proceeds from the Prior Term Loan which was later replaced by the Senior Credit Facilities with Ares Capital Management.

Off-Balance Sheet Arrangements

We have no significant off-balance sheet arrangements that have or are reasonably likely to have a current or future effect on our financial condition, changes in financial condition, revenues or expenses, results of operations, liquidity, capital expenditures or capital resources that are material to our shareholders.

Contractual Obligations

Our contractual obligations and commitments as of December 31, 2019 are presented below. Outstanding debt and interest obligation are discussed in Note 6 of our Consolidated Financial Statements. As more fully described under Item 2 - Properties, we lease a warehouse in Vineland, New Jersey, office space in Iselin, New Jersey, office space in Mississauga, Canada and office and laboratory space in Tallinn, Estonia. Our remaining obligations under these leases are summarized below.

Contractual Obligations	Total	Obligations Due by Period			
		(in thousands)			
		Less than 1 Year	1-3 Years	3-5 Years	More than 5 Years
Short term debt obligations	\$ —	\$ —	\$ —	\$ —	\$ —
Long term debt obligations	213,959	—	25,000	188,959	—
Interest on debt obligations	59,915	17,277	36,525	6,113	—
Operating Lease	3,423	635	1,160	785	843
Total	\$ 277,297	\$ 17,912	\$ 62,685	\$ 195,857	\$ 843

We have certain licensing and development agreement in place under which we will pay certain licensing fees and milestones over the lives of certain projects. These commitments totaled approximately \$2.4 million as of December 31, 2019 and will be paid over the next several years in accordance with agreed upon milestones.

Critical Accounting Policies and Estimates

Our consolidated financial statements were prepared in accordance with U.S. generally accepted accounting principles, which require us to make subjective decisions, assessments and estimates about the effect of matters that are inherently uncertain. As the number of variables and assumptions affecting the judgment increases, such judgments become even more subjective. While we believe our assumptions are reasonable and appropriate, actual results may be materially different than estimated.

Fair Value of Financial Instruments

The carrying amounts of cash and cash equivalents, trade receivables, restricted cash, accounts payable and other accrued liabilities at December 31, 2019 approximate their fair value for all periods presented. The Company measures fair value in accordance with ASC 820-10, "Fair Value Measurements and Disclosures". ASC 820-10 clarifies that fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or a liability. As a basis for considering such assumptions, ASC 820-10 establishes a three-tier value hierarchy, which prioritizes the inputs used in the valuation methodologies in measuring fair value:

Level 1 Inputs: Unadjusted quoted prices in active markets for identical assets or liabilities accessible to the reporting entity at the measurement date.

Level 2 Inputs: Other than quoted prices included in Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 Inputs: Unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date. The fair value hierarchy also requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

As of December 31, 2019, based on level 2 inputs, the fair value of our 2023 Notes was approximately \$23.0 million compared to their carrying value of \$53.1 million and the fair value of our 2023 Series B Notes was approximately \$28.9 million including the derivative liability of \$6.8 million as mentioned below.

As of December 31, 2019, based on level 3 inputs, the fair value of the derivative liability associated with our 2023 Series B Notes was \$6.8 million. (Note 7).

Accounts Receivable and Allowance for Doubtful Accounts

The Company extends credit to wholesaler and distributor customers and national retail chain customers, based upon credit evaluations, in the normal course of business, primarily with 60 to 90-day terms. The Company maintains customer-related accruals and allowances that consist primarily of chargebacks, rebates, sales returns, shelf stock allowances, administrative fees and other incentive programs. Some of these adjustments relate specifically to the generic prescription pharmaceutical business. Typically, the aggregate gross-to-net adjustments related to these customers can exceed 70% of the gross sales through this distribution channel. Certain of these accruals and allowances are recorded in the balance sheet as current liabilities and others are recorded as a reduction to accounts receivable.

The Company extends credit to its contract services customers based upon credit evaluations in the normal course of business, primarily with 30-day terms. The Company does not require collateral from its customers. Bad debt provisions are provided for on the allowance method based on historical experience and management's evaluation of outstanding accounts receivable. The Company reviews the allowance for doubtful accounts regularly, and past due balances are reviewed individually for collectability. The Company charges off uncollectible receivables against the allowance when the likelihood of collection is remote.

Revenue Recognition

The Company recognizes revenue when a customer obtains control of promised goods or services, in an amount that reflects the consideration which the entity expects to receive in exchange for those goods or services. The Company's revenue is recorded net of accruals for estimated chargebacks, rebates, cash discounts, other allowances, and returns. The Company derives its revenues from three types of transactions: sales of its own pharmaceutical products (Company product sales), sales of manufactured product for its customers (contract manufacturing sales), and research and product development services performed for third parties. Due to differences in the substance of these transaction types, the transactions require, and the Company utilizes, different revenue recognition policies for each. Taxes collected from customers and remitted to government authorities are excluded from revenues.

Adoption of ASC Topic 606, "Revenue from Contracts with Customers"

In May 2014, the FASB issued ASU 2014-09, "Revenue from Contracts with Customers (Topic 606)." The standard, including subsequently issued amendments, replaces most existing revenue recognition guidance in U.S. GAAP. The key focus of the new standard is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

The Company performed a comprehensive review of its existing revenue arrangements as of January 1, 2018 following the five-step model. Based on the Company's analysis, there were no changes identified that impacted the amount or timing of revenues recognized under the new guidance as compared to the previous guidance. Additionally, the Company's analysis indicated that there were no changes to how costs to obtain and fulfill our customer contracts would be recognized under the new guidance as compared to the previous guidance. The impact of the adoption of this standard on the Company's Consolidated Balance Sheet, Consolidated Statement of Operations, and Consolidated Statement of Cash Flows was not material. The adoption of the new guidance impacted the way the Company analyzes, documents, and discloses revenue recognition under customer contracts beginning on January 1, 2018 and resulted in additional disclosures in the Company's financial statements.

Company Product Sales

Revenue from Company product sales is recognized upon transfer of control of a product to a customer at a point in time, generally as the Company's products are sold on an FOB destination basis and because inventory risk and risk of ownership passes to the customer upon delivery.

Company product sales are recorded net of accruals for estimated chargebacks, rebates, cash discounts, other allowances, and returns.

Revenue and Provision for Sales Returns and Allowances

As is customary in the pharmaceutical industry, the Company's product sales are subject to a variety of deductions including chargebacks, rebates, cash discounts, other allowances, and returns. Product sales are recorded net of accruals for returns and allowances ("SRA"), which are established at the time of sale. The Company analyzes the adequacy of its accruals for returns and allowances quarterly. Amounts accrued for sales deductions are adjusted when trends or significant events indicate that an adjustment is appropriate. Accruals are also adjusted to reflect actual results. These provisions are estimates based on historical payment experience, historical relationship to revenues, estimated customer inventory levels and current contract sales terms with direct and indirect customers. The Company uses a variety of methods to assess the adequacy of its returns and allowances reserves to ensure that its financial statements are fairly stated. These include periodic reviews of customer inventory data, customer contract programs, subsequent actual payment experience, and product pricing trends to analyze and validate the return and allowances reserves.

Chargebacks are one of the Company's most significant estimates for recognition of product sales. A chargeback represents an amount payable in the future to a wholesaler for the difference between the invoice price paid to the Company by its wholesale customer for a particular product and the negotiated contract price that the wholesaler's customer pays for that product. The Company's chargeback provision and related reserve varies with changes in product mix, changes in customer pricing and changes to estimated wholesaler inventories. The provision for chargebacks also takes into account an estimate of the expected wholesaler sell-through levels to indirect customers at contract prices. The Company validates the chargeback accrual quarterly through a review of the inventory reports obtained from its largest wholesale customers. This customer inventory information is used to establish the estimated liability for future chargeback claims based on historical chargeback and contract rates. These large wholesalers represent a majority of the Company's chargeback payments. The Company continually monitors current pricing trends and wholesaler inventory levels to ensure the liability for future chargebacks is fairly stated.

Rebates are used for various discounts and rebates provided to customers. The Company reviews the percentage of products sold through these programs by reviewing chargeback data and applies the appropriate percentages to calculate the rebate accrual. Rebates invoices and/or payments are received monthly, quarterly or annually and reviewed against the accruals. Other items that could be included in accrued rebates represent price protection fees, shelf stock adjustments (SSAs) or other various amounts that would serve as one-time discounts on specific products.

Net revenues and accounts receivable balances in the Company's consolidated financial statements are presented net of SRA estimates. Certain SRA balances are included in accounts payable and accrued expenses.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, or GAAP, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates include the valuation of the derivative liability associated with certain Notes, sales returns and allowances, allowances for excess and obsolete inventories, allowances for doubtful accounts, provisions for income taxes and related valuation allowances, stock based compensation, the assessment for the impairment of long-lived assets (including intangibles, goodwill and property, plant and equipment), property, plant and equipment and legal accruals. The Company bases its estimates and assumptions on historical experience, known or expected trends and various other assumptions that it believes to be reasonable. As future events and their effects cannot be determined with precision, actual results could differ significantly from these estimates.

Accounting Pronouncements

See Note 2 to the Consolidated Financial Statements for Recently Adopted Accounting Pronouncements and Recently Issued Accounting Pronouncements.

Item 7A. QUANTITATIVE AND QUALITATIVE DISCLOSURES ABOUT MARKET RISK

As of December 31, 2019, our principal debt obligations consisted of our 2023 Notes, our 2023 Series B Notes and our Senior Credit Facilities.

On April 27, 2018, we entered into separate exchange agreements with certain holders of our then outstanding 2019 Notes. The agreements gave the holders the right to exchange an aggregate of \$75.1 million of the 2019 Notes for \$75.1 million of 2023 Notes. The 2023 Notes bear a fixed interest rate of 4.75% per year, payable semi-annually in cash with the principal payable in May 2023. At the option of the holders, the 2023 Notes are convertible into shares of the Company's common stock, cash or a combination thereof at an initial conversion price per share of \$4.45, subject to adjustment in certain circumstances. In addition, holders will be entitled to receive additional shares of common stock for a potential increase in the conversion rate under a make-whole provision in some circumstances. As the interest rate under the 2023 Notes is fixed, we have no market risk related thereto.

On October 28, 2019, we completed the sale of \$29.3 million aggregate principal amount of our 2023 Series B Notes for cash and we issued an additional \$5.1 million aggregate principal amount of the 2023 Series B Notes in exchange for an aggregate principal amount of \$9.0 million of the 2023 Notes. Interest on the outstanding principal of the 2023 Series B Notes accrues at either (x) a fixed rate of 7% if the Company elects to pay interest in cash or (y) 8% if the Company elects to pay interest in kind. In any case, interest is due and payable (either in cash or in kind, as elected by the Company) semi-annually every May 1 and November 1 (commencing on May 1, 2020) until the 2023 Series B Notes mature on May 1, 2023. Holders of the 2023 Series B Notes are entitled to convert principal and accrued, unpaid interest on the 2023 Series B Notes into, at the Company's election, cash, shares of Common Stock, or a combination thereof, at an initial conversion price per share of Common Stock equal to \$0.72, subject to adjustment under certain circumstances. The Company has covenanted to its lenders under the Senior Credit Facilities to not elect to pay interest in cash for so long as it has the option to do so. As the interest rate under 2023 Series B Notes is fixed, we have no market risk related thereto.

On December 13, 2018, we entered into the Senior Credit Facilities, consisting of the Revolver and Term Loans. The Senior Credit Facilities also included a \$15.0 delayed draw term loan commitment, which remained undrawn and expired on October 31, 2019. As of December 31, 2019, \$25.0 million was drawn under the Revolver and \$88.5 million of Term Loans were outstanding. As of December 31, 2019, the Revolver was fully drawn. The Revolver bears interest at a fluctuating rate of interest equal to one, two, three or six-month LIBOR plus a margin of 3.75% or a rate based on the prime rate plus a margin of 2.75%. The Revolver matures on the earliest to occur of the June 23, 2024 and the date of that is 91 days prior to the maturity date of each of (x) the 2023 Notes and (y) the 2023 Series B Notes. The Term Loans bear interest at a fluctuating rate of interest equal to one, two, three or six-month LIBOR plus a margin of 8.75% or a rate based on the prime rate plus a margin of 7.75%. The Term Loans mature on the earliest to occur of the June 23, 2024 and the date of that is 181 days prior to the maturity date of each of (x) the 2023 Notes and (y) the 2023 Series B Notes. Interest on the Senior Credit Facilities is payable in cash quarterly in arrears (or more frequently in connection with customary LIBOR interest provisions), provided, that the Company may elect (and has covenanted to the lenders under its First Lien Credit Agreement to) pay interest on the Term Loans in kind until the earlier to occur of the date upon which Company has provided financial statements demonstrating twelve-months of revenue of at least \$125,000,000 and (ii) December 28, 2020. As the interest rates applicable to the Senior Facilities are fluctuating, we do have market risk related thereto.

On April 6, 2020, the Company entered (i) Amendment No. 2 of the Revolver and Amendment No. 4 of the Term Loans, effective as of December 31, 2019. The amendments collectively among other things, (i) increase the interest rates, (ii) reset certain prepayment premiums and modify the terms of certain mandatory prepayments and (iii) modify certain financial covenant levels inclusive of the disposition of prior covenants as of and for the period ended December 31, 2019.

The associated increase in interest rates are effective as of the Amendment Closing Date. The Revolver bears interest at a fluctuating rate of interest equal to the one, two, three or six-month LIBOR plus a margin of 5.50% or a rate based on the prime rate plus a margin of 4.50%, with a LIBOR floor of 1.5%. The Term Loans bear interest at a fluctuating rate of interest equal to the one, two, three or six-month LIBOR plus a margin of 13.0% or a rate based on the prime rate plus a margin of 12.0%, with a LIBOR floor of 1.5%. Interest on the Senior Credit Facilities is payable in cash quarterly in arrears (or more frequently in connection with customary LIBOR interest provisions), provided, that the Company may elect (and has covenanted to the lenders under its Senior Credit Facilities and subsequent amendments thereto) to pay interest on the Term Loans in kind through December 13, 2021 but only if the following occurs: (1) the Company receives a "warning letter close-out letter" from the Federal Drug Administration in response to corrective actions taken by the Company since receipt of the warning letter in November 2019 and (2) the Company receives a written recommendation from the Federal Drug Administration setting forth its approval decision in respect of the pre-approval inspection for commercial production on the newly installed injectable line at the Company's New Jersey facility. If only one of those items occurs by December 13, 2020, then the Company may still elect to

pay interest in kind during 2021, but only from the time the second condition has been satisfied until December 13, 2021. Thereafter, a portion of interest on the loans accruing at a rate of 4.25% per annum may continue to be paid in kind.

Our financial instruments include cash and cash equivalents, accounts receivable, accounts payable and Notes. The fair values of cash and cash equivalents, accounts receivable and accounts payable approximate book value because of the short maturity of these instruments. As of December 31, 2019, based on level 2 inputs, the fair value of our 2023 Notes was approximately \$23.0 million compared to their carrying value of \$53.1 million and the fair value of our 2023 Series B Notes was approximately \$28.9 million including the derivative liability of \$6.8 million.

For a description of the fair value hierarchy and the Company's fair value methodologies, see Note 2 "Summary of Significant Accounting Policies."

As of December 31, 2019, the majority of our cash and cash equivalents was invested in overnight instruments, the interest rates of which may change daily. Accordingly, these overnight investments are subject to market risk.

Item 8. FINANCIAL STATEMENTS AND SUPPLEMENTARY DATA

See Index to Financial Statements on page F-1.

Item 9. CHANGES IN AND DISAGREEMENTS WITH ACCOUNTANTS ON AUDITING AND FINANCIAL DISCLOSURE

None.

Item 9a. CONTROLS AND PROCEDURES

Evaluation of Disclosure Controls and Procedures

Our disclosure controls and procedures are designed to ensure that information required to be disclosed by us in the reports that we file or submit under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), is recorded, processed, summarized and reported within the time periods specified in the SEC's rules and forms. Disclosure controls and procedures include, without limitation, controls and procedures designed to ensure that information required to be disclosed by us in reports we file or submit under the Exchange Act is accumulated and communicated to our management, including the Chief Executive Officer and Chief Financial Officer, as appropriate, to allow timely decisions regarding required disclosure.

As of December 31, 2019, an evaluation was conducted under the supervision and with the participation of our management, including our Chief Executive Officer and Chief Financial Officer, of the effectiveness of our disclosure controls and procedures (as defined in Rule 13a-15(e) and Rule 15d-15(e) of the Exchange Act). Based on this evaluation, such officers have concluded that our disclosure controls and procedures were not effective as of December 31, 2019 (the "Evaluation Date"), because of the material weaknesses in our internal control over financial reporting described below.

Management's Report on Internal Control Over Financial Reporting

Management is responsible for establishing and maintaining adequate internal control over financial reporting (as defined in Rules 13a-15(f) and 15d-15(f) under the Exchange Act) and based upon the criteria established in Internal Control-Integrated Framework (2013) issued by the Committee of Sponsoring Organizations of the Treadway Commission ("the COSO framework"). Our internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of our financial reporting and the preparation of our financial statements for external purposes in accordance with GAAP.

An effective internal control system, no matter how well designed, has inherent limitations, including the possibility of human error or overriding of controls, and therefore can provide only reasonable assurance with respect to reliable financial reporting. Because of its inherent limitations, our internal control over financial reporting may not prevent or detect all misstatements, including the possibility of human error, the circumvention or overriding of controls, or fraud. Effective internal controls can provide only reasonable assurance with respect to the preparation and fair presentation of financial statements.

Management, including our Chief Executive Officer and Chief Financial Officer, assessed the Company's internal control over financial reporting and concluded that they were not effective as of December 31, 2019. In making this assessment, management used the criteria set forth by the COSO framework. Based on evaluation under these criteria, management determined, based

upon the existence of the material weaknesses described below, that we did not maintain effective internal control over financial reporting as of the Evaluation Date.

A material weakness is a deficiency, or a combination of deficiencies, in internal control over financial reporting, such that a reasonable possibility exists that a material misstatement of our annual or interim financial statements would not be prevented or detected on a timely basis.

Control Environment

We did not maintain an effective control environment based on the criteria established in the COSO framework. We have identified deficiencies in the principles associated with the control environment of the COSO framework. Specifically, these control deficiencies constitute material weaknesses, either individually or in the aggregate, relating to: (i) appropriate organizational structure, reporting lines, and authority and responsibilities in pursuit of objectives, (ii) our commitment to attract, develop, and retain competent individuals, and (iii) holding individuals accountable for their internal control related responsibilities. As disclosed in the consolidated financial statements included in Item 8. "Financial Statements and Supplementary Data", these material weaknesses contributed to accounting errors.

We did not maintain an effective control environment to enable the identification and mitigation of risks of accounting errors based on the contributing factors to material weakness in the control environment, including:

- We did not attract, develop, and retain competent management
- Our oversight processes and procedures that guide individuals in applying internal control over financial reporting were not adequate in preventing or detecting accounting errors.

Risk Assessment

We did not design and implement an effective risk assessment based on the criteria established in the COSO framework. We have identified deficiencies in the principles associated with the risk assessment component of the COSO framework. Specifically, these control deficiencies constitute material weaknesses, either individually or in the aggregate, relating to: (i) identifying, assessing, and communicating appropriate objectives, (ii) identifying and analyzing risks to achieve these objectives, and (iii) identifying and assessing changes in the business that could impact our system of internal controls.

Control Activities

We did not design and implement effective control activities based on the criteria established in the COSO framework. We have identified deficiencies in the principles associated with the control activities component of the COSO framework. Specifically, these control deficiencies constitute material weaknesses, either individually or in the aggregate, relating to: (i) selecting and developing control activities and information technology that contribute to the mitigation of risks and support achievement of objectives and (ii) deploying control activities through policies that establish what is expected and procedures that put policies into action.

The following deficiency in control activities, among others, contributed to accounting errors or the potential for there to have been accounting errors in substantially all financial statements account balances and disclosures:

- Lack of sufficient resources within the accounting and financial reporting department to review for the completeness and accuracy of source data in the calculation of certain gross-to-net revenue reserves and allowances;
- Inadequate segregation of duties.

Information and Communication

We did not generate and provide quality information and communication based on the criteria established in the COSO framework. We have identified deficiencies in the principles associated with the information and communication component of the COSO framework. Specifically, these control deficiencies constitute material weaknesses, either individually or in the aggregate, relating to obtaining, generating, and using relevant quality information to support the function of internal control.

Monitoring Activities

We did not design and implement effective monitoring activities based on the criteria established in the COSO framework. We have identified deficiencies in the principles associated with the monitoring component of the COSO framework. Specifically,

these control deficiencies constitute material weaknesses, either individually or in the aggregate, relating to: (i) selecting, developing, and performing ongoing evaluation to ascertain whether the components of internal controls are present and functioning, and (ii) evaluating and communicating internal control deficiencies in a timely manner to those parties responsible for taking corrective action.

The following were contributing factors to the material weaknesses in monitoring activities:

- As new controls were implemented throughout the year, testing procedures were delayed, which resulted in delayed and limited communication of control failures to process owners.
- Failure to effectively communicate relevant information and internal control deficiencies to our Audit Committee for appropriate oversight, monitoring and enforcement of corrective action.

As the Company is now classified as a smaller reporting company, Deloitte & Touche LLP, our independent registered public accounting firm, has not audited the effectiveness of our internal control over financial reporting as of December 31, 2019.

Changes in Internal Control Over Financial Reporting

There were changes made during the year ended December 31, 2019 in our internal control over financial reporting that have affected, or are reasonably likely to affect, our internal control over financial reporting. These changes, however, were not all in place for an adequate period of time for management to appropriately assess the operating effectiveness of these controls.

Remediation Plan and Status

Our remediation efforts are ongoing and we will continue our initiatives to implement and document policies, procedures, and internal controls.

Remediation of the identified material weaknesses and strengthening our internal control environment will require a substantial effort throughout 2020 and beyond, as necessary. We will test the ongoing operating effectiveness of the new and existing controls in future periods. The material weaknesses cannot be considered completely remediated until the applicable controls have operated for a sufficient period of time and management has concluded, through testing, that these controls are operating effectively.

While we believe the steps taken to date and those planned for implementation will improve the effectiveness of our internal control over financial reporting, we have not completed all remediation efforts identified herein. Accordingly, as we continue to monitor the effectiveness of our internal control over financial reporting in the areas affected by the material weaknesses described above, we have and will continue to perform additional procedures prescribed by management, including the use of manual mitigating control procedures and employing any additional tools and resources deemed necessary, to ensure that our consolidated financial statements are fairly stated in all material respects. The following remediation activities highlight our commitment to remediating our identified material weaknesses:

Control Environment

We have undertaken steps to address material weaknesses in the control environment. The control environment, which is the responsibility of management, sets the tone of the organization, influences the control consciousness of its people, and is the foundation for all other components of internal control over financial reporting. Our Audit Committee and management have emphasized and continued to emphasize the importance of internal control over financial reporting, as well as the integrity of our financial statements.

Our management has taken and will continue to take steps to ensure that previously identified control deficiencies will be remediated through the implementation of uniform accounting and internal control policies and procedures with the proper oversight to promote compliance with GAAP and regulatory requirements.

To date, we have hired a new senior leader in one of our foreign affiliates who, among other responsibilities, ensures customer contract terms and price concessions are reviewed with key members of the accounting and financial reporting department on a timely basis to appropriately reflect in the financial records. In addition, we hired new accounting and financial reporting team members and engaged external resources with significant experience with systems similar to the Company's ERP system and infrastructure to provide additional capacity, analytical and functional capabilities, and cross-training. The addition of skilled personnel will allow us to select and develop appropriate policies, procedures, and controls to strengthen our control environment. Management will evaluate and correct segregation of duties concerns where possible; however due to the limited size of the organization, inclusive of the finance and IT departments, management may not economically be able to correct certain segregation of duty issues. We will continue to evaluate and hire additional resources within our accounting and financial

reporting, internal audit, and information technology functions with the appropriate experience, certifications, education, and training for key financial reporting and accounting positions when budgets permit. Management believes this will reduce the risk of a material misstatement resulting from the material weaknesses described above. However, it will require a period of time to determine the operating effectiveness of these newly implemented internal controls over financial reporting.

Risk Assessment

We have begun to implement a process for performing detailed reviews of financial records at our corporate headquarters for the purpose of identifying and correcting accounting errors. We will continue to enhance risk assessment procedures and conduct a comprehensive risk assessment to enhance overall compliance. The results of this effort are expected to enable us to effectively identify, develop, and implement controls and procedures to address risks.

Control Activities

We have begun the process of redesigning and implementing internal control activities. We also plan to establish policies and procedures and have enhanced corporate oversight of process-level controls and structures to ensure that there is appropriate assignment of authority, responsibility, and accountability to further the remediating of our material weaknesses.

Information and Communication

We have taken various steps to enhance our practices as it relates to information and communication, including conducting periodic reviews of the ERP system access to ensure appropriate segregation of duties exists for functional and administrative users and establishing policies and procedures addressing the internal control framework and operating effectiveness of the Company's third-party ERP service provider.

Monitoring Activities

In addition to the items noted above, as we continue to evaluate, remediate, and improve our internal control over financial reporting, executive management may elect to implement additional measures to address control deficiencies or may determine that the remediation efforts described above require modification. Executive management, in consultation with and at the direction of our Audit Committee, will continue to assess the control environment and the above-mentioned efforts to remediate the underlying causes of the identified material weaknesses, including through the following:

- We will continue to monitor internal audit, finance, accounting, and information technology staffing levels.
- We are also developing effective communication plans relating to, among other things, the identification of deficiencies and recommendations for corrective actions. These plans will apply to all parties responsible for remediation.

Inherent Limitations on Effectiveness of Controls

Management, including our CEO, does not expect that our disclosure controls and procedures or our internal control over financial reporting will prevent all errors and all fraud. A control system, no matter how well conceived and operated, can provide only reasonable, not absolute, assurance that the objectives of the control system are met. Further, the design of a control system must reflect the fact that there are resource constraints, and the benefits of controls must be considered relative to their costs. Because of the inherent limitations in all control systems, no evaluation of controls can provide absolute assurance that all control issues, misstatements, errors, and instances of fraud, if any, within our organization have been or will be prevented or detected.

These inherent limitations include the realities that judgments in decision-making can be faulty and that breakdowns can occur because of simple error or mistake. Controls also can be circumvented by the individual acts of some persons, by collusion of two or more people, or by management override of the controls. The design of any system of controls is based

in part on certain assumptions about the likelihood of future events, and there can be no assurance that any design will succeed in achieving its stated goals under all potential future conditions. Projections of any evaluation of controls effectiveness to future periods are subject to risks. Over time, internal controls may become inadequate as a result of changes in conditions, or through the deterioration of the degree of compliance with policies or procedures.

Item 9B. OTHER INFORMATION

None.

PART III**Item 10. DIRECTORS, EXECUTIVE OFFICERS AND CORPORATE GOVERNANCE**

The response to this item is incorporated by reference from the discussion responsive thereto under the captions “Management and Corporate Governance and “Code of Conduct and Ethics” in the Company’s Proxy Statement for the 2020 Annual Meeting of Stockholders.

Item 11. EXECUTIVE COMPENSATION

The response to this item is incorporated by reference from the discussion responsive thereto under the captions “Executive Officer and Director Compensation and “Management and Corporate Governance in the Company’s Proxy Statement for the 2020 Annual Meeting of Stockholders.

Item 12. SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT AND RELATED STOCKHOLDER MATTERS

The response to this item is incorporated by reference from the discussion responsive thereto under the captions “Security Ownership of Certain Beneficial Owners and Management” and “Equity Compensation Plan Information” in the Company’s Proxy Statement for the 2020 Annual Meeting of Stockholders.

Item 13. CERTAIN RELATIONSHIPS AND RELATED TRANSACTIONS, AND DIRECTOR INDEPENDENCE

The response to this item is incorporated by reference from the discussion responsive thereto under the captions “Certain Relationships and Related Person Transactions” and “Management and Corporate Governance” in the Company’s Proxy Statement for the 2020 Annual Meeting of Stockholders.

Item 14. PRINCIPAL ACCOUNTING FEES AND SERVICES

The response to this item is incorporated by reference from the discussion responsive thereto under the caption “Independent Registered Public Accounting Firm” in the Company’s Proxy Statement for the 2020 Annual Meeting of Stockholders.

PART IV

Item 15. EXHIBITS, FINANCIAL STATEMENT SCHEDULES

(a) The following documents are filed as part of this Annual Report on Form 10-K:

(a)(1) See “Index to Consolidated Financial Statements” at Item 8 to this Annual Report on Form 10-K.

(a)(2) Other financial statement schedules have not been included because they are not applicable or the information is included in the financial statements or notes thereto.

(a)(3) The following is a list of exhibits filed as part of this Annual Report on Form 10-K.

Exhibits

(3.1) Amended and Restated Certificate of Incorporation of Teligent, Inc., dated October 23, 2015 (incorporated by reference to Exhibit 3.1 to the Company’s Report on Form 8-K, filed October 23, 2015).

(3.2) Amended and Restated Bylaws of IGI Laboratories, Inc., effective May 7, 2008 (incorporated by reference to Exhibit 3.2 to the Company’s Report on Form 8-K, filed May 12, 2008).

(4.1) Specimen stock certificate for shares of Common Stock, par value \$.01 per share (incorporated by reference to Exhibit 4 to the Company’s Annual Report on Form 10-K for the fiscal year ended December 31, 2000, filed March 28, 2001 (“the 2000 Form 10-K”)).

(4.2) Indenture dated as of December 16, 2014, by and between IGI Laboratories, Inc. and Wilmington Trust, National Association (incorporated by reference to Exhibit 4.1 to the Company’s Report on Form 8-K, filed December 17, 2014).

(4.3) Indenture, dated May 1, 2018, by and between the Company and Wilmington Trust, National Association, as trustee (incorporated by reference to Exhibit 10.1 to the Company’s Report on Form 8-K, filed May 2, 2018)

(4.4) Indenture, dated as of October 31, 2019, by and among the Company, certain subsidiary guarantors named therein, and Wilmington Trust, National Association, as Trustee (incorporated by reference to Exhibit 4.1 to the Company’s Report on Form 8-K, filed October 31, 2019).

(4.5) Form of Note (incorporated by reference to Exhibit 4.2 to the Company’s Report on Form 8-K, filed October 31, 2019)

(4.6)* Description of Capital Stock (filed herewith).

(4.7) Form of Warrant, dated as of April 6, 2020, by and among the Company and the lenders party thereto (incorporated by reference to Exhibit 4.1 to the Company’s Report on Form 8-K filed April 8, 2020).

(10.1)# IGI, Inc. 1998 Directors Stock Plan, as amended (incorporated by reference to Exhibit 4.1 to the Company’s Registration Statement on Form S-8 (Registration No. 333-160342), filed June 30, 2009).

(10.2)# IGI, Inc. 1999 Director Stock Option Plan, as amended (incorporated by reference to Exhibit 4.2 to the Company’s Registration Statement on Form S-8 (Registration No. 333-160342, filed June 30, 2009).

(10.3)# IGI, Inc. 1999 Stock Incentive Plan, as amended (incorporated by reference to Exhibit 4.3 to the Company’s Registration Statement on Form S-8 (Registration No. 333-160342), filed June 30, 2009).

- (10.4)# IGI Laboratories, Inc. 2009 Equity Incentive Plan, as amended and restated (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 8-K, filed June 4, 2014).
- (10.5)# Form of Non-Qualified Stock Option Agreement under the IGI Laboratories, Inc. 2009 Equity Incentive Plan (incorporated by reference to Exhibit 10.2 to the Company's Report on Form 8-K, filed July 2, 2009).
- (10.6)# Form of Stock Option Award Agreement under the IGI Laboratories, Inc. 2009 Equity Incentive Plan (incorporated by reference to Exhibit 10.2 to the Company's Report on Form 8-K, filed July 20, 2011).
- (10.7)# Form of Award Agreement for Restricted Shares under the IGI Laboratories, Inc. 2009 Equity Incentive Plan (incorporated by reference to Exhibit 10.3 to the Company's Report on Form 8-K, filed July 2, 2009).
- (10.8)# Form of Indemnification Agreement for Certain Directors (incorporated by reference to Exhibit 10.11 to the March 19, 2009 8-K).
- (10.9)# Employment Agreement dated July 30, 2012 between IGI Laboratories, Inc. and Jason Grenfell-Gardner (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 8-K, filed July 30, 2012).
- (10.10)+ Purchase and Sale Agreement between the Company and Prasco, LLC for the purchase of econazole nitrate cream 1%, dated February 1, 2013, (incorporated by reference to Exhibit 10.1 to the Company's Quarterly Report on Form 10-Q/A, filed August 9, 2013).
- (10.11) Asset Purchase Agreement dated as of September 30, 2014, by and between IGI Laboratories, Inc. and Valeant Pharmaceuticals North America, LLC and Valeant Pharmaceuticals Luxembourg SARL (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 8-K, filed October 1, 2014).
- (10.12) Asset Purchase Agreement dated as of September 30, 2014, by and between IGI Laboratories, Inc. and Valeant Pharmaceuticals North America, LLC and Valeant Pharmaceuticals Luxembourg SARL (incorporated by reference to Exhibit 10.2 to the Company's Report on Form 8-K, filed October 1, 2014).
- (10.13)+ Asset Purchase Agreement dated as of September 24, 2014, by and between IGI Laboratories, Inc. and AstraZeneca Pharmaceuticals LP (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 10-Q, filed November 13, 2014).
- (10.14) Credit Agreement dated as of November 18, 2014, by and among IGI Laboratories, Inc., Igen, Inc., and IGI Labs, Inc. as Borrowers, the other Persons party thereto that are designated as Credit Parties, General Electric Capital Corporation as Agent for all Lenders, GE Capital Bank as a Lender, and the other financial institutions party thereto as Lenders (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 8-K, filed November 24, 2014).
- (10.15) Guaranty and Security Agreement dated as of November 18, 2014, by and among IGI Laboratories, Inc., Igen, Inc., and IGI Labs, Inc. as Borrowers and each other Grantor from time to time party thereto in favor of General Electric Capital Corporation as Agent (incorporated by reference to Exhibit 10.2 to the Company's Report on Form 8-K, filed November 24, 2014).
- (10.16) Purchase Agreement dated December 10, 2014, by and between IGI Laboratories, Inc. and the initial purchasers set forth on Schedule 1 thereto (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 8-K, filed December 17, 2014).
- (10.17) Second Amendment to Credit Agreement, dated as of August 14, 2015, by and among Teligent, Inc., Igen, Inc. and Teligent Pharma, Inc. as Borrowers, General Electric Capital Corporation as Agent, and the Lenders signatory thereto (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 10-Q, filed November 9, 2015).

- (10.18) Third Amendment to Credit Agreement, dated as of September 16, 2015, by and among Teligent, Inc., Igen, Inc. and Teligent Pharma, Inc. as Borrowers, General Electric Capital Corporation as Agent, and the Lenders signatory thereto (incorporated by reference to Exhibit 10.2 to the Company's Report on Form 10-Q, filed November 9, 2015).
- (10.19)+ Asset Purchase Agreement, dated as of October 5, 2015, by between Concordia Pharmaceuticals Inc., S.à.r.l., Barbados Branch, on the one hand, and Teligent, Inc. and Teligent Jersey Limited, on the other hand (incorporated by reference to Exhibit 10.3 to the Company's Report on Form 10-Q, filed November 9, 2015).
- (10.20) Asset Purchase Agreement, dated October 12, 2015, between IGI Laboratories, Inc. and Alveda Pharmaceuticals, Inc. (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 8-K, filed October 13, 2015).
- (10.21) Asset Purchase Agreement, dated October 12, 2015, between IGI Laboratories, Inc. and Alveda Pharmaceuticals, Inc. (incorporated by reference to Exhibit 10.2 to the Company's Report on Form 8-K, filed October 13, 2015).
- (10.22) Contribution Agreement, by and between the Teligent, Inc. and Teligent Luxembourg S.à.r.l., dated as of November 13, 2015 (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 8-K, filed November 16, 2015).
- (10.23) Loan Agreement, by and between Teligent, Inc. and Teligent Luxembourg S.à.r.l., dated as of November 13, 2015 (incorporated by reference to Exhibit 10.2 to the Company's Report on Form 8-K, filed November 16, 2015).
- (10.24) Loan Agreement, by and between Teligent, Inc. and Teligent Canada Inc., dated as of November 13, 2015 (incorporated by reference to Exhibit 10.3 to the Company's Report on Form 8-K, filed November 16, 2015).
- (10.25) Distribution Agreement, by and between Teligent OÜ and Teligent Canada Inc., dated as of November 13, 2015 (incorporated by reference to Exhibit 10.4 to the Company's Report on Form 8-K, filed November 16, 2015).
- (10.26) First Amendment to Asset Purchase Agreement, by and between Teligent, Inc. and AstraZeneca Pharmaceuticals, LP, dated as of November 30, 2015 (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 8-K, filed December 4, 2015).
- (10.27) First Amendment to Asset Purchase Agreement, dated December 10, 2015, by and between Concordia Pharmaceuticals Inc., S.à.r.l., Barbados Branch, on the one hand, and Teligent, Inc. and Teligent Jersey Limited, on the other hand (incorporated by reference to Exhibit 10.1 to the Company's Report on Form 8-K, filed December 15, 2015).
- (10.28) Trademark Assignment Agreement, dated December 10, 2015, by and between Concordia Pharmaceuticals Inc., S.à.r.l., Barbados Branch, on the one hand, and Teligent Jersey Limited, on the other hand (incorporated by reference to Exhibit 10.2 to the Company's Report on Form 8-K, filed December 15, 2015).
- (10.29)# Teligent, Inc. 2016 Equity Incentive Plan, as amended Equity Incentive Plan, as amended (incorporated by reference to Exhibit (incorporated by reference to Exhibit 10.1 to the Company's Quarterly Report on Form 10-Q/A Amendment No. 1 for the quarter ended June 30, 2018 filed December 12, 2018).
- (10.30)# Form of Amendment to Outstanding Option Agreements under the Company's 2009 Equity Incentive Plan. (incorporated by reference to Exhibit 10.31 to the Company 10-K, filed March 12, 2017).
- (10.31)# Form of Amendment to Outstanding RSU Agreements under the Company's 2009 Equity Incentive Plan. (incorporated by reference to Exhibit 10.32 to the Company 10-K, filed March 12, 2017).
- (10.32)# Form of Exchange Agreement Related to 4.75% Convertible Senior Notes (incorporated by reference to Exhibit 99.1 to the Company's Report on Form 8-K, filed May 2, 2018).

Company reviews the allowance for doubtful accounts regularly, and past due balances are reviewed individually for collectability. The Company charges off uncollectible receivables against the allowance when the likelihood of collection is remote.

Foreign Currency Translation

The net assets of international subsidiaries where the local currencies have been determined to be the functional currencies are translated into U.S. dollars using current exchange rates. The U.S. dollar effects that arise from translating the net assets of these subsidiaries at changing rates are recorded in the foreign currency translation account, which is included in accumulated other comprehensive income (loss) (AOCI) and reflected as a separate component of equity. For those subsidiaries where the U.S. dollar has been determined to be the functional currency, non-monetary foreign currency assets and liabilities are translated using historical rates, while monetary assets and liabilities are translated at current rates, with the U.S. dollar effects of rate changes included in Other (income) expense, net.

Foreign exchange loss of \$1.5 million was recorded for the year ended December 31, 2019, primarily related to the foreign currency translation of our intercompany loans denominated in U.S. dollars to our foreign subsidiaries. These loans are to be repaid in November 2022. Depending on the changes in foreign currency exchange rates, the Company will continue to record a non-cash gain or loss on translation for the remainder of the term of these loans. Due to the nature of this transaction, there is no economic benefit to the Company to hedge these transactions.

Accounting for Environmental Costs

Accruals for environmental remediation are recorded when it is probable a liability has been incurred and costs are reasonably estimable. The estimated liabilities are recorded at undiscounted amounts. Environmental insurance recoveries are included in the statement of operations in the year in which the issue is resolved through settlement or other appropriate legal process.

Income Taxes

The Company records income taxes in accordance with ASC 740-10, "Accounting for Income Taxes," under the asset and liability method of accounting for income taxes. Under the asset and liability method, deferred income taxes are recognized for the tax consequences of temporary differences by applying enacted statutory tax rates applicable to future years to operating loss and tax credit carry forwards and differences between the financial statement carrying amounts and the tax bases of existing assets and liabilities. The effect on deferred taxes of a change in tax rates is recognized in income in the period that includes the enactment date. A valuation allowance is recorded based on a determination of the ultimate realizability of future deferred tax assets.

The Company complies with the provisions of ASC 740-10-25 that clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements in accordance with ASC 740-10, "Accounting for Income Taxes," and prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return. For those benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. Additionally, ASC 740-10 provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. There were no unrecognized tax benefits as of the date of adoption. As such, there are no unrecognized tax benefits included in the balance sheet that would, if recognized, affect the effective tax rate. The Company records interest and penalties relating to uncertain tax positions as a component of income tax expense.

Stock-Based Compensation

ASC 718-10 defines the fair-value-based method of accounting for stock-based employee compensation plans and transactions used by the Company to account for its issuances of equity instruments to record compensation cost for stock-based employee compensation plans at fair value as well as to acquire goods or services from non-employees. Transactions in which the Company issues stock-based compensation to employees, directors and advisors and for goods or services received from non-employees are accounted for based on the fair value of the equity instruments issued. The Company utilizes pricing models in determining the fair values of options, RSUs and warrants issued as stock-based compensation. These pricing models utilize the market price of the Company's common stock and the exercise price of the option or warrant, as well as time value and volatility factors underlying the positions. Stock-based compensation expense is recognized over the requisite service period of the award, which usually coincides with the vesting period of the grant.

Product Development and Research

The Company's research and development costs are expensed as incurred.

Shipping and Handling Costs

Costs related to shipping and handling are comprised of outbound freight and the associated labor. These costs are recorded in costs of sales. For the years ended December 31, 2019 and 2018, the costs relating to shipping and handling totaled \$1.8 million and \$2.1 million, respectively.

Loss per Common Share

Basic loss per share of common stock is computed based on the weighted average number of shares of common stock outstanding during the period. Diluted loss per share of common stock is computed using the weighted average number of shares of common stock and potential dilutive common stock equivalents outstanding during the period. Potential dilutive common stock equivalents include shares issuable upon the conversion of the notes and the exercise of options and warrants. Due to the net loss for the years ended December 31, 2019 and 2018, the effect of the Company's potential dilutive common stock equivalents was anti-dilutive; as a result, the basic and diluted weighted average number of common shares outstanding and net loss per common share are the same. As of December 31, 2019 and 2018, the shares of common stock issuable in connection with stock options and warrants have been excluded from the diluted loss per share, as their effect would have been anti-dilutive.

For the years ended December 31, 2019 and 2018 (in thousands except shares and per share data)

	2019	2018
Basic loss per share computation:		
Net loss attributable to common stockholders —basic and diluted	\$ (25,124)	\$ (36,256)
Weighted average common shares —basic and diluted	53,839,139	53,592,930
Basic and diluted loss per share	\$ (0.47)	\$ (0.68)

Adoption of Other Recent Accounting Pronouncements

In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842), which supersedes the existing lease guidance under Topic 840. The new standard requires lessees to recognize Right-of-Use ("ROU") assets and lease liabilities for all leases with terms greater than 12 months, including those leases that were previously classified as operating leases. Topic 842 retains a distinction between finance leases and operating leases, with measurement and presentation of expenses and cash flows being dependent upon the classification. The Company adopted the new standard effective January 1, 2019 utilizing the optional transition method allowed under ASU 2018-11, Leases (Topic 842): Targeted Improvements. The Company elected to adopt the package of practical expedients allowed under the new accounting guidance, which allows the Company to not reassess previous conclusions regarding 1) whether existing or expired leases are or contain leases, 2) the lease classification of existing or expired leases and 3) initial direct costs for existing leases. In addition, the Company adopted the practical expedient to combine lease and non-lease components for all classes of underlying assets. Per the requirements of the standard, the Company recorded a ROU asset and a lease liability representing the present value of future lease payments to be paid in exchange of the use of an asset of \$1.9 million and \$2.0 million respectively as of January 1, 2019. However, there was no cumulative effect adjustment to the opening balance of retained earnings as the assets and the liabilities recorded upon adoption off-set each other.

In February 2018, the FASB issued ASU 2018-02, "Income Statement - Reporting Comprehensive Income (Topic 220): Reclassification of Certain Tax Effects from Accumulated Other Comprehensive Income," which allows a reclassification from accumulated other comprehensive income to retained earnings for stranded tax effects resulting from the Tax Cuts and Jobs Act. This guidance is effective for all entities for fiscal years, and interim periods within those years, beginning after December 15, 2018, with early adoption permitted. The amendments in ASU 2018-02 should be applied either in the period of adoption or retrospectively to each period in which the effect of the change in the U.S. federal corporate income tax rate in the Tax Cuts and Jobs Act is recognized. The Company's adoption of this amendment, effective January 1, 2019, did not have a material impact on its consolidated financial statements and the related disclosures.

In November 2018, the FASB issued ASU 2018-18, Collaborative Arrangements (Topic 808): "Clarifying the Interaction between Topic 808 and Topic 606". The guidance clarifies that certain transactions between collaborative arrangement participants should be accounted for as revenue under Topic 606 when the collaborative arrangement participant is a customer. For the Company,

the amendment will be effective on January 1, 2020, with early adoption permitted. The Company early adopted this amendment in the last quarter of 2019. The adoption of this amendment did not have a material impact on the Company's consolidated financial statements and the related disclosures.

In January 2017, the FASB issued ASU 2017-04, Intangibles - Goodwill and Other (Topic 350): "Simplifying the Test for Goodwill Impairment". The update simplifies how an entity is required to test goodwill for impairment by eliminating Step 2 from the goodwill impairment test. In accordance with the amendment, entities should perform the annual goodwill impairment test by comparing the carrying value of their reporting units to their fair value. An entity should record an impairment charge for the amount by which its carrying amount exceeds its reporting unit's fair value. The Company early adopted the amendment in the fourth quarter of 2019. The adoption of this amendment did not have a material impact on the Company's consolidated financial statements and the related disclosures.

Recently Issued and Not Yet Adopted Accounting Pronouncements

In December 2019, the FASB issued accounting standard update to simplify the accounting for income taxes. The standard's amendments include changes in various subtopics of accounting for income taxes including, but not limited to, accounting for "hybrid" tax regimes, tax basis step-up in goodwill obtained in a transaction that is not a business combination, intraperiod tax allocation exception to incremental approach, ownership changes in investments, interim-period accounting for enacted changes in tax law, and year-to-date loss limitation in interim-period tax accounting. The guidance is effective for fiscal years beginning after December 15, 2020 with early adoption permitted, including the interim periods within those years. The Company is evaluating the impact this guidance will have on the Company's Consolidated Financial Statements and related disclosures.

In June 2016, the FASB issued ASU No. 2016-13, Financial Instruments-Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments ("ASU No. 2016-13"), which requires that a financial asset (or a group of financial assets) measured at an amortized cost basis be presented at the net amount expected to be collected. This approach to estimating credit losses applies to most financial assets measured at amortized cost and certain other instruments, including but not limited to, trade and other receivables. The amendments in this update are originally effective for public business entities for fiscal years beginning after December 15, 2019. The Financial Accounting Standards Board subsequently postponed the effective date for small reporting companies to January 2023, which for the Company means January 1, 2023. Based on the current status of the evaluation, the Company believes the adoption of the guidance will not have a material impact on its Consolidated Financial Statements and related disclosures. The Company expects to continue and finalize its evaluation and assessment as required by the guidance upon adoption.

3. Inventories

Inventories as of December 31, 2019 and 2018 consisted of (in thousands):

	2019	2018
Raw materials	\$ 14,117	\$ 10,456
Work in progress	133	116
Finished goods	10,989	8,391
Inventories reserve	(2,208)	(2,667)
Inventories, net	<u>\$ 23,031</u>	<u>\$ 16,296</u>

4. Property, Plant and Equipment

Property, plant and equipment, at cost, as of December 31, 2019 and 2018, consisted of (in thousands):

	2019	2018
Land	401	\$ 401
Building and improvements	58,959	53,813
Machinery and equipment	14,897	12,229
Computer hardware and software	4,771	4,182
Furniture and fixtures	705	694
Construction in progress	30,759	30,949
	110,492	102,268
Less accumulated depreciation and amortization	(14,143)	(10,493)
Property, plant and equipment, net	<u>\$ 96,349</u>	<u>\$ 91,775</u>

The Company recorded depreciation expense of \$3.7 million and \$2.6 million in 2019 and 2018, respectively. The Company capitalized the interest expense of \$4.4 million as construction in progress during the twelve months ended December 31, 2018 and received a certificate of completion of its building in the fourth quarter of 2018. There was no interest expense capitalized as construction in progress during the twelve months ended December 31, 2019. In addition, during the twelve months ended December 31, 2019 and 2018, there were \$1.2 million and \$1.8 million respectively, of payroll costs capitalized as construction in progress.

5. Leases

In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842), which supersedes the existing lease guidance under Topic 840. The new standard requires lessees to recognize Right-of-Use ("ROU") assets and lease liabilities for all leases with terms greater than 12 months, including those leases that were previously classified as operating leases. Topic 842 retains a distinction between finance leases and operating leases, with measurement and presentation of expenses and cash flows being dependent upon the classification. The Company adopted the new standard on January 1, 2019 utilizing the optional transition method allowed under ASU 2018-11, Leases (Topic 842): Targeted Improvements.

The Company elected to adopt the package of practical expedients allowed under the new accounting guidance, which allows the Company to not reassess previous conclusions regarding (1) whether existing or expired leases are or contain leases, (2) the lease classification of existing or expired leases and (3) initial direct costs for existing leases. In addition, the Company adopted the practical expedient to combine lease and non-lease components for all classes of underlying assets.

The Company reviewed its portfolio of lease agreements, and other service contracts to identify embedded leases, and reached conclusions on key accounting assessments related to the standard and finalized the related accounting policies. As a result of the implementation of the new standard, all leases with a term greater than 12 months previously classified as operating leases and only expensed through the Consolidated Statements of Operations are now recorded on the Consolidated Balance Sheets. Per the requirements of the standard, the Company has recorded a ROU asset and a lease liability representing the present value of future lease payments to be paid in exchange of the use of an asset of \$1.9 million and \$2.0 million, respectively as of January 1, 2019. However, there was no cumulative effect adjustment to the opening balance of retained earnings as the assets and the liabilities recorded upon adoption off-set each other.

We have operating and finance leases for our corporate, manufacturing and international facilities as well as certain equipment. Our leases have remaining terms of less than 1 year to up to ten years, including available options to extend some of our lease terms for up to 5 years. One of our lease agreements has an early termination option within one year. As the interest rates implicit in our leases are typically not readily determinable, the Company has elected to utilize an incremental borrowing rate as the discount rate, determined based on the expected term of the lease, the Company's credit risk and existing borrowings. The discount rates utilized ranged from 4.86% to 8.60% and were utilized to determine the present value of the lease liabilities.

The components of lease expense were as follows:

	Year ended December 31, 2019	
Operating lease cost	\$	635
Finance lease cost:		
Amortization of right-of-use	\$	14
Interest on lease liabilities	\$	6
Total finance lease cost	\$	20

Right-of-use assets obtained in exchange for new operating lease liabilities were \$1.0 million during the year ended December 31, 2019. Cash paid for amounts included in the measurement of operating lease liabilities during the year ended December 31, 2019 was \$0.6 million. Cash paid for amounts included in the measurement of finance lease liabilities during the three months and year ended December 31, 2019 was not material.

Supplemental balance sheet information related to leases were as follows:

	December 31, 2019
Operating Leases	
Other assets	\$ 2,453
Other current liabilities	434
Other long-term liabilities	2,199
Total operating lease liabilities	2,633
Finance Leases	
Property, plant, and equipment	81
Accumulated depreciation	(12)
Property, plant, and equipment, net	69
Other current liabilities	12
Other long-term liabilities	57
Total finance lease liabilities	\$ 69

The weighted average remaining lease terms for operating and financing leases are 6.3 years and 4.7 years, respectively. The weighted average discount rates for operating and finance leases are 8.2% and 8.0%, respectively.

As of December 31, 2019 maturities of lease liabilities were as follows:

Year Ending December 31,	Operating Leases	Financing Leases
2020	\$ 635	\$ 18
2021	610	18
2022	550	18
2023	549	18
2024	236	12
Thereafter	843	—
Total lease payments	3,423	84
Less imputed interest	790	15
Total	\$ 2,633	\$ 69

As previously disclosed in our 2018 Annual Report on Form 10-K and under the previous lease accounting standard, future minimum lease payments for operating leases having initial or remaining non-cancelable lease terms in excess of one year would have been as follows:

	Commitments
2019	\$ 573
2020	611
2021	633
2022	610
2023	607
2024	200
	\$ 3,234

6. Debt

Convertible Notes

2019 Notes, 2023 Notes and 2023 Series B Notes

On December 16, 2014, the Company issued \$125.0 million aggregate principal amount of the 2019 Notes. On December 22, 2014, the Company announced the closing of the initial purchasers' exercise in full of their option to purchase an additional \$18.75 million aggregate principal amount of the 2019 Notes. The 2019 Notes bore interest at a fixed rate of 3.75% per year, payable semiannually in arrears on June 15 and December 15 of each year, beginning on June 15, 2015 and matured on December 15, 2019, unless earlier repurchased, redeemed or converted. The 2019 Notes were convertible into shares of the Company's common stock, cash or a combination thereof. On May 20, 2015, the Company received shareholder approval for the increase in the number of shares of common stock authorized and available for issuance upon possible conversion of the 2019 Notes.

On April 27, 2018, the Company entered into separate exchange agreements with certain holders of the 2019 Notes. The agreements gave the holders the right to exchange, in aggregate, \$75.1 million of the 2019 Notes for \$75.1 million of the 2023 Notes. The 2023 Notes bear a fixed interest rate of 4.75% per year, payable semi-annually with the principal payable in May 2023. At the option of the holders, the 2023 Notes are convertible into shares of the Company's common stock, cash or a combination thereof. The initial conversion rate is \$4.45 per share, subject to certain adjustments, related to either the Company's stock price volatility, or the Company's declaration of a stock dividend, stock distribution, share combination or share split expected dividends or other anti-dilutive activities. In addition, holders will be entitled to receive additional shares of common stock for a potential increase of the conversion rate up to \$280.90 per share under a make-whole provision in some circumstances. The Company incurred debt issuance costs of \$1.6 million upon issuance of the 2023 Notes.

In accordance with accounting for convertible debt within the cash conversion guidance of ASC 470-20, the Company allocated the principal amount of the 2023 Notes between its liability and equity components. The carrying amount of the liability component was determined by measuring the fair value of a similar debt instrument of similar credit quality and maturity that did not have the conversion feature. The carrying amount of the equity component, representing the embedded conversion option, was determined by deducting the fair value of the liability component from the principal amount of the 2023 Notes as a whole. The equity component was recorded to additional paid-in capital and is not remeasured as long as it continues to meet the conditions for equity classification. The excess of the principal amount of the 2023 Notes over the carrying amount of the liability component was recorded as a debt discount of \$19.0 million, and is being amortized to interest expense using the effective interest method through the maturity date. The Company allocated the total amount of debt issuance costs incurred to the liability and equity components using the same proportions as the proceeds from the 2023 Notes. The debt issuance costs attributable to the liability component were recorded as a direct deduction from the liability component of the 2023 Notes and are being amortized to interest expense using the effective interest method through the maturity date. Transaction costs attributable to the equity component were netted with the equity component of the 2023 Notes in additional paid-in capital. The effective interest rate of the 2023 Notes, inclusive of the debt discount and issuance costs, is 11.9%.

The exchange of \$75.1 million of the 2019 Notes for the 2023 Notes is considered a debt extinguishment under ASC 470-50. The 2019 Notes are accounted for under cash conversion guidance ASC 470-20, which requires the Company to allocate the fair value of the consideration transferred upon settlement to the extinguishment of the liability component and the reacquisition of the equity component upon derecognition. In accordance with the aforementioned guidance, the Company allocated a portion of the \$75.1 million to the extinguishment of the liability component equal to the fair value of that component immediately before extinguishment and recognized a \$2.5 million extinguishment loss in the Consolidated Statement of Operations to measure the difference between (i) the fair value of the liability component and (ii) the net carrying amount of the liability component (which is already net of any unamortized debt issuance costs). In addition, the Company recorded a \$7.6 million reduction of Additional Paid in Capital in connection with the extinguishment of \$75.1 million of the 2019 Notes.

In December 2018 the Company used \$52.8 million of proceeds from the Senior Credit Facilities (see below) to repurchase a portion of the 2019 Notes as well as \$0.3 million of proceeds to pay for transaction costs. The repurchase of the 2019 Notes is considered a debt extinguishment under ASC 470-50. The 2019 Notes are accounted for under cash conversion guidance ASC 470-20, which requires the Company to allocate the fair value of the consideration transferred upon settlement to the extinguishment of the liability component and the reacquisition of the equity component upon derecognition. In accordance with the guidance above, the Company allocated a portion of the \$52.8 million to the extinguishment of the liability component equal to the fair value of that component immediately before extinguishment and recognized a \$1.7 million extinguishment loss in the Consolidated Statement of Operations to measure the difference between (i) the fair value of the liability component and (ii) the net carrying value amount of the liability component (which is already net of any unamortized debt issuance costs). In addition,

the Company recorded a \$2.9 million reduction of Additional Paid in Capital in connection with the extinguishment of the 2019 Notes.

In the beginning of 2019, the Company used a total of \$2.7 million of proceeds from the Senior Credit Facilities to repurchase a portion of the remaining 2019 Notes. The repurchase of the 2019 Notes is considered a debt extinguishment under ASC 470-50. The 2019 Notes are accounted for under cash conversion guidance ASC 470-20, which requires the Company to allocate the fair value of the consideration transferred upon settlement to the extinguishment of the liability component and the reacquisition of the equity component upon derecognition. In accordance with the guidance above, the Company allocated a portion of the \$2.7 million to the extinguishment of the liability component equal to the fair value of that component immediately before extinguishment and recognized a \$0.2 million extinguishment loss in the Consolidated Statement of Operations to measure the difference between (i) the fair value of the liability component and (ii) the net carrying value amount of the liability component (which is already net of any unamortized debt issuance costs). The reduction of Additional Paid in Capital in connection with this extinguishment was immaterial. The Company settled the remaining 2019 Notes of \$13.0 million in principal upon its maturity in December 2019.

2023 Series B Notes

On October 31, 2019, the Company closed its offering of the 2023 Series B Notes in the aggregate principal amount of \$34.4 million. The 2023 Series B Notes will mature in May 2023 and are convertible at the option of the holder at any time prior to maturity at an initial conversion price of \$0.72 per share, subject to adjustment under certain circumstances. The 2023 Series B Notes and any shares of common stock issuable upon conversion of the 2023 Series B Notes (the "Conversion Shares") have not been registered under the Securities Act of 1933, as amended (the "Securities Act"), or any state or other jurisdiction's securities laws, and the 2023 Notes and the Conversion Shares may not be offered or sold in the United States absent registration or an applicable exemption from the registration requirements of the Securities Act and applicable state or other jurisdictions' securities laws. The Company does not intend to file a registration statement for the resale of the 2023 Series B Notes or any Conversion Shares.

As part of the offering, the Company entered into agreements with certain holders of its existing 2023 Notes to exchange \$9.0 million of the 2023 Notes for \$5.1 million of the 2023 Series B Notes. The gross cash proceeds of approximately \$29.3 million from the financing were used to extinguish the Company's existing 2019 Notes in December 2019 and intended to pay amounts owing with respect to other indebtedness and to fund general corporate and working capital requirements. The 2023 Series B Notes bear interest at a rate of 7.00% per annum if paid in cash, semiannually in arrears on May 1 and November 1 of each year, beginning on May 1, 2020. The Company also has an option, and has agreed with its senior lender, to PIK the interest at 8.00% per annum, to defer cash payments. The net proceeds from the financing were \$26.9 million after deducting a total of \$2.3 million of the initial purchasers' discounts and professional fees associated with the transaction.

Under ASC 470-60, Troubled Debt Restructurings by Debtors, the exchange of the \$9.0 million of the 2023 Notes for the \$5.1 million of the 2023 Series B Notes represents a troubled debt restructuring ("TDR"). The TDR did not result in a gain recognition. As a result, a new effective interest rate was established based on the \$7.2 million carrying value of the original debt, net of the \$2.0 million fair value of the embedded derivative liability related to the new debt issued in the TDR and \$0.2 million issuance costs, getting accreted to \$6.8 million representing the total amount of the future undiscounted cash flows related to the \$5.1 million of the 2023 Series B Notes.

In accordance with ASC 815-15, Derivatives and hedging, Embedded Derivatives, the embedded conversion option should be bifurcated and separately accounted for as a derivative instrument, because the Company did not have enough authorized shares available to share-settle the conversion option. Such derivative instruments should be initially and subsequently measured at fair value, with changes in fair value recognized in earnings (see Note 7). The derivative liability recorded at the issuance date was \$13.5 million, including the \$2.0 million above accounted for in the TDR, which was subsequently remeasured to \$6.8 million as of December 31, 2019, with \$6.8 million recognized as a gain on change in fair value of derivative in the Company's statement of operations. Further, the \$0.9 million of allocated issuance costs associated with the bifurcated conversion features embedded in the notes was recognized as a loss on debt restructuring in the Company's statement of operations for the year ended December 31, 2019. In accordance with ASC 470-20, the initial carrying amount of the liability component of the 2023 Series B Notes, excluding the \$5.1 million portion above is accounted for as a TDR, upon issuance is the residual amount between total proceeds from the transaction and the derivative liability net of allocated issuance costs. The \$1.4 million debt issuance costs attributable to the liability component were recorded as a direct deduction from the liability component of the 2023 Series B Notes and are being amortized to interest expense using the effective interest method through the maturity date. The discount from the par amount of the 2023 Series B Notes will be accreted to par utilizing the effective-interest rate method over the term of the Notes from the issuance date through May 2023. The effective interest rate of the 2023 Notes, inclusive of the debt discount and issuance costs is 27.4%.

Prior Term Loan

On June 1, 2018, the Company entered into a credit agreement for \$25.0 million in original principal amount of term loans secured by all Company assets (the "Prior Term Loan"). The Prior Term Loan incurred debt issuance costs of \$0.5 million and a debt discount of \$0.4 million. The debt discount is due to lender fees paid on the initial drawdown of \$15.0 million. The debt issuance costs and debt discount were amortized to interest expense using the effective interest method through the maturity date. In December 2018, the Company used \$25.6 million of proceeds from the Senior Credit Facilities (see below) to repay the Prior Term Loan which was comprised of \$25.0 million of principal, \$0.5 million of transaction costs and \$0.1 million of interest. The repayment of the Prior Term Loan is considered a debt extinguishment under ASC 470-50. In 2018, the Company recorded \$1.3 million of extinguishment loss related to the repayment of the Prior Term Loan in the Consolidated Statement of Operations.

Senior Credit Facilities

On December 13, 2018 we entered into the Senior Credit Facilities, consisting of the Revolver and Term Loans. The Senior Credit Facilities also included a \$15.0 million delayed draw term loan b commitment, which remained undrawn and expired on October 31, 2019. As of December 31, 2019, \$25.0 million was drawn under the Revolver and \$88.5 million of Term Loans were outstanding. As of December 31, 2019, the Revolver was fully drawn. The Company extended commitments related to undrawn amounts of the Delayed Draw Term Loan A from June 30, 2019 to December 13, 2019, pursuant to an amendment the Company entered with the Second Lien Agent on July 18, 2019. The extended Delayed Draw Term Loan A was subsequently drawn down by the Company in December 2019. Drawn amounts under the Delayed Draw Term Loans mature at the same time as the Initial Term Loan. The Term Loans mature on the earliest to occur of the June 23, 2024 and the date of that is 181 days prior to the maturity date of each of (x) the 2023 Notes and (y) the 2023 Series B Notes. The Revolver matures on the earliest to occur of the June 23, 2024 and the date of that is 91 days prior to the maturity date of each of (x) the 2023 Notes and (y) the 2023 Series B Notes. The Company's ability to borrow under the Revolver is subject to a borrowing base determined based upon eligible inventory, eligible equipment, eligible real estate and eligible receivables. The Senior Credit Facilities are secured by substantially all of the Company's assets. All of the Company's debt is subordinated to the Senior Credit Facilities. The liens securing the Term Loans are subordinate to the liens securing the Revolver. The Senior Credit Facilities had customary financial and non-financial covenants, including affirmative, negative and reporting covenants, representations and warranties, and events of default, including cross-defaults on other material indebtedness, as well as events of default triggered by a change of control and certain actions initiated by the FDA which were superseded by the amendments noted below. The financial covenants consisted of a minimum revenue test, a minimum adjusted EBITDA test and a maximum total net leverage ratio.

The Revolver bears interest at a fluctuating rate of interest equal to one, two, three or six-month LIBOR plus a margin of 3.75% or a rate based on the prime rate plus a margin of 2.75%. The Term Loans bear interest at a fluctuating rate of interest equal to one, two, three or six-month LIBOR plus a margin of 8.75% or a rate based on the prime rate plus a margin of 7.75%. Interest on the Senior Credit Facilities is payable in cash quarterly in arrears (or more frequently in connection with customary LIBOR interest provisions), provided, that the Company may elect (and has covenanted to the lenders under its First Lien Credit Agreement to) pay interest on the Term Loans in kind until the earlier to occur of the date upon which Company has provided financial statements demonstrating twelve-months of revenue of at least \$125.0 million and (ii) December 28, 2020.

Amounts drawn under the Revolver may be prepaid at the option of the Company without premium or penalty, subject, in the case of acceleration of the Revolver or termination or reduction of the revolving credit commitments thereunder, to certain call protections which vary depending on the time at which such prepayments are made. Amounts drawn under the Revolver are subject to mandatory prepayment to the extent that aggregate extensions under the Revolver exceed the lesser of the revolving credit commitment then in effect and the borrowing base then in effect, and upon the occurrence of certain events and conditions, including non-ordinary course asset dispositions, receipt of certain insurance proceeds and condemnation awards and issuances of certain debt obligations. Amounts outstanding under the Term Loans may be prepaid at the option of the Company subject to applicable premiums, including a make-whole premium, and certain call protections which vary depending on the time at which such prepayments are made. Subject to payment of outstanding obligations under the Revolver as a result of any corresponding mandatory prepayment requirements thereunder, amounts outstanding under the Term Loans are subject to mandatory prepayment upon the occurrence of certain events and conditions, including non-ordinary course asset dispositions, receipt of certain insurance proceeds and condemnation awards, issuances of certain debt obligations and a change of control transaction.

In connection with the Revolver the Company incurred a debt discount of \$0.5 million and debt issuance issue costs of \$0.3 million. The debt discount is due to annual fees and lender fees paid on the initial drawdown of \$15.0 million. The debt issuance costs and debt discount are recorded as an asset on the Consolidated Balance Sheet and are amortized to interest expense using the straight-line method through the estimated Revolver maturity date. The annual fees related to the Revolver and the Initial Term Loan are amortized to interest expense using the straight-line method over the annual period they relate to. In connection with the Initial Term Loan and Delayed Draw Term Loan A, the Company incurred a debt discount of \$1.8 million and debt issuance issue costs of \$0.8 million. The debt discount is due to lender fees paid on the Initial Term Loan of \$50.0 million and drawdown of Delayed Draw Term Loan A of \$20.0 million. The debt issuance costs and debt discount costs are amortized to

interest expense using the effective interest rate method through the estimated maturity date. In addition, the Company incurred \$0.5 million of debt issuance costs related to the commitment fees paid to the lenders for the undrawn amounts of the Delayed Draw Term Loans. These debt issuance costs are recorded as an asset on the balance sheet and amortized on a straight-line basis over the access period of the Delayed Draw Term Loans through June 30, 2019. The effective interest rates, inclusive of the debt discounts and issuance costs, for the various borrowing tranches of the Revolver were between 6.2% and 9.1%. The effective interest rates, inclusive of the debt discounts and issuance costs for the Initial Term Loan and Delayed Draw Term Loan A were between 9.1% and 12.2%.

The Initial Term Loan of \$50.0 million and \$15.0 million of the Revolver were drawn by the Company on December 13, 2018. On December 21, 2018, the Company drew \$20.0 million of the Delayed Draw Term Loan A. In January 2019, the Company drew \$5.0 million and subsequently the remaining \$5.0 million under the Revolver were drawn down by the Company in April 2019. On September 18, 2019, pursuant to terms of the First Lien Credit Agreement, the Company borrowed an advance in the aggregate principal amount of \$2.5 million (the "Protective Advance"). The Protective Advance is a secured Obligations under the First Lien Credit Agreement, and bears interest at the rate applicable to the Revolver. The Protective Advance was subsequently repaid in November 2019 along with a repayment fee of \$0.1 million. The Company drew down the remaining \$10.0 million under its borrowing capacity of Delayed Draw Term Loan A before its expiry in December of 2019. The \$15.0 million Delayed Draw Term Loan B expired upon the issuance of the 2023 Series B Notes, prior to the Company drawing down any monies.

The Term Loans are governed by the Second Lien Credit Agreement. The Term Loans include a 24-month paid-in-kind interest option available to the Company should it choose to defer cash payments in order to maintain the liquidity needed to continue launching new products, and preparing for an FDA prior approval inspection of its new injectable manufacturing facility. The Company has elected the paid-in-kind interest option and increased the principal balance of Term Loans by \$8.5 million for the twelve month periods ended December 31, 2019 respectively.

On April 6, 2020, the Company entered into amendments pertaining to the Senior Credit Facilities. The amendments collectively among other things, (i) increase the interest rates on April 6, 2020, (ii) reset certain prepayment premiums and modify the terms of certain mandatory prepayments and (iii) modify certain financial covenant levels inclusive of the disposition of prior covenants as of and for the period ended December 31, 2019. Additional information pertaining to the Senior Credit Facilities amendments is included in the Subsequent Event footnote.

At December 31, 2019 and December 31, 2018, the net carrying amount of the debt and the remaining unamortized debt discounts and debt issuance costs were as follows (in thousands):

	December 31, 2019	December 31, 2018
	(Current)	(Current)
Face amount of the 2019 Notes (due December 2019)	\$ —	\$ 15,702
Less unamortized discounts and debt issuance costs	—	1,291
Total net carrying value	\$ —	\$ 14,411
	December 31, 2019	December 31, 2018
Face amount of the 2023 Notes (due May 2023)	\$ 66,090	\$ 75,090
Face amount of the Revolver Credit Facility (due December 2022)	25,000	15,000
Face amount of the 2023 Series B Notes (due May 2023)	34,405	—
Face amount of the 2023 Loan (due February 2023)	88,464	70,000
Total carrying value, non-current	\$ 213,959	\$ 160,090
Less unamortized discounts and debt issuance costs	27,589	20,519
Total net carrying value, non-current	\$ 186,370	\$ 139,571

Debt Maturities Schedule

Aggregate maturities of the Company's debt are presented below (in thousands):

Year Ending December 31,	
2022	25,000
2023	188,959
Total	<u>\$ 213,959</u>

7. Derivatives

The Company accounts for its derivative instruments in accordance with ASC 815-10, "Derivatives and Hedging". ASC 815-10 establishes accounting and reporting standards requiring that derivative instruments, including derivative instruments embedded in other contracts, be recorded on the balance sheet as either an asset or liability measured at its fair value. ASC 815-10 also requires that changes in the fair value of derivative instruments be recognized currently in results of operations unless specific hedge accounting criteria are met.

The Company has not entered into hedging activities to date. The Company's derivative liability at December 31, 2019 was the embedded convertible option of its 2023 Series B Notes issued on October 31, 2019, which has been recorded as a liability at fair value and was revalued at each reporting date, with changes in the fair value of the instruments included in the consolidated statements of operations as non-operating income (expense). The Company does not have a derivative liability at December 31, 2018.

The terms and assumptions used in connection with the valuation of the convertible option of the 2023 Series B Notes are as follows:

	Initial Measurement	Measurement
Measurement date	10/31/2019	12/31/2019
Issuance date	10/31/2019	10/31/2019
Maturity date	5/1/2023	5/1/2023
Term (years)	3.5	3.33
Principal	\$ 34,405	\$ 34,405
Coupon	7.00% cash/ 8.0% PIK	7.00% cash/ 8.0% PIK
Seniority	Senior unsecured	Senior unsecured
Conversion price	\$ 0.72	\$ 0.72
Stock price	\$ 0.63	\$ 0.43
Risk free rate	1.5 %	1.6 %
Volatility	47.3 %	47.3 %

The following table presents the Company's liabilities that are measured and recognized at fair value on a recurring basis classified under the appropriate level of the fair value hierarchy as of December 31, 2019.

	Quoted Prices in Active markets for Identical Assets and Liabilities	Significant Other Observable Inputs	Significant Unobservable Inputs	Balance as of December 31, 2019
Descriptions	(Level 1)	(Level 2)	(Level 3)	
Derivative liability related to Series B Convertible Notes	—	—	\$ 6,776	\$ 6,776

The following table sets forth a summary of changes in the fair value of the Company's Level 3 liabilities for the year ended December 31, 2019. Any unrealized gains or losses on the derivative liabilities are recorded as non-operating income or expense in the Company's statement of operations.

Descriptions	Initial Measurement 10/31/2019	Subsequent Measurement (Gain) or loss recognized in earnings from Change in Fair Value	Balance as of 12/31/2019
Fair value of convertible feature of Series B Convertible Notes	\$ 13,545	\$ (6,769)	\$ 6,776

8. Revenues, Recognition and Allowances

Revenue Recognition

As of January 1, 2018, the Company adopted the ASC 606 guidance for revenue recognition for contracts, using the modified retrospective method. The implementation of this guidance had no material impact on the measurement or recognition of revenue from customer contracts of prior periods.

Upon adoption of this new guidance, the Company recognizes revenue using the following five steps:

- Identification of the contract, or contracts, with a customer;
- Identification of the performance obligations in the contract;
- Determination of the transaction price, including the identification and estimation of variable consideration;
- Allocation of the transaction price to the performance obligations in the contract; and
- Recognition of revenue when we satisfy a performance obligation.

The Company derives its revenues from three types of transactions: sales of its own pharmaceutical products (Company product sales), sales of manufactured product for its customers (contract manufacturing sales), and research and product development services performed for third parties.

Revenue is recognized when a customer obtains control of promised goods or services, in an amount that reflects the consideration which the entity expects to receive in exchange for those goods or services. To the extent the transaction price includes variable consideration, the Company estimates the amount of variable consideration that should be included in the transaction price using the expected value method based on historical experience as well as applicable information currently available.

Company Product Sales

Revenue from Company product sales is recognized upon transfer of control of a product to a customer at a point in time, generally as the Company's products are sold on an FOB destination basis and because inventory risk and risk of ownership passes to the customer upon delivery.

Company product sales are recorded net of accruals for estimated chargebacks, rebates, cash discounts, other allowances, and returns.

Contract Manufacturing Sales

The Company recognizes revenue for contract manufacturing sales over-time, as milestones are achieved. Shipments are made in accordance with sales commitments and related sales orders entered into with customers either verbally or in written form.

Contract manufacturing sales are recognized net of accruals for cash discounts and returns which are established at the time of sale, and are included in Revenue, net in the Company's Consolidated Statement of Operations.

Research and Development Services and Other Income

The Company establishes agreed upon product development agreements with its customers to perform product development services. Revenues are recognized in accordance with the agreement upon the completion of the phases of development and when the Company has no future performance obligations relating to that phase of development. Other types of revenue include royalty or licensing revenue, which would be recognized over time, or at a point in time, based upon the contractual term upon completion of the earnings process. Judgments are required to evaluate contingencies such as potential variances in the schedule or the costs, the impact of change orders, liability claims, contract disputes and achievement of contractual performance standards.

Revenues by Transaction Type

The Company operates in one reportable segment and, therefore, the results of the Company's operations are reported on a consolidated basis, consistent with internal management reporting for the chief decision maker. Net Sales (in thousands) for the three years ended December 31, 2019 and 2018 were as follows (prior-period amounts are not adjusted under the modified-retrospective method of adoption):

	Years ended December 31,	
	2019	2018
Company product sales	\$ 64,291	\$ 59,591
Contract manufacturing sales	1,362	6,047
Research and development services and other income	243	227
Revenue, net	<u>\$ 65,896</u>	<u>\$ 65,865</u>

Disaggregated information for the Company product sales revenue has been recognized in the accompanying audited Consolidated Statements of Operations, and is presented below according to contract type (in thousands):

Company Product Sales	Years ended December 31,	
	2019	2018
Topical	\$ 46,150	\$ 35,118
Injectables	18,141	24,473
Total	<u>\$ 64,291</u>	<u>\$ 59,591</u>

For the twelve months ended December 31, 2019, Company did not incur, and therefore did not defer, any material incremental costs to obtain contracts.

Returns and Allowances

As is customary in the pharmaceutical industry, the Company's product sales are subject to a variety of deductions including chargebacks, rebates, cash discounts, other allowances, and returns. Product sales are recorded net of accruals for returns and allowances, which are established at the time of sale. The Company analyzes the adequacy of its accruals for returns and allowances quarterly. Amounts accrued for sales deductions are adjusted when trends or significant events indicate that an adjustment is appropriate. Accruals are also adjusted to reflect actual results. These provisions are estimates based on historical payment experience, historical relationship to revenues, estimated customer inventory levels and current contract sales terms with direct and indirect customers. The Company uses a variety of methods to assess the adequacy of its returns and allowances reserves to ensure that its financial statements are fairly stated. These include periodic reviews of customer inventory data, customer contract programs, subsequent actual payment experience, and product pricing trends to analyze and validate the return and allowances reserves.

Accounts receivable are presented net of returns and allowances of \$30.5 million and \$18.1 million at December 31, 2019 and 2018, respectively. The allowance for doubtful accounts was \$2.2 million and \$2.6 million at December 31, 2019 and 2018, respectively. These allowances are primarily related to one specific customer in the amount of \$1.7 million.

Chargebacks are one of the Company's most significant estimates for recognition of product sales. A chargeback represents an amount payable in the future to a wholesaler for the difference between the invoice price paid to the Company by its wholesale customer for a particular product and the negotiated contract price that the wholesaler's customer pays for that product. The Company's chargeback provision and related reserve varies with changes in product mix, changes in customer pricing and changes to estimated wholesaler inventories. The provision for chargebacks estimate the expected wholesaler sell-through levels to indirect customers at contract prices. The Company validates the chargeback accrual quarterly through a review of the inventory reports obtained from its largest wholesale customers. This customer inventory information is used to establish the estimated liability for future chargeback claims based on historical chargeback and contract rates. These large wholesalers represent the majority of the Company's chargeback payments. The Company continually monitors current pricing trends and wholesaler inventory levels to ensure the liability for future chargebacks is fairly stated.

Rebates are used for various discounts and rebates provided to customers. This account has been used for various one-time discounts given to customers. The Company reviews the percentage of products sold through these programs by reviewing chargeback data and uses the appropriate percentages to calculate the rebate accrual. Rebates are invoiced monthly or quarterly and reviewed against the accruals. Other items that could be included in accrued rebates would be price protection fees, shelf stock adjustments (SSAs), or other various amounts that would serve as one-time discounts on specific products.

Net revenue and accounts receivable balances in the Company's consolidated financial statements are presented net of sales and returns and allowances (SRA) estimates. Certain SRA balances are included in accounts payable and accrued expenses.

The Company's adjustments for the deductions to gross product sales for the two years ended December 31, 2019 and 2018 are as follows (in thousands):

	Years ended December 31,	
	2019	2018
Gross product sales	\$ 156,301	\$ 158,278
Reduction to gross product sales:		
Chargebacks and billbacks	60,008	60,770
Wholesaler fees for service	9,000	5,503
Sales discounts and other allowances	23,002	32,414
Total reduction to gross product sales	\$ 92,010	\$ 98,687
Total product sales, net	\$ 64,291	\$ 59,591

9. Goodwill and Intangible Assets

Goodwill

The Company acquired the assets of Canadian pharmaceutical company Alveda Pharmaceuticals, Inc., in November 2015. As a result of the acquisition, goodwill of \$0.4 million was recorded. Our annual impairment test is conducted annually on October 1. Goodwill is also tested for impairment whenever an event occurs or circumstances change that would more likely than not reduce the fair value of its reporting unit below its carrying amount. There have been no events or changes in circumstances that would have reduced the fair value of our reporting unit below its carrying value and therefore no impairment losses have been recognized pertaining to goodwill.

Changes in goodwill during the two years ended December 31, 2019 and December 31, 2018 were as follows (in thousands):

	Goodwill
January 1, 2018	\$ 471
Foreign currency translation	(1)
December 31, 2018	470
Foreign currency translation	21
December 31, 2019	\$ 491

Intangible Assets

The following sets forth the major categories of the Company's intangible assets and the weighted-average remaining amortization period as of December 31, 2019 and December 31, 2018 for those assets that are not already fully amortized (in thousands):

December 31, 2019				Weighted Average Remaining Amortization Period
	Gross Carrying Amount	Accumulated Amortization	Net Carrying Amount	
Trademarks and Technology	\$ 39,943	\$ (10,885)	\$ 29,058	10.8
Product acquisition costs	13,103	—	13,103	N/A - See description below
In-process research and development ("IPR&D")	327	—	327	N/A - See description below
Customer relationships	3,658	(1,501)	2,157	5.9
Total	<u>\$ 57,031</u>	<u>\$ (12,386)</u>	<u>\$ 44,645</u>	

December 31, 2018				Weighted Average Remaining Amortization Period
	Gross Carrying Amount	Accumulated Amortization	Net Carrying Amount	
Trademarks and Technology	\$ 40,169	\$ (8,239)	\$ 31,930	11.8
Product acquisition costs	13,308	—	13,308	N/A - See description below
In-process research and development ("IPR&D")	719	—	719	N/A - See description below
Customer relationships	3,557	(1,139)	2,418	6.9
Total	<u>\$ 57,753</u>	<u>\$ (9,378)</u>	<u>\$ 48,375</u>	

Changes in intangibles during the year ended December 31, 2019 were as follows (in thousands):

	Product Acquisition Costs	Trademarks and Technology	IPR&D	Customer Relationships
Balance at December 31, 2018	\$ 13,308	\$ 31,930	\$ 719	\$ 2,418
Amortization	—	(2,646)	—	(362)
Intangible assets placed in service	—	301	(301)	—
Foreign currency translation	(205)	(527)	(91)	101
Balance at December 31, 2019	<u>\$ 13,103</u>	<u>\$ 29,058</u>	<u>\$ 327</u>	<u>\$ 2,157</u>

The Company recorded amortization expense of \$3.0 million and \$3.1 million in 2019 and 2018, respectively. The Company recorded an impairment loss of \$0.7 million and \$1.2 million related with product acquisition costs and IPR&D, respectively, in 2018. There were no impairment losses pertaining to intangibles for the year ending December 31, 2019.

Assuming no additions, disposals or adjustments are made to the carrying values and/or useful lives of the intangible assets, annual amortization expense on trademarks and technology and customer relationships for each of the following years is estimated to be as follows (in thousands):

Year ending December 31,	Amortization Expense *	
2020	\$	3,008
2021		3,008
2022		3,008
2023		3,008
2024		3,008
Thereafter		16,175
Total	\$	31,215

*IPR&D and Product Acquisition Costs are not included in the table.

The useful lives of the Company's intangible assets are as follows:

Intangibles Category	Amortizable Life
Product Acquisition Costs	10 years
Trademarks & Technology	15 years
Customer Relationships	10 years

10. Stock-Based Compensation

Stock Options

The 1999 Director Stock Option Plan, as amended (the "Director Plan"), provides for the grant of stock options to non-employee directors of the Company at an exercise price equal to the fair market value per share on the date of the grant. As of May 25, 2016, this plan is no longer active for grants. There were 485,000 and 500,000 stock options outstanding as of December 31, 2019 and 2018, respectively.

On June 26, 2009, the Board of Directors adopted, and the Company's stockholders subsequently approved by written consent, the IGI Laboratories, Inc. 2009 Equity Incentive Plan (the "2009 Plan"). The 2009 Plan became effective on July 29, 2009 and was no longer active for grants subsequent to May 25, 2016. The 2009 Plan allowed the Company to grant options and restricted stock, as well as the Board of Directors to authorize a broad range of other equity-based awards, including stock appreciation rights, restricted stock units ("RSUs") and performance awards to consultants, service providers, employees and board members. On April 12, 2010, the Board of Directors adopted, and the Company's stockholders subsequently approved, an amendment and restatement of the 2009 Plan to increase the number of shares of Common Stock available for grant under such plan by adding 2,000,000 shares of Common Stock. The 2009 Plan, as amended on May 29, 2010, authorizes up to 5,000,000 shares of the Company's common stock for issuance pursuant to the terms of the 2009 Plan. The maximum number of shares that may be subject to awards made to any individual in any single calendar year under the 2009 Plan is 1,000,000 shares. There were 1,847,608 stock options outstanding and 1,868,302 shares of stock outstanding as of December 31, 2019. There were no RSUs outstanding at December 31, 2019. There were 14,377 RSUs, 1,853,925 shares of stock outstanding and 2,458,106 stock options outstanding as of December 31, 2018. As of December 31, 2019, 1,369,038 options available were transferred to the superseded plan.

On May 25, 2016, the Board of Directors approved the Company's 2016 Equity Incentive Plan (the "2016 Plan"). On May 21, 2018, the Board of Directors adopted, and the Company's stockholders subsequently approved, an amendment and restatement of the 2016 Plan to increase the number of shares of Common Stock available for grant under such plan by adding 2,000,000 shares of Common Stock. The 2016 Plan, as amended, provides for the issuance of awards of up to 4,000,000 shares of the Company's common stock, plus any currently forfeited, expired or canceled grants without delivery of shares of common stock to the recipient which would be returned to the plan for reissuance up to 2,500,000 shares. Generally, shares of common stock reserved for awards under the 2016 Plan that lapse or are canceled, will be added back to the share reserve available for future awards. However, shares of common stock tendered in payment for an award or shares of common stock withheld for taxes will not be available again for grant. The 2016 Plan provides that no participant may receive awards for more than 1,000,000 shares of common stock in any fiscal year. As the 2016 Plan supersedes either the Director Plan or the 2009 Plan, any available shares

from either are now incorporated into the 2016 Plan. As of December 31, 2019, there were 62,680 RSUs outstanding, 136,496 shares of common stock outstanding and 2,835,131 stock options under the 2016 Plan. As of December 31, 2018, there were 161,214 RSUs outstanding, 74,667 shares of common stock outstanding and 1,394,285 stock options outstanding under the 2016 Plan. As of December 31, 2019 and December 31, 2018, there were 5,167,739 and 4,352,391 stock options outstanding respectively in the Director Plan, 2009 Plan, and the 2016 Plan. As of December 31, 2019, there were 2,334,731 options available to grant under the plan.

In the interest of maintaining consistency with the Company's 2016 Equity Incentive Plan, on March 13, 2017, the Company entered into (i) an amendment to the option agreements governing each option grant currently outstanding under the Company's 2009 Equity Incentive Plan, and (ii) an amendment to the RSU agreements governing each RSU grant then outstanding under the 2009 Plan. The amendments provide for the automatic vesting upon a change of control of the Company of each option grant and RSU grant, as applicable, outstanding under the 2009 Plan. The amendments had a de minimis value to the holders as of December 31, 2019, and therefore no additional stock compensation expense was recognized related to the amendments.

The fair value of each option award is estimated on the date of grant utilizing the Black-Scholes option-pricing formula and the assumptions noted in the following table. Expected volatilities and risk-free interest rates are based upon the expected life of the grant.

Assumptions	2019	2018
Expected dividends	0 %	0 %
Risk free rate	1.38 - 2.47%	2.44 %
Expected volatility	64.33 - 76.81%	52.7 - 72.5%
Expected term (in years)	3.2 - 3.3 years	3.2 - 3.3 years

Volatility was estimated based on historical volatility of the Company's stock over the expected life of the options. The expected life of the options was estimated based on the Company's historical data. The risk-free interest rate is based on U.S. Treasury yields for securities with terms approximating the terms of the grants. Forfeitures are recognized in the period in which they occur. The assumptions utilized in the Black-Scholes option valuation model are highly subjective and can affect the resulting valuation.

Stock option transactions in each of the past two years under the aforementioned plans in total were:

	Shares	Exercise Price Per Share	Weighted Average Exercise Price
January 1, 2018 shares issuable under options	4,299,810	\$0.79 - \$10.67	\$ 5.09
Granted	839,785	1.73-4.25	3.34
Exercised	(239,000)	1.02-1.83	1.05
Expired	—	—	—
Forfeited	(548,204)	2.02-10.67	8.04
December 31, 2018 shares issuable under options	4,352,391	\$0.79-\$10.67	\$ 4.61
Granted	2,468,129	\$0.55-\$1.80	0.61
Exercised	—	—	—
Expired	(761,780)	\$1.02-\$10.67	2.42
Forfeited	(891,001)	\$0.66-\$8.67	1.04
December 31, 2019 shares issuable under options	5,167,739	\$0.55-\$10.67	\$ 3.34

The following table summarizes information concerning outstanding and exercisable options as of December 31, 2019:

Range of Exercise Price	Options Outstanding			Options Exercisable	
	Number of Options	Weighted Average Remaining Life (Years)	Weighted Average Exercise Price	Number of Options	Weighted Average Exercise Price
\$0.00 - \$0.78	195,155	9.58	\$ 0.65	—	\$ —
\$0.79 - \$1.50	1,781,369	4.52	1.02	1,265,000	1.03
\$1.51 - \$5.50	1,884,517	8.25	2.27	482,288	3.30
\$5.51 - \$10.67	1,306,698	5.97	8.44	1,250,518	7.73
Total	5,167,739	6.44	\$ 3.34	2,997,806	\$ 4.49

The following table summarizes information concerning outstanding and exercisable options as of December 31, 2018:

Range of Exercise Price	Options Outstanding			Options Exercisable	
	Number of Options	Weighted Average Remaining Life (Years)	Weighted Average Exercise Price	Number of Options	Weighted Average Exercise Price
\$0.79 - \$1.50	1,510,000	3.12	\$ 1.06	1,510,000	\$ 1.06
\$1.51 - \$5.50	992,457	8.27	3.23	199,826	2.76
\$5.51 - \$10.67	1,849,934	6.99	8.24	1,528,686	8.45
Total	4,352,391	5.94	\$ 4.61	3,238,512	\$ 4.65

The Company has recorded \$0.9 million, \$1.5 million related to its stock option based compensation expenses in cost of sales, product development and research expenses, and selling, general and administrative expenses on the accompanying Consolidated Statements of Operations for the years ended December 31, 2019 and 2018, respectively.

The aggregate intrinsic value of options outstanding was \$0.0 million at December 31, 2019 and \$0.5 million at December 31, 2018. The aggregate intrinsic value of the options exercisable was \$0 million at December 31, 2019 and \$0.5 million at December 31, 2018. The total intrinsic value of the options exercised during 2019 and 2018 was \$0 million, \$0.1 million, respectively.

A summary of non-vested options at December 31, 2019 and changes during the year ended December 31, 2019 is presented below:

	Options	Weighted Average Grant Date Fair Value
Non-vested options at January 1, 2019	1,113,878	\$ 2.00
Granted	2,468,129	0.61
Vested	(521,073)	2.20
Forfeited	(891,001)	1.04
Non-vested options at December 31, 2019	2,169,933	\$ 0.77

As of December 31, 2019, there was \$1.0 million of total unrecognized compensation cost related to non-vested share-based compensation arrangements under the Plan. The costs will be recognized through November 2022.

Restricted Stock and RSUs

The Company periodically grants restricted stock and RSU awards to certain officers and other employees that typically vest one to three years from their grant date. The Company recognized \$0.2 million and \$0.5 million, respectively, of compensation expense during the years ended December 31, 2019 and 2018 related to restricted stock awards and RSUs. Stock compensation expense is recognized over the vesting period of the restricted stock and RSUs. At December 31, 2019, the Company had approximately \$0.1 million of total unrecognized compensation cost related to non-vested restricted stock and RSUs, all of which will be recognized through March 2021. There have been no restricted stock issuances in the years ended 2019 and 2018.

A summary of non-vested RSUs and changes during each of the past two years is as follows:

	Number of RSUs	Weighted Average Issuance Price
Non-vested balance at January 1, 2018	188,629	\$8.27
Changes during the period:		
Shares granted	122,949	3.36
Shares vested	(109,940)	8.95
Shares forfeited	(26,047)	5.76
Non-vested balance at December 31, 2018	175,591	\$4.78
Changes during the period:		
Shares granted	—	—
Shares vested	(76,206)	5.39
Shares forfeited	(36,705)	4.74
Non-vested balance at December 31, 2019	62,680	\$4.07

11. Accrued Expenses

Accrued expenses represent various obligations of the Company including certain operating expenses and taxes payable.

For the fiscal years ended December 31, 2019, and 2018, the largest components of accrued expenses were (in thousands):

	2019	2018
Professional fees	\$ 1,881	\$ 2,153
Payroll	1,789	1,908
Interest expense	1,539	1,042
Medicaid and Medicare	987	383
Rebates	774	714
Wholesaler Fees	747	203
Royalties	377	222
Clinical Studies	334	334
Inventory and supplies	250	1,809
Income Tax	20	45
Capital expenditures	23	275
Other	564	754
	<u>\$ 9,285</u>	<u>\$ 9,842</u>

12. Income Taxes

The Company is subject to U.S. federal income tax and files a consolidated federal income tax return which includes all eligible U.S. subsidiary companies. The Company is also subject to tax in the states of Alabama, Illinois, Montana, New Jersey and Tennessee. The Company conducts significant operations in certain foreign countries and is, accordingly, subject to tax in those foreign jurisdictions consisting of Canada (including the province of Ontario), Estonia, Luxembourg and Jersey.

Loss before income tax for the years ended December 31, 2019 and 2018 consisted of the following (in thousands):

	2019	2018
U.S. operations	\$ (20,212)	\$ (32,183)
Foreign operations	(4,821)	(4,135)
Global Total	<u>\$ (25,033)</u>	<u>\$ (36,318)</u>

The Company's current tax expense (benefit) was \$0.1 million and \$(0.1) million for the years ended December 31, 2019 and 2018, respectively. The provision (credit) for income taxes attributable to continuing operations before income taxes for the years ended December 31, 2019 and 2018 is as follows (in thousands):

	2019	2018
Current tax expense (benefit):		
Federal	\$ —	\$ —
State and local	23	30
Foreign	87	(157)
Total current tax expense (benefit)	<u>110</u>	<u>(127)</u>
Deferred tax expense:		
Federal	—	—
State and local	—	—
Foreign	(19)	65
Total deferred tax (benefit) expense	<u>(19)</u>	<u>65</u>
Total income tax expense (benefit)	<u>\$ 91</u>	<u>\$ (62)</u>

A comparison of income tax (benefit) expense at the U.S. statutory rate of 21% in 2019 and 2018 to the Company's effective rate is as follows (in thousands):

	2019	2018
Expected Statutory benefit	\$ (5,257)	\$ (7,627)
Other non-deductible expenses	133	256
Change in valuation allowance	4,674	6,572
Research credits	(504)	—
Tax rate differential - foreign vs. U.S.	1,073	791
State income taxes, net of federal benefit	18	23
Prior year true-up	(45)	(93)
Exchange gain	(1)	16
	<u>\$ 91</u>	<u>\$ (62)</u>

During the fourth quarter of 2018, the Company completed its full assessment and finalized the accounting for the impact of the United States Tax Cuts and Jobs Act (U.S. TCJA) and concluded that there was no additional impact.

Deferred tax balances included in the Consolidated Balance Sheets as of December 31, 2019 and 2018 consisted of the following (in thousands):

	2019	2018
Deferred Tax Assets:		
Sales allowances and doubtful accounts	\$ 2,991	\$ 1,964
Inventory reserve	652	962
Deferred revenue	—	590
Accrued expenses	206	23
Property, plant and equipment	272	258
Tax operating loss carryforwards	10,851	9,951
Tax credit and other carryforwards	5,996	1,299
Stock compensation	566	538
Total deferred tax assets	21,534	15,585
Less valuation allowance	(18,562)	(12,120)
Net deferred tax assets	2,972	3,465
Deferred Tax Liabilities:		
Convertible debt conversion features	(3,070)	(3,514)
Foreign exchange	(14)	(28)
Intangible assets	(93)	(138)
Total deferred tax liabilities	(3,177)	(3,680)
Net deferred tax liability	\$ (205)	\$ (215)

The Company evaluates the recoverability of its deferred tax assets based on its history of operating results, its expectations for the future, and the expiration dates of the net operating loss carry forwards. Based on the preponderance of the evidence, the Company has concluded that it is more likely than not that it will be unable to realize the net deferred tax assets in the immediate future and has established a full valuation allowance for substantially all deferred tax assets. Accordingly, the Company has provided a valuation allowance of \$18.6 million and \$12.1 million for the years ended December 31, 2019 and 2018, respectively, on its deferred tax assets. The valuation allowance increased \$6.5 million during 2019. This increase was due to \$5.6 million related to changes in deferred taxes and \$0.9 million related to the 2019 net operating loss.

Operating loss, tax credit and other carry forwards as of December 31, 2019 and 2018 were as follows (in thousands):

	2019	2018
Federal:		
Net operating losses (see below)	\$ 48,531	\$ 45,081
Disallowed interest expense (no expiration)	17,783	5,018
Contributions (expiring through 2024)	658	524
Research tax credits (expiring through 2026)	1342	135
State:		
New Jersey (expiring in 2039)	4,942	2,976
Other states (expiring through 2039)	3,266	2,307
New Jersey research credits (expiring in 2026)	764	—
Foreign		
Net operating losses (no expiration)	\$ —	\$ 257

At December 31, 2019, the Company's U.S. federal net operating loss carryforwards will expire as follows (in thousands):

Year	Net Operating Loss
2020 - 2023	\$ 8,227
2024 - 2029	9,063
2030 - 2032	9,926
2033 - 2036	6,296
2037	8,116
No expiration but subject to limitation	6,903
Total	\$ 48,531

Federal net operating losses arising during and after 2018 are not subject to expiration; however, their usage is limited to 80% of taxable income during the year of use.

The Company's ability to use net operating loss carry forwards is subject to substantial limitation in future periods under certain provisions of Section 382 of the Internal Revenue Code of 1986, as amended, which limit the utilization of net operating losses upon a more than 50% change in ownership of the Company's stock that is held by 5% or greater stockholders. The Company examined the application of Section 382 with respect to an ownership change that took place during 2010, as well as the limitation on the application of net operating loss carry forwards. The Company believes that operating losses subsequent to the change date in 2010 (aggregating \$26.5 million) are not subject to Section 382 limitations. The Company has estimated that the annual limitation starting in 2010 aggregates from \$1.0 million to \$2.3 million per year including the effect of amortization of built in gains. The Company's loss carryforwards may be further limited in the future if additional ownership changes occur.

The Company is subject to the provisions of ASC 740-10-25, Income Taxes (ASC 740). ASC 740 prescribes a more likely-than-not threshold for the financial statement recognition of uncertain tax positions. ASC 740 clarifies the accounting for income taxes by prescribing a minimum recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. On a quarterly basis, the Company undergoes a process to evaluate whether income tax accruals are in accordance with ASC 740 guidance on uncertain tax positions.

Federal income tax returns for the years 2014 and 2015 have been examined by the U.S. Internal Revenue Service without any income tax expense consequences. For federal purposes (except for the years 2014 and 2015), post 1998 tax years remain open to examination as a result of net operating loss carryforwards. The Company is currently open to audit by the appropriate state income taxing authorities for tax years 2014 through 2018. The Company has not recorded any liability for uncertain tax positions at December 31, 2019 or December 31, 2018.

13. Commitments

The Company's commitments and contingencies consisted of leases for warehouse, office space and equipment. See Note 6 Leases for future lease payments under non-cancellable leases.

The Company has certain licensing and development agreement in place under which the Company will pay certain licensing fees and milestones over the lives of certain projects. These commitments totaled approximately \$2.4 million as of December 31, 2019, and will be paid over the next several years in accordance with agreed upon milestones.

14. Legal and U.S. Regulatory Proceedings

To date, thirteen putative class action antitrust lawsuits have been filed against the Company along with co-defendants, including Taro Pharmaceuticals U.S.A., Inc. and Perrigo New York Inc., regarding the pricing of generic pharmaceuticals, including econazole nitrate. The class plaintiffs seek to represent nationwide or state classes consisting of persons who directly purchased, indirectly purchased, paid and/or reimbursed patients for the purchase of generic pharmaceuticals from as early as July 1, 2009 until the time the defendants' allegedly unlawful conduct ceased or will cease. The class plaintiffs seek treble damages for alleged overcharges during the alleged period of conspiracy, and certain of the class plaintiffs also seek injunctive relief against the defendants. The actions have been consolidated by the Judicial Panel on Multidistrict Litigation to the Eastern District of Pennsylvania for pre-trial proceedings as part of the *In re Generic Pharmaceuticals Pricing Antitrust Litigation* matter. On October 16, 2018 the court dismissed the class plaintiffs' claims against the Company with leave to replead. On December 21, 2018 the class plaintiffs filed amended complaints, which the Company moved to dismiss on February 21, 2019. This motion remains pending. On December 19, 2019 certain class plaintiffs filed a further complaint that included additional claims against the Company based on the Company's sales of fluocinolone acetonide. A motion to dismiss this complaint has not yet been filed. "Opt-out" antitrust lawsuits have additionally been filed against the Company by various plaintiffs, including Humana Inc.; The Kroger Co. et al.; United HealthCare Services, Inc.; Molina Healthcare, Inc.; MSP Recovery Claims, Series LLC; Health Care Service Corp.; and Harris County, Texas. All but one of these complaints have been consolidated into the *In re Generic Pharmaceuticals Pricing Antitrust Litigation* matter by the Judicial Panel on Multidistrict Litigation. Each of the opt-out complaints names up to forty-seven defendants (including the Company) and involves allegations regarding the pricing of econazole along with up to 180 other drug products, most of which were not manufactured or sold by the Company during the period at issue. The opt-out plaintiffs seek treble damages for alleged overcharges for the drug products identified in the complaint during the alleged period of conspiracy, and some also seek injunctive relief. A motion to dismiss the Humana Inc. and The Kroger Co., et al. opt-out complaints was filed on February 21, 2019. A motion to dismiss the remaining opt-out complaints has not yet been filed.

Due to the early stage of these cases, the Company is unable to form a judgment at this time as to whether an unfavorable outcome is either probable or remote or to provide an estimate of the amount or range of potential loss. The Company believes these cases are without merit and it intends to vigorously defend against these claims.

On October 20, 2017, a Demand for Arbitration was filed with the American Arbitration Association by Stayma Consulting Services, Inc. ("Stayma") against the Company regarding the Company's development and manufacture for Stayma of two generic drug products, one a lotion and one a cream, containing 0.05% of the active pharmaceutical ingredient flurandrenolide. The Company developed the two products and Stayma purchased commercial quantities of each; however, Stayma alleges that the Company breached agreements between the parties by developing an additional and different generic drug product, an ointment, containing flurandrenolide, and failing to meet certain contractual requirements. Stayma seeks monetary damages. The arbitrator has issued an interim award finding that the Company is not liable to Stayma on two of Stayma's three claims against the Company. The third claim will proceed to a damages phase. The Company has argued that Stayma did not suffer any damages related to this claim and will vigorously pursue complete dismissal of the third claim. In addition, the arbitrator will determine money damages owed by Stayma to the Company relating to Stayma's failure to pay several past due invoices of approximately \$1.7 million.

On December 13, 2018, Valdepharm SA filed a lawsuit alleging that the Company breached contracts regarding two drug products that the Company had sought to have Valdepharm manufacture. On February 12, 2019 the Company answered the complaint and counterclaimed, alleging that Valdepharm breached the contracts by failing to perform its work in compliance with FDA regulations and current Good Manufacturing Practices. Each party seeks damages associated with the alleged breach and related claims. Due to the early stage of the case the Company is unable to form a judgment at this time as to whether an unfavorable outcome is either probable or remote or to provide an estimate of the amount or range of potential loss. The Company believes the claims against Teligent are without merit, and it intends to vigorously defend against them.

On April 15, 2019 a federal class action was filed the Oklahoma Police Pension Fund and Retirement System against the Company and certain individual defendants in the U.S. District Court, Southern District of New York. The lawsuit was brought on behalf of persons or entities who purchased or otherwise acquired publicly-traded Teligent, Inc. securities from March 7, 2017 through November 6, 2017. The complaint alleges that defendants made false or misleading statements regarding the Company's business, operational, and compliance policies in violation of U.S. securities laws. The plaintiff seeks to recover compensable damages. Due to the early stage of these cases, the Company is unable to form a judgment at this time as to whether an unfavorable outcome is either probable or remote or to provide an estimate of the amount or range of potential loss. The Company believes these cases are without merit and it intends to vigorously defend against these claims.

15. Employee Benefits

The Company has a 401(k) contribution plan, pursuant to which employees may elect to contribute to the plan, in whole percentages, up to 100% of compensation. Employees' contributions are subject to a maximum contribution of \$19.0 thousand for 2019 and \$18.5 thousand for 2018, plus a catch-up contribution of up to for \$6.0 thousand for 2019 and 2018, if a participant qualifies. The Company matches 100% of the first 3% of compensation contributed by participants and 50% of the next 2% of compensation contributed by participants. The Company contribution is in the form of cash, which is vested immediately. The Company has recorded charges to expense related to this plan of \$368.7 thousand and \$358.2 thousand in 2019 and 2018, respectively.

16. Quarterly Results (Unaudited)

The following is a summary of certain quarterly financial information for the fiscal years 2019 and 2018:

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total
(in thousands, except per share data)					
Year Ended December 31, 2019					
Total revenues, net	\$ 13,122	\$ 18,341	\$ 18,466	\$ 15,967	\$ 65,896
Gross profit	5,762	8,541	7,280	1,940	23,523
Operating loss	(2,740)	686	209	(6,175)	(8,020)
Net loss	(8,724)	(3,989)	(7,113)	(5,298)	(25,124)
Net loss attributable to common stockholders	(8,724)	(3,989)	(7,113)	(5,298)	(25,124)
Basic loss per share	\$ (0.16)	\$ (0.08)	\$ (0.13)	\$ (0.10)	\$ (0.47)
Diluted loss per share	\$ (0.16)	\$ (0.08)	\$ (0.13)	\$ (0.10)	\$ (0.47)
Year Ended December 31, 2018					
Total revenues, net	\$ 14,545	\$ 16,249	\$ 18,294	\$ 16,777	\$ 65,865
Gross profit	5,220	4,784	6,719	5,662	22,385
Operating loss	(3,531)	(4,910)	(1,213)	(5,445)	(15,099)
Net loss	(4,802)	(13,119)	(3,945)	(14,390)	(36,256)
Net loss attributable to common stockholders	(4,802)	(13,119)	(3,945)	(14,390)	(36,256)
Basic loss per share	\$ (0.09)	\$ (0.25)	\$ (0.07)	\$ (0.27)	\$ (0.68)
Diluted loss per share	\$ (0.09)	\$ (0.25)	\$ (0.07)	\$ (0.27)	\$ (0.68)

17. Subsequent Events

COVID-19 Pandemic

In March 2020, the World Health Organization declared the outbreak of novel coronavirus disease (“COVID-19”) as a pandemic, and we expect our operations in all locations to be affected as the virus continues to proliferate. We have adjusted certain aspects of our operations to protect our employees while avoiding business interruption. Only employees essential to the production and quality control aspects of our products remain on-site at our manufacturing and production facility in Buena, New Jersey. The outbreak and any preventative or protective actions that we, our customers, suppliers or other third parties with which we have business relationships, or governments may take in respect of the COVID-19 outbreak could disrupt our business and the business of our customers. Global health concerns, such as COVID-19, could also result in social, economic, and labor instability in the countries in which we or the third parties with whom we engage operate. In addition, the COVID-19 outbreak could result in a severe economic downturn and has already significantly affected the financial markets of many countries. A severe or prolonged economic downturn or political disruption could result in a variety of risks to our business, including our ability to raise capital when needed on acceptable terms, if at all. A weak or declining economy or political disruption could also strain our suppliers or third party CMOs, possibly resulting in supply disruption, or cause our customers to delay purchases or payments for our products. The COVID-19 pandemic may also create delays in the review and approval of our regulatory submissions as well as our pending reinspection related to our warning letter and pre-approval inspection for commercial production on the newly installed injectable line at the Company’s New Jersey facility by the FDA.

We have initiated more frequent and detailed communications with our suppliers and the tracking of customer orders and wholesaler sell through data to help identify breaks in trends which may either facilitate the better servicing of our customers or negatively impact the achievement of our targets at risk. We will continue to monitor the situation closely and react accordingly to any future restrictions or limitations, while keeping the health of our employees and the interest of our customers and business in mind. Due to the uncertainty in the severity and duration of the pandemic, the impact on our revenues, profitability and statement of financial position is uncertain at this time.

Senior Credit Facilities Amendment

On April 6, 2020 (the “Amendment Closing Date”), the Company entered (i) Amendment No. 2 of the Revolver and Amendment No. 4 of the Term Loans, effective as of December 31, 2019. The amendments collectively among other things, (i) increase the interest rates, (ii) reset certain prepayment premiums and modify the terms of certain mandatory prepayments and (iii) modify certain financial covenant levels inclusive of the disposition of prior covenants as of and for the period ended December 31, 2019.

The associated increase in interest rates are effective as of the Amendment Closing Date. The Revolver bears interest at a fluctuating rate of interest equal to the one, two, three or six-month LIBOR plus a margin of 5.5% or a rate based on the prime rate plus a margin of 4.5%, with a LIBOR floor of 1.5%. The Term Loans bear interest at a fluctuating rate of interest equal to the one, two, three or six-month LIBOR plus a margin of 13.0% or a rate based on the prime rate plus a margin of 12.0%, with a LIBOR floor of 1.5%. Interest on the Senior Credit Facilities is payable in cash quarterly in arrears (or more frequently in connection with customary LIBOR interest provisions), provided, that the Company may elect (and has covenanted to the lenders under its Senior Credit Facilities and subsequent amendments thereto) to pay interest on the Term Loans in kind through December 13, 2021 but only if the following occurs: (1) the Company receives a “warning letter close-out letter” from the Federal Drug Administration in response to corrective actions taken by the Company since receipt of the warning letter in November 2019 and (2) the Company receives a written recommendation from the Federal Drug Administration setting forth its approval decision in respect of the pre-approval inspection for commercial production on the newly installed injectable line at the Company’s New Jersey facility. If only one of those items occurs by December 13, 2020, then the Company may still elect to pay interest in kind during 2021, but only from the time the second condition has been satisfied until December 13, 2021. Thereafter, a portion of interest on the loans accruing at a rate of 4.25% per annum may continue to be paid in kind.

Both amendments provide that in the event of receipt of net proceeds from a disposition triggering a mandatory prepayment, net proceeds of such disposition will be applied as follows: (i) first, to be retained by the Company or applied to amounts outstanding under the First Lien Credit Agreement until such time as liquidity of the Company and its subsidiaries equals

\$10.0 million, (ii) next to amounts outstanding under the Revolver (without a permanent reduction in the revolving loan commitments of the lenders) until such amounts are paid in full (with the first lien administrative agent having the right to waive such prepayment, in which event, such net proceeds are applied to amounts outstanding under the Second Lien Credit Agreement), and (iii) finally, to amounts outstanding under the Term Loans. In addition, pursuant to the Revolver, the Company has agreed at all times to maintain book cash of the Company and its subsidiaries not in excess of \$10.0 million with any excess being required to prepay the outstanding obligations under the Revolver.

The following additions and changes to financial covenants set forth in both Amendments are: (i) a new minimum net revenue covenant is added that is tested on the last day of each fiscal quarter from March 31, 2020 until the quarter ending December 31, 2020, (ii) resets a minimum consolidated adjusted EBITDA covenant that is tested on the last day of each fiscal quarter ending during the period from March 31, 2021 to maturity, (iii) eliminates a total net leverage covenant and (iv) adds a minimum liquidity covenant tested at all times during the term of the Senior Credit Facilities.

In connection with the transactions contemplated by the Term Loan Amendment, on April 6, 2020, the Company issued to the Term Loan lenders certain warrants to purchase shares of the Company's common stock (collectively, the "Warrants"). The Warrants are exercisable for up to, in the aggregate, 5,389,949 of pre-reverse stock split shares of the Company's common stock at an exercise price of \$0.01 per share of common stock. The Warrants will become exercisable at any time after the Company implements the reverse stock split previously approved by its stockholders and will remain exercisable, in whole or in part, for a period of five years.

The number of shares issuable upon the exercise of the Warrants is subject to customary adjustments upon the occurrence of certain events, including (i) payment of a dividend or distribution to holders of shares of the Company's common stock payable in shares of the Company's common stock, (ii) a subdivision, capital reorganization or reclassification of the Company's common stock or (iii) a merger, sale or other change of control transaction.

TELIGENT, INC.
SCHEDULE II-VALUATION AND QUALIFYING ACCOUNTS
(in thousands)

		Additions			
	Balance at Beginning of Year	Charged to Costs and Expenses	Charged other Accounts	Deductions	Balance at End of Year
Year Ended December 31, 2018					
Change in Tax Valuation Allowance	\$ 13,309	67	(1,256)	—	\$ 12,120
Allowance for Doubtful Accounts	\$ 2,185	451	—	—	\$ 2,636
Reserve for Inventory Obsolescence	\$ 1,304	3,343	—	1,980	\$ 2,667
Year Ended December 31, 2019					
Change in Tax Valuation Allowance	\$ 12,120	(19)	6,461	—	\$ 18,562
Allowance for Doubtful Accounts	\$ 2,636	208	—	636	\$ 2,208
Reserve for Inventory Obsolescence	\$ 2,667	2,297	—	2,754	\$ 2,210

Date 3/3/2021

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 Wholesale Drug Distributor
105 Lincoln Avenue, Buena, NJ 08310 Nature of License
Teligent Pharma, Inc. Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

DiNicola Antonio —
 Last Name First Name Middle Name
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Fox Hollow Lane Sewell NJ 08080
 Present Residence Address-Street or RFD City State/Zip
105 Lincoln Avenue Dates Buena NJ 08310
 Present Business Address City State/Zip
Plant Manager / Vice President, Operations Dates
 Occupation Phone:
 Residence 856.697.1441
 Business 856.697.1441
TARANTO (ITALY)
 Date of Birth Place of Birth (City, County, State)
60 M
 Age Social Security Number or ITIN Sex
BROWN BROWN CAIT 195/15 5'8"
 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 AN Page 1

A. **Current Marriage** 3/21/1984 ROME - ITALY
Date City, County and State
 Spouse's full name (Maiden) LINDA GALLO SS# or ITIN
 Date of Birth 11-1-1951 Place of Birth PHILADELPHIA
 Resident address FOX HOLLOW LN. NEWELL NJ 08050
Street City State Zip
 Telephone: Residence --- Business N/A
 Spouse's employer COMPUTER SCIENCE CORP. Occupation DATA MANAGER
 Address of employer 301 HARPER DR. MEDFORD NJ 08057
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>STEFANIA DINICOLA</u>	<u>11-1-1984</u>	<u>ROME - ITALY</u>	<u>NY</u>
<u>DARIO DINICOLA</u>	<u>11-1-1984</u>	<u>VOORHEES, NJ</u>	<u>PHILADELPHIA, PA</u>
<u>LUCA DINICOLA</u>	<u>11-1-1984</u>	<u>VOORHEES, NJ</u>	<u>NEWELL, NJ</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 ALH

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
MARIO DINICOLA	...	ROME - ITALY	RETIRED
Father			
MARIA TARASCIO	...	ROME - ITALY	RETIRED
Mother			
ANTONIO GALLO	...	CATANZARO - ITALY	RETIRED
Father-in-Law			
ANTONISTA MILECIA	...	CATANZARO - ITALY	RETIRED
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.

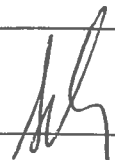
Name (Maiden)	Birth Date	Address	Occupation
N/A			
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	TORRECELA - ROME	1972-1974	Yes ☒ No ☐
High School	ENRICO MATTEI - ROME	1974-1975, 1979-1981	Yes ☒ No ☐
College University	NAVAL ACADEMY	1979-1983	Yes ☒ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any MARITIME AND NAUTICAL SCIENCES - BSCollege or university where obtained NAVAL ACADEMY

Applicant's initial



5 MILITARY INFORMATION:

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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

Applicant's initial

dh

- 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:

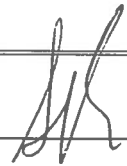
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

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
03/1997 - PRESENT	FOX HOLLOW LN,	SEWELL	NJ
05/1989 - 03/1997	4 NATION COURT	SICKLERVILLE	NJ

Applicant's initial



8. EMPLOYMENT:

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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.

PRESENT - MAY 2019 TEUGENT PHARMA PERSONAL

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
PLANT MANAGER Title Description of Duties Title Supervisor
TIA SAWYER

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

12/2012 - 05/2019 RENAISSANCE 2 FACELAY CAKEWOOD, NJ JOB OPPORTUNITY

PLANT MANAGER Title Description of Duties Name of Supervisor
SERGE HACTAIS

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

06/1989 - 12/2012 MIKHA PHARMA LESTERBROOK CONE CUSERY HILL, NJ JOB OPPORTUNITY

DIRECTOR OF OPERATIONS Title Description of Duties Name of Supervisor
MIKE WHEBRITY - TOM McDEVITT

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

10/79 - 06/1989 ITALIAN NAY JOB OPPORTUNITY

OFFICER Title Description of Duties Name of Supervisor
VARIOUS

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



9. CHARACTER REFERENCES:

1183

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

.....

.....

.....

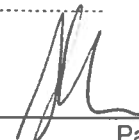
12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant's initial



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 3/3/2021

Applicant's initial HL

SS.

COUNTY OF ATLANTIC

I, ANTONIO DINICOLA, 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.

Antonio Dinicola
Original Signature of Applicant

Subscribed and Sworn to before me this 3 day of MARCH, 2021

Michaelena Riordan

Notary Public



Applicant's initial

AD





4PPP

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 WH02794)
 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: Viela Bio, Inc.

Physical Address: One Medimmune Way, First Floor Area 2

City: Gaithersburg State: MD Zip Code: 20878

Telephone Number: (240) 558-0038

Fax Number: _____

Toll Free Number: N/A

E-mail: statelicense@horizontherapeutics.com Website: www.vielabio.com

Facility Manager: Lee Levin

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, and Military

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: 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

Barry Moze

Print Name of Authorized Person

3/28/2021
Date

Board Use Only

Date Processed: _____

Amount: 500
check # 3884117

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Horizon Therapeutics USA, Inc.Mailing Address: 1 Horizon Way, N. 1220City: DeerfieldState: IllinoisZip: 60015Telephone: 224-383-3000Fax: N/AContact Person: Barry Moze

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

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/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.



Via FedEx

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Re: Viela Bio Inc. – license # WH02794

To Whom It May Concern,

On behalf of Viela Bio, Inc., attached is their application for Ownership Change. Effective March 15, 2021, Viela Bio, Inc., was acquired by Horizon Therapeutics USA, Inc. ("Horizon"). The Parent Companies of Horizon Therapeutics USA, Inc. are Horizon Therapeutics Capital Limited (32% ownership) and Horizon Pharma Finance SARL (68% ownership) Please note that the grandparent company Horizon Therapeutics PLC is still publicly traded on the NASDAQ as HZNP.

Viela Bio, Inc. is a Virtual Manufacturer. Please see the attached Description of Operations for their product information as well as their CMO and 3PL information.

If you have any questions regarding this application, please contact me at (614) 370-2801 or via email at stacie.borngrebe@twolabs.com. Please also address all written communication to me. My address is 2123 English Turn Dr. Grove City, Oh 43123.

Sincerely,

Stacie Borngrebe
Licensing Analyst
Pharma License, LLC

DISTRIBUTOR REGISTRATION

STATE OF MARYLAND
DEPARTMENT OF HEALTH

098141
98141

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Viela Bio Inc
One Medimmune Way
1st Floor Area 2
Gaithersburg MD 20878

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT

Viela Bio Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2021)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D06673	05/31/2021

SIGNATURE OF BEARER



THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT **Viela Bio Inc**
IS A REGISTERED Active
Distributor (exp.: 05/31/2021)

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D06673	05/31/2021

[Signature]
SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at <http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx>, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

Details

Demographic Information

Name: Viela Bio Inc

Address Information

Address: One Medimmune Way

1st Floor Area 2

City: Gaithersburg

State: MD

Zip: 20878

Maryland License\Permit Information

Number: D06673

Type: Distributor

Status: Active

**Original
Issued:** 10/31/2019

**Date
Renewed:**

Expires: 5/31/2021

No Speciality Information

Discipline Information

No Related Documents

******Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.******

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIELA 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2020.

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

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



6656654 8300

SR# 20208718771

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

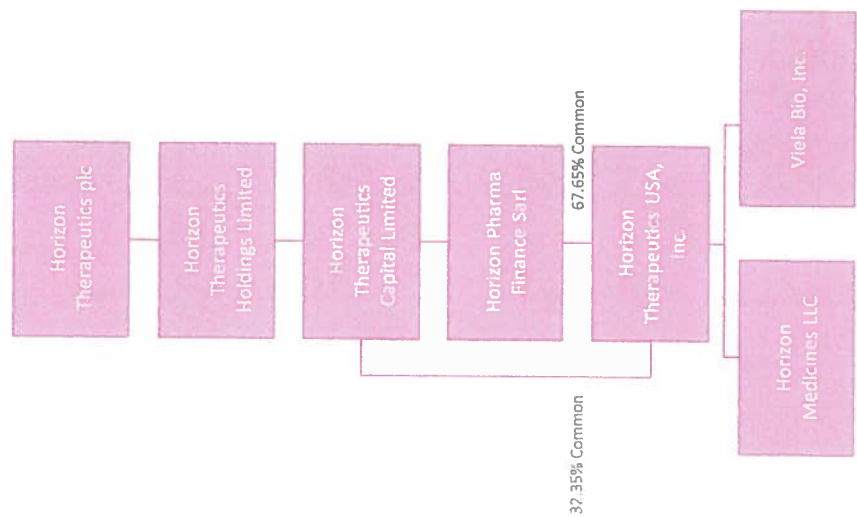
A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204383046

Date: 12-21-20

Horizon Therapeutics Legal Entity Chart



Proprietary and Confidential Property of Horizon



OWNERSHIP INFO

Vielu Bio, Inc.
One Medimmune Way
Gaithersburg, Maryland 20878

Phone: (240) 558-0038
Tax ID: 82-4187338

State of Formation: Delaware

Vielu Bio, Inc. is a wholly owned subsidiary of Horizon Therapeutics USA, Inc.
Horizon Therapeutics USA, Inc. is a wholly owned subsidiary of Horizon Pharma Finance SARL and
Horizon Therapeutics Capital Limited
150 Saunders Road, Suite 400
Lake Forest, Illinois 60045

Horizon Therapeutics plc. Is the Grandparent Company and is publicly traded on the NASDAQ (HZNP):
150 Saunders Rd. Suite 400
Lake Forest, Illinois 60045

VIELA BIO, INC. EXECUTIVE OFFICERS

NAME	TITLE
<i>Timothy P. Walbert</i>	<i>President, CEO</i>
<i>Paul Hoelscher</i>	<i>EVP, Chief Financial Officer</i>
<i>Jeffrey W. Sherman, M.D., FACP</i>	<i>Chief Medical Officer</i>
<i>Brian K. Beeler</i>	<i>EVP, General Counsel</i>
<i>Barry Moze</i>	<i>EVP, Chief Administrative Officer</i>



VIELABIO

DESCRIPTION OF OPERATIONS

Viela Bio, Inc. ("Viela Bio") is virtual manufacturer of pharmaceutical products. Viela Bio is focused on pioneering and advancing treatments for severe inflammation and autoimmune disease. Viela Bio's lead product, Inebilizumab, is indicated for the treatment of Neuromyelitis Optica Spectrum Disorder (NMOSD). NMOSD is a rare autoimmune disorder, in which the immune system cells and autoantibodies attack and damage the optic nerves.

Viela Bio's hours of operations are 8:00 a.m. – 5:00 p.m. (Eastern Time), Monday through Friday.

THIRD-PARTY LOGISTICS

Viela Bio's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Integrated Commercialization Solutions, LLC ("ICS"). Viela Bio utilizes the following ICS location for distribution and of product:

Integrated Commercialization Solutions, LLC (ICS) *WH00857*
420 International Blvd., Suite 500
Brooks, KY 40109

CONTRACT MANUFACTURER

Viela Bio uses the following contract manufacturer to produce product:

Medimmune Pharma, BV
Lagelandsweg 78
Nijmegen, Netherlands 6545CG
FEIN 3003000472

PRODUCTS

As a virtual manufacturer, Viela Bio does not manufacture, distribute or store product. At no time does any contract manufacturer own Viela Bio's product, contract with Viela Bio's customers, invoice or sell Viela Bio products. Viela Bio products are not controlled substances. Accordingly, Viela Bio is not required to maintain DEA registration.

Inebilizumab

- NDC 72677-551-01
- Injectable

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL+DRUG+CODE+DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL+DRUG+CODE+DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL+DRUG+CODE+DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL+DRUG+CODE+DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through April 05, 2021

You have searched Finished drug products

Search Results: 'viela'

[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 Mark Date
UPLIZNA	72677-551-01	10 mg/mL	INJECTION	INTRAVENOUS	BLA761142	Viela Bio, Inc.	72677-551	Inebilizumab	INEBILIZUMAB	HUMAN PRESCRIPTION DRUG	06/11/2

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>

[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
4/21/21
MS

Drug Establishments Current Registration Site

[f SHARE](#)
[TWEET](#)
[in LINKEDIN](#)
[PINT](#)
[EMAIL](#)
[PRINT](#)
[New Search](#)
Search Results for **Viela Bio, Inc.**
[CSV](#)
[Excel](#)

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Viela Bio, Inc.	3015880297	081141620	MANUFACTURE	1 Medimmune Way, Gaithersburg, Maryland (MD) 20878, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries

Data Current through: Thursday, Apr 8, 2021

[Return to Drug Firm Annual Registration Status Home Page](#)

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](#) | [Keyöl Aylsıyen](#) | [Français](#) | [Polski](#) | [Português](#) | [Italiano](#) | [Deutsch](#) | [日本語](#) | [العربي](#) | [English](#)

Filter:
[Previous](#)
[1](#)
[Next](#)

✓ *verified*
M. 14

Lee Levin

North Van Buren Street, Rockville, MD 20850 | (301) _____

SUMMARY

A proven leader in Quality and Compliance with over 20 years of experience developing and implementing competitive strategy to ensure quality medicines reach patients in need as quickly and safely as possible.

EXPERIENCE

Apr 2018 – Present **Head** – Quality and Compliance

Viela Bio, Gaithersburg, MD

- Ensures compliance with applicable internal and external regulations, standards, policies, and procedures related to the quality and regulatory status and performance of company operations, processes, and products, including GMP, GLP, and GCP.
- Develops and maintains compliant quality system that adheres to FDA regulatory expectations both internally and with respect to oversight of the company's suppliers.
- Provides compliance and quality oversight for all commercial products including business compliance to all relevant and applicable regulations. Ensures that all materials purchased and services outsourced by third parties on behalf of Viela meet corporate and regulatory compliance requirements.
- Works with CMC, non-clinical, clinical, regulatory, etc. as an active cross-functional team member to ensure the appropriate document/data integrity for regulatory submission and regulatory inspections to ensure that the organization is inspection ready.
- Ensures general data protection regulation (GDPR) compliance - develops and manages data privacy policy and processes for external data subjects such as HCP's/clinicians supporting clinical trials, CRO contacts, and patients enrolled in Viela trials. Includes identifying and managing outsourced data privacy officer/EU representative in the EU.
- Ensures compliance with, and required reporting occurs for, all relevant state and federal regulations (e.g., DEA, EPA, OSHA, pharmacy boards, etc.).
- Ensures that roles, responsibilities, and reporting lines are clearly defined throughout the organization to assure a functionally independent quality and compliance unit.
- Ensures sufficiently trained resources with adequate product and process knowledge for execution of GxP obligations and on-going professional development to maintain proficiency.
- Ensures continuing suitability and effectiveness of the quality management system, product quality and GxP compliance through participation in management reviews and through advocating continual improvement.

Apr 2013 – Apr 2018 **Director – R&D/Clinical Quality Operations**
AstraZeneca/Medimmune, Gaithersburg, MD

- Directed professional staff including Associate Directors across multiple disciplines with a staff 30+
- R&D/Clinical Quality oversight of the biologics drug substance pilot facilities in Gaithersburg, MD. Functional responsibility of the QA functions for "in plant," Compliance, Validation, External Quality, and Documentation Management
- Develops and sets quality-related priorities to ensure Medimmune is able to deliver on the development pipeline through CMC strategies and guidance
- Quality Lead on the externalization and partnerships with multiple assets
- Provides guidance and leadership to the R&D Organization through quality risk management principles
- Oversees quality aspects of China/US Biologics Joint Venture
- Developed an "always ready" culture for regulatory inspections including training, self-inspections and R&D risk register
- Participate in Biosimilar Joint Ventures including; due diligence, consultation, Quality Councils as well as pre approval readiness.

Apr 2011 – Apr 2013 **Associate Director – GMP Quality Compliance**
AstraZeneca/Medimmune, Gaithersburg, MD

- Executed the GMP Quality Compliance internal and external audit program, which includes focus on cGMP compliance, regulatory agency inspections, inspection readiness, and for-cause audits for worldwide regulatory agency requirements
- Provided guidance for site GMP compliance activities; collaborated with all global biological commercial and clinical manufacturing sites on GMP compliance and inspection readiness
- Developed and executed the auditor training program throughout the network

Nov 2010 – Apr 2011 **Principal Technical Manager – GMP Corporate Compliance**
 Jun 2008 – Nov 2010 **Senior Technical Manager – GMP Corporate Compliance**
 Jan 2006 – Jun 2008 **Manager – GMP Corporate Compliance**
 Jun 2004 – Dec 2005 **Senior Auditor – GMP Corporate Compliance**
Genentech, South San Francisco, CA

- Responsible for the management of the external audit program for clinical and commercial contract manufacturing organizations including bulk drug substances, aseptic filling, API, medical devices, laboratories, and warehouses to evaluate compliance with applicable regulations, internal standards, and industry expectations
- Responsible for input into budget forecasting and tracking
- Implemented Trackwise database to schedule track and trend activities related to the internal and external audit program including reports to senior management
- Performed Internal/External audit-related responsibilities including scheduling, planning, and performing cGMP audits, independently or as part of a team
- Implemented a risk-based approach to the audit scheduling for GMP Compliance for 2009 and 2010

Feb 2003 – Jun 2004 **Senior Auditor** – GMP/GLP/GCP Compliance

Millennium, South San Francisco, CA

- Conducted GMP/GLP/GCP audits of contract manufacturing organizations producing sterile drug products, active pharmaceutical ingredients, and laboratories to evaluate the level of compliance with the applicable regulations
- Developed access vendor database to facilitate site harmonization, to track audit status, and to support audit scheduling
- Standardized audit report format among auditors to provide management with consistent, clear, and concise reports to raise awareness of vendor issues

Feb 2000 – Feb 2003 **Audit Manager** – Global Compliance Auditing

Wyeth, Radnor, PA

- Conducted international audit-related responsibilities including scheduling, planning, and performing internal and external cGMP audits of manufacturers of sterile parenteral finished pharmaceuticals, solid oral finished pharmaceuticals, active pharmaceutical ingredients, contract laboratories, medical devices, and critical packaging components. Prepared sites for Pre-Approval Inspections

Aug 1996 – Feb 2000 **Senior Scientist** - Process Development/Technical Services

Wyeth/ESI Lederle, Cherry Hill, NJ

- Coordinated development activities required for manufacturing scale-up batches including engineering guidance on systems/equipment design, or modification with in-house and contract manufacturing sites. Selected sterile packaging components for parenteral delivery systems including ampules, vials/stoppers, spike ports, i.v. bags and nasal pumps. Wrote technical reports in support of the production operations including ANDA/NDA updates and deficiency letters responses

Sep 1995 - May 1996 **Petroleum Chemist**

SGS Control Services, Kenner, LA

- Responsible for testing petroleum and petroleum by-products using guidelines set up by the American Society for Testing and Materials including daily use of analytical equipment such as AA, GC, HPLC, and X-ray spectrophotometer

Oct 1994 – Sep 1995 **Repository Chemist**

Ogden BioServices, Rockville, MD

- Responsible for storage and distribution of chemicals used in pre-clinical evaluation and potential development. Utilized the Drug Information System database to perform searches, updates, and inventory maintenance. Processed new compounds including weighing, labeling, bottling, and shelving

EDUCATION

Bachelor of Science Degree in Chemistry - December 1993

University of Maryland at College Park, MD

General studies – June 1986

Cherry Hill High School West, Cherry Hill, NJ

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. 0797354

Application/License No. _____

Vieia Bio, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
One Medimmune Way, Gaithersburg MD 20878, as
Address of Applicant/Principal
 PRINCIPAL, and Harco National Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Illinois
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
4200 Six Forks Rd, Suite 1400 Raleigh, NC 27609 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 April 14, 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
14th day of April, 2021

APPLICANT/PRINCIPAL
 Viela Bio, Inc.

Authorized Representative

SURETY COMPANY

Harco National Insurance Company

Julie Kames
 Surety Company's Representative

Julie Kames

print name

Attorney-in-fact

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Lori Wright
 Witness Lori Wright

Witness

Bonnie Rice
 Witness Bonnie Rice

Countersigned by:

N/A

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0797354

**HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY**

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

KATHY L. DELGRECO, RACHEL A. CHAVERIAT, MICHELLE LUTE-HEATHERLY, JESSICA FREDERICK, JULIE KARNES, BONNIE L. RICE, MARY Y. VOLMAR, ANDREA ALLMAN, JOY M. WILLIAMS, CAROLYN E. WHEELER, VICKI NOBINGER, LORETTA M. JONES, SANDY MCELHANEY, THELMA M. LETT
Knoxville, TN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2019



STATE OF NEW JERSEY
County of Essex

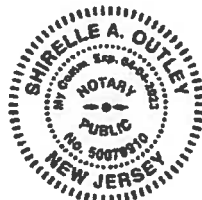
Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2019, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, April 14, 2021

A00795

Irene Martins, Assistant Secretary



Lori A Wright

Marsh USA Inc.
1111 Northshore Drive Suite N-550
Knoxville, TN 37919

lori.a.wright@marsh.com
www.marsh.com

April 15, 2021

Mara Wachholder
Horizon Therapeutics
150 S. Saunders Rd.
Lake Forest, IL 60045

Subject: New Bond

Principal: Viela Bio, Inc.
Obligee: Nevada State Board of Pharmacy
Bond Description: Nevada Pharmaceutical Wholesaler Bond
Bond Amount: \$100,000.00
Bond Number: 0797354
Surety Name: Harco National Insurance Company
Bond Effective Date: April 14, 2021

Dear Mara:

Enclosed is the above-referenced bond in response to your request dated 04/14/2021. The bond is based on the information we received with the request. Please recheck the bond for accuracy, and have it signed, sealed, and forwarded to the Nevada State Board of Pharmacy for acceptance and filing.

In the event you do not accept and file the bond with the obligee, please return this original document to Marsh so we can notify the surety company that the bond was not accepted and filed; otherwise, the surety company will process a premium billing for the bond.

You will be receiving our invoice for this transaction in the amount of \$1,500.00. Marsh will receive 30.00% of this amount from the surety company. Unless otherwise notified, Marsh will receive the established commission on all subsequent billings for as long as the bond remains in force. Your signature on the bond and payment of our invoice constitutes your agreement to our compensation by the surety for this bond.

If you have any questions, please feel free to contact me. Thank you for allowing Marsh to service your surety needs.

Sincerely,

Lori A Wright,
Enclosure

**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, 2020

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 001-35238

HORIZON THERAPEUTICS PUBLIC LIMITED COMPANY

(Exact name of Registrant as specified in its charter)

Ireland
(State or other jurisdiction of
incorporation or organization)

Connaught House, 1st Floor
1 Burlington Road, Dublin 4, D04 C5Y6, Ireland
(Address of principal executive offices)

Not Applicable
(I.R.S. Employer
Identification No.)

Not Applicable
(Zip Code)

011 353 1 772 2100

(Registrant's telephone number, including area code)
Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class
Ordinary shares, nominal value \$0.0001 per share

Trading Symbol
HZNP

Name of Each Exchange on Which Registered
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 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 by Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the registrant's voting ordinary shares held by non-affiliates of the registrant, based upon the \$55.58 per share closing sale price of the registrant's ordinary shares on June 30, 2020 (the last business day of the registrant's most recently completed second quarter), was approximately \$11.0 billion. Solely for purposes of this calculation, the registrant's directors and executive officers and holders of 10% or more of the registrant's outstanding ordinary shares have been assumed to be affiliates and an aggregate of 2,590,708 ordinary shares held by such persons on June 30, 2020 are not included in this calculation.

As of February 17, 2021, the registrant had outstanding 224,047,600 ordinary shares.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive Proxy Statement for the registrant's 2021 Annual General Meeting of Shareholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

HORIZON THERAPEUTICS PLC
FORM 10-K — ANNUAL REPORT
For the Fiscal Year Ended December 31, 2020

1210

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Special Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K contains “forward-looking statements” — that is, statements related to future, not past, events — as defined in Section 21E of the Securities Exchange Act of 1934, as amended, that reflect our current expectations regarding our future growth, results of operations, business strategy and plans, financial condition, cash flows, performance, development plans and timelines, business prospects, and opportunities, as well as assumptions made by, and information currently available to, our management. Forward-looking statements include any statement that does not directly relate to a current or historical fact. Forward-looking statements generally can be identified by words such as “believe,” “may,” “could,” “will,” “estimate,” “continue,” “anticipate,” “intend,” “seek,” “plan,” “expect,” “should,” “would”, or similar expressions. These statements are based on current expectations and assumptions that are subject to risks and uncertainties inherent in our business, which could cause our actual results to differ materially from those indicated in the forward-looking statements. Factors that could cause actual results to differ materially from those indicated in the forward-looking statements include, without limitation: our ability to successfully execute our sales and marketing strategy, including continuing to successfully recruit and retain sales and marketing personnel and to successfully build the market for our medicines; our ability to build a sustainable pipeline of new medicine candidates; whether we will be able to realize the expected benefits of strategic transactions, including whether and when such transactions will be accretive to our net income; the rate and degree of market acceptance of, and our ability and our distribution and marketing partners’ ability to obtain coverage and adequate reimbursement and pricing for, our medicines from government and third-party payers and risks relating to the success of our patient assistance programs; the scope and duration of impacts of the COVID-19 pandemic on our business, our industry and the economy; our ability to maintain regulatory approvals for our medicines; our ability to conduct clinical development and obtain regulatory approvals for our medicine candidates, including potential delays in initiating and completing studies and filing for and obtaining regulatory approvals and whether data from clinical studies will support regulatory approval; our need for and ability to obtain additional financing; the accuracy of our estimates regarding future financial results; our ability to successfully execute our strategy to develop or acquire additional medicines or companies, including disruption from any future acquisition or whether any acquired development programs will be successful; our ability to manage our anticipated future growth; the ability of our medicines to compete with generic medicines, especially those representing the active pharmaceutical ingredients in our medicines as well as new medicines that may be developed by our competitors; our ability and our distribution and marketing partners’ ability to comply with regulatory requirements regarding the sales, marketing and manufacturing of our medicines and medicine candidates; the performance of our third-party distribution partners, licensees and manufacturers over which we have limited control; our ability to obtain and maintain intellectual property protection for our medicines; our ability to defend our intellectual property rights with respect to our medicines; our ability to operate our business without infringing the intellectual property rights of others; the loss of key commercial or management personnel; regulatory developments in the United States and other countries, including potential changes in healthcare laws and regulations; and other risks detailed below in Part I — Item 1A. “Risk Factors”.

Although we believe that the expectations reflected in our forward-looking statements are reasonable, we cannot guarantee future results, events, levels of activity, performance or achievement. We undertake no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, unless required by law.

Risk Factors Summary

Our business faces significant risks and uncertainties. If any of the following risks are realized, our business, financial condition and results of operations could be materially and adversely affected. You should carefully review and consider the full discussion of our risk factors in the section titled “Risk Factors” in Part I, Item 1A of this Annual Report on Form 10-K. Set forth below is a summary list of the principal risk factors as of the date of the filing this Annual Report on Form 10-K:

- The COVID-19 global pandemic has and may continue to adversely impact our business, including the commercialization of our medicines, our supply chain, our clinical trials, our liquidity and access to capital markets and our business development activities.
- Our ability to generate revenues from our medicines is subject to attaining significant market acceptance among physicians, patients and healthcare payers.
- Our future prospects are highly dependent on our ability to successfully develop and execute commercialization strategies for each of our medicines. Failure to do so would adversely impact our financial condition and prospects.
- In order to increase adoption and sales of our medicines, we will need to continue developing our commercial organization as well as recruit and retain qualified sales representatives.

make it difficult for us to sell our medicines profitably or to successfully execute planned medicine price increases.

- Our medicines are subject to extensive regulation, and we may not obtain additional regulatory approvals for our medicines.
- We may be subject to penalties and litigation and large incremental expenses if we fail to comply with regulatory requirements or experience problems with our medicines.
- We rely on third parties to manufacture commercial supplies of all of our medicines, and we currently intend to rely on third parties to manufacture commercial supplies of any other approved medicines. The commercialization of any of our medicines could be stopped, delayed or made less profitable if those third parties fail to provide us with sufficient quantities of medicine or fail to do so at acceptable quality levels or prices or fail to maintain or achieve satisfactory regulatory compliance.
- Clinical development of drugs and biologics involves a lengthy and expensive process with an uncertain outcome, and results of earlier studies and trials may not be predictive of future trial results.
- If we fail to develop or acquire other medicine candidates or medicines, our business and prospects would be limited.
- We are subject to ongoing obligations and continued regulatory review by the FDA and equivalent foreign regulatory agencies, which may result in significant additional expense and significant penalties if we fail to comply with regulatory requirements or experience unanticipated problems with our medicines.
- We are subject to federal, state and foreign healthcare laws and regulations and implementation or changes to such healthcare laws and regulations could adversely affect our business and results of operations.
- If we are unable to obtain or protect intellectual property rights related to our medicines and medicine candidates, we may not be able to compete effectively in our markets.

Item 1. Business

Unless otherwise indicated or the context otherwise requires, references to the “Company”, “we”, “us” and “our” refer to Horizon Therapeutics plc and its consolidated subsidiaries.

Overview

We are focused on researching, developing and commercializing medicines that address critical needs for people impacted by rare and rheumatic diseases. Our pipeline is purposeful: we apply scientific expertise and courage to bring clinically meaningful therapies to patients. We believe science and compassion must work together to transform lives.

Horizon is a leading high-growth, innovation-driven, profitable biotech company. We are focused on rare diseases, delivering innovative therapies to patients and generating value for our shareholders. Our strategy is to expand our development-stage pipeline for long-term sustainable growth and maximize the benefit and value of our on-market medicines, with particular focus on our key growth drivers TEPEZZA® and KRYSTEXXA®, both rare disease medicines. Our vision is to build healthier communities, urgently and responsibly, which we believe generates value for our many stakeholders, including our shareholders.

We have significantly transformed Horizon since our beginnings as a public company in 2011, when we had two on-market medicines and total net sales of approximately \$7.0 million. In a span of only nine years, we have evolved to a profitable, biotech company with eleven on-market medicines, seven of them for the treatment of rare diseases, total net sales in 2020 of \$2.2 billion, and a growing pipeline with 14 development programs.

We have achieved this transformation by first building a strong commercial business as our foundation, then using the resulting cash flows to build our portfolio of rare disease medicines, including the acquisition of KRYSTEXXA, which we transformed into a key growth driver, and then building our development-stage pipeline, primarily through business development. Our second key growth driver, TEPEZZA, is the result of our acquisition of River Vision Development Corp., or River Vision, in 2017, when TEPEZZA was a late-stage development candidate.

We are executing on our strategy to expand our pipeline and maximize the value of our on-market medicines by leveraging the three elements that we believe set Horizon apart and are key to our success: (i) our excellence in commercial execution; (ii) our proven and disciplined business development strategy; and (iii) our strong clinical development capability. Through our commercial execution, we seek to accelerate the growth trajectory and maximize the potential of our medicines. Through our strong in-house business development capability, we acquire medicines focused on opportunities in which we believe we are uniquely positioned to drive value. We also leverage the deep collective drug development experience of our research and development organization using an agile approach to continually innovate our existing medicines and develop new medicines.

We have two reportable segments, (i) the orphan segment (previously the orphan and rheumatology segment), our strategic growth business, and (ii) the inflammation segment, and we report net sales and segment operating income for each segment.

Our Company

We are a public limited company formed under the laws of Ireland. We operate through a number of U.S. and other international subsidiaries with principal business purposes to perform research and development or manufacturing operations, serve as distributors of our medicines, hold intellectual property assets or provide us with services and financial support.

Our principal executive offices are located at Connaught House, 1st Floor, 1 Burlington Road, Dublin 4, D04 C5Y6, Ireland and our telephone number is 011 353 1 772 2100. Our website address is www.horizontherapeutics.com. Information found on, or accessible through, our website is not a part of, and is not incorporated into, this Annual Report on Form 10-K.

Acquisitions and Divestitures

Since January 1, 2018, we completed the following acquisitions and divestitures:

- On October 27, 2020, we sold our rights to develop and commercialize RAVICTI® and BUPHENYL® in Japan to Medical Need Europe AB, part of the Immedica Group, or Immedica. On December 28, 2018, we sold our rights to RAVICTI and AMMONAPS® (known as BUPHENYL in the United States and Japan) outside of North America and Japan to Immedica. We have retained the rights to RAVICTI and BUPHENYL in North America.
- On April 1, 2020, we acquired Curzion Pharmaceuticals, Inc., or Curzion, a privately held development-stage biopharma company, and its development-stage oral selective lysophosphatidic acid 1 receptor (LPAR1) antagonist, CZN001 (renamed HZN-825), for an upfront payment with additional payments contingent on the achievement of development and regulatory milestones.



Horizon Therapeutics plc Completes Acquisition of Viela Bio, Inc.

March 15, 2021

DUBLIN—(BUSINESS WIRE)—Mar. 15, 2021— Horizon Therapeutics plc (Nasdaq: HZNP) today announced that it has completed the acquisition of Viela Bio, Inc. (Nasdaq: VIE) ("Viela").

"The Viela acquisition provides multiple opportunities to drive long-term growth and solidify our future as an innovation-driven biotech company," said Tim Walbert, chairman, president and chief executive officer, Horizon. "With its deep, mid-stage biologics pipeline, strong R&D team and on-market medicine UPLIZNA®, Viela is a strong complementary strategic fit with our pipeline, commercial portfolio and therapeutic areas of focus. It also gives us tremendous potential to make an even greater impact on the lives of people with rare, autoimmune and severe inflammatory diseases."

Strategic Rationale

- Adds to commercial rare disease medicine portfolio with UPLIZNA (inebilizumab-cdon)
 - UPLIZNA is the first and only FDA-approved B-cell-depleting humanized monoclonal antibody for the treatment of neuromyelitis optica spectrum disorder (NMOSD), a rare, severe, autoimmune disease that attacks the optic nerve, spinal cord and brain stem, which leads to loss of vision and paralysis, in adults who are anti-aquaporin-4 (AQP4) antibody positive.
- Strengthens current R&D capability by adding a team with early-stage research, translational and clinical development capabilities along with deep scientific knowledge in autoimmune and severe inflammatory diseases.
- Adds deep, mid-stage biologics pipeline focused primarily on autoimmune and severe inflammatory diseases.
 - The current Viela pipeline includes four therapeutic candidates currently in nine development programs.
 - **UPLIZNA**
 - Phase 3 trials in myasthenia gravis, a chronic, rare autoimmune neuromuscular disease and in IgG4-related disease, a group of disorders marked by tumor-like swelling and fibrosis of affected organs.
 - Phase 2 trial for kidney transplant desensitization (paused due to COVID-19).
 - **VIB4920**
 - Investigational fusion protein designed to block a key co-stimulatory pathway involved in many autoimmune and inflammatory diseases.
 - Phase 2b trial in Sjögren's syndrome and Phase 2 trials for kidney transplant rejection and rheumatoid arthritis.
 - **VIB7734**
 - Investigational human monoclonal antibody designed to deplete plasmacytoid dendritic cells (pDCs), a cell type believed to be critical to the pathogenesis of multiple autoimmune diseases.
 - Phase 2 trial for systemic lupus erythematosus (SLE) expected to begin in the first half of 2021.
 - Phase 1 study for the treatment of COVID-19-related acute lung injury.
 - **VIB1116**
 - Monoclonal antibody for autoimmune diseases expected to begin Phase 1 first-in-human trial in mid-2021.

Transaction details

The acquisition was structured as a two-step cash tender offer for all the issued and outstanding shares of Viela common stock at a price of \$53.00 per share. As of the expiration of the tender offer at one minute following 11:59 p.m. Eastern Time on March 12, 2021, the depositary for the tender offer advised Horizon and Viela that stockholders holding approximately 94% of the outstanding shares of common stock of Viela had tendered their shares, satisfying the minimum condition to consummate the tender offer. All of the conditions to the offer have been satisfied and on March 13, 2021, Teiripic Merger Sub, Inc., an indirect wholly owned subsidiary of Horizon ("Purchaser"), accepted for payment and will promptly pay for all shares validly tendered and not validly withdrawn prior to the expiration of the tender offer.

Also, on March 15, 2021, following its acceptance of the tendered shares, Horizon completed its acquisition of Viela through the merger of Purchaser with and into Viela without a vote of Viela's stockholders pursuant to Section 251(h) of the Delaware General Corporation Law ("DGCL"). As a result of the merger, Viela became an indirect wholly owned subsidiary of Horizon. In connection with the merger, all Viela shares not validly tendered into the tender offer (other than shares owned by Viela, Horizon Therapeutics USA, Inc. ("Parent") or Purchaser or any direct or indirect wholly owned subsidiary of Viela, Parent or Purchaser, which were cancelled and retired and ceased to exist, and no consideration delivered in exchange therefor) have been cancelled and (other than any shares held by holders who are entitled to appraisal rights under Section 262 of the DGCL and who had

properly exercised and perfected their respective demands for appraisal of such shares in the time and manner provided in Section 262 of the DGCL and, as of the effective time of the merger, had neither effectively withdrawn nor lost their rights to such appraisal and payment under the DGCL) converted into the right to receive the same \$53.00 per share, net to the holder thereof, in cash, without interest, subject to any applicable withholding taxes, as will be paid for all shares that were validly tendered (and not validly withdrawn) in the tender offer. Viela common stock will cease to be traded on the Nasdaq Global Select Market. Horizon anticipates the transaction will reduce its adjusted EBITDA by approximately \$140 million in 2021, nearly all of which is attributable to increased R&D investment.

In addition, Elizabeth H.Z. Thompson, Ph.D., has been promoted to executive vice president, research and development and will lead the day-to-day operations for the Horizon pipeline. Jörn Drappa, M.D., Ph.D., has been named executive vice president, research and development and will lead the day-to-day operations for the Viela pipeline. Jörn was the former chief medical officer and head of research and development at Viela. Karin Rosén, M.D., Ph.D. is no longer with the company.

Information for UPLIZNA Patients

People living with NMOSD who are currently taking UPLIZNA should continue to work with their doctor and Viela VIPs representative. For immediate questions, the Viela VIPs team can be reached at 1-833-842-8477 Monday through Friday, 8 a.m. to 8 p.m. ET.

Information for Health Care Professionals

Physicians can continue to communicate with their current Viela representative and use the Patient Referral Form available on VielaVIPs.com to prescribe UPLIZNA. Physicians who have medical questions related to UPLIZNA should call or email Viela Bio Medical Information at 1-855-558-4352 or medinfo@vielabio.com.

Information for Infusion Centers

Infusion centers should continue to infuse patients as medically appropriate and work with their current Viela representative. If you have a question about the transition and would like to speak with someone from Horizon Patient Services, please call 1-833-469-8331 Monday to Friday, 8 a.m. through 8 p.m. ET.

About Neuromyelitis Optica Spectrum Disorders (NMOSD)

NMOSD is a unifying term for neuromyelitis optica (NMO) and related syndromes. NMOSD is a rare, severe, relapsing, neuroinflammatory autoimmune disease that attacks the optic nerve, spinal cord and brain stem. Approximately 80% of all patients with NMOSD test positive for anti-AQP4 antibodies.

These AQP4 autoantibodies are produced by CD19+ B cells and bind primarily to astrocytes in the central nervous system. Binding of AQP4 antibodies to central and peripheral nervous system cells is believed to trigger attacks, which can damage the optic nerve, spinal cord and brain. Loss of vision, paralysis, loss of sensation, bladder and bowel dysfunction, nerve pain and respiratory failure can all be manifestations of the disease. Each NMOSD attack can lead to further damage and disability. NMOSD occurs more commonly in women and may be more common in individuals of African and Asian descent.

About UPLIZNA

INDICATION

UPLIZNA is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.

IMPORTANT SAFETY INFORMATION

UPLIZNA is contraindicated in patients with:

- A history of life-threatening infusion reaction to *UPLIZNA*
- Active hepatitis B infection
- Active or untreated latent tuberculosis

WARNINGS AND PRECAUTIONS

Infusion Reactions: UPLIZNA can cause infusion reactions, which can include headache, nausea, somnolence, dyspnea, fever, myalgia, rash or other symptoms. Infusion reactions were most common with the first infusion but were also observed during subsequent infusions. Administer pre-medication with a corticosteroid, an antihistamine and an anti-pyretic.

Infections: The most common infections reported by UPLIZNA-treated patients in the randomized and open-label periods included urinary tract infection (20%), nasopharyngitis (13%), upper respiratory tract infection (8%) and influenza (7%). Delay UPLIZNA administration in patients with an active infection until the infection is resolved.

Increased immunosuppressive effects are possible if combining UPLIZNA with another immunosuppressive therapy.

The risk of hepatitis B virus (HBV) reactivation has been observed with other B-cell-depleting antibodies. Perform HBV screening in all patients before initiation of treatment with UPLIZNA. Do not administer to patients with active hepatitis.

Although no confirmed cases of Progressive Multifocal Leukoencephalopathy (PML) were identified in UPLIZNA clinical trials, JC virus infection resulting in PML has been observed in patients treated with other B-cell-depleting antibodies and other therapies that affect immune competence. At the first sign or symptom suggestive of PML, withhold UPLIZNA and perform an appropriate diagnostic evaluation.

Patients should be evaluated for tuberculosis risk factors and tested for latent infection prior to initiating UPLIZNA.

Vaccination with live-attenuated or live vaccines is not recommended during treatment and after discontinuation, until B-cell repletion. Reduction in Immunoglobulins: There may be a progressive and prolonged hypogammaglobulinemia or decline in the levels of total and individual immunoglobulins such as immunoglobulins G and M (IgG and IgM) with continued UPLIZNA treatment. Monitor the level of immunoglobulins at the beginning, during, and after discontinuation of treatment with UPLIZNA until B-cell repletion especially in patients with opportunistic or recurrent infections.

Fetal Risk: May cause fetal harm based on animal data. Advise females of reproductive potential of the potential risk to a fetus and to use an effective method of contraception during treatment and for 6 months after stopping UPLIZNA.

Adverse Reactions: The most common adverse reactions (at least 10% of patients treated with UPLIZNA and greater than placebo) were urinary tract infection and arthralgia.

For additional information on UPLIZNA, please see Prescribing Information at www.UPLIZNA.com.

About Horizon

Horizon is focused on the discovery, development and commercialization of medicines that address critical needs for people impacted by rare, autoimmune and severe inflammatory diseases. Our pipeline is purposeful: we apply scientific expertise and courage to bring clinically meaningful therapies to patients. We believe science and compassion must work together to transform lives. For more information on how we go to incredible lengths to impact lives, please visit www.horizontherapeutics.com and follow us on [Twitter](#), [LinkedIn](#), [Instagram](#) and [Facebook](#).

Note Regarding Use of Non-GAAP Financial Measures

EBITDA, or earnings before interest, taxes, depreciation and amortization, adjusted EBITDA and non-GAAP adjusted net sales are used and provided by Horizon as non-GAAP financial measures. Adjusted EBITDA and non-GAAP adjusted net sales are intended to provide additional information on Horizon's performance, operations, profitability and cash flows. Adjustments to Horizon's GAAP figures as well as EBITDA exclude acquisition-related expenses, an upfront fee for a license of a patent and settlement amounts in relation to prior litigation, as well as non-cash items such as share-based compensation, depreciation and amortization, royalty accretion, non-cash interest expense and other non-cash adjustments. Certain other special items or substantive events may also be included in the non-GAAP adjustments periodically when their magnitude is significant within the periods incurred. Horizon maintains an established non-GAAP cost policy that guides the determination of what costs will be excluded in non-GAAP measures. Horizon believes that these non-GAAP financial measures, when considered together with the GAAP figures, can enhance an overall understanding of Horizon's financial and operating performance. The non-GAAP financial measures are included with the intent of providing investors with a more complete understanding of Horizon's expected 2021 financial results and trends and to facilitate comparisons between periods and with respect to projected information. In addition, these non-GAAP financial measures are among the indicators Horizon's management uses for planning and forecasting purposes and measuring Horizon's performance. For example, adjusted EBITDA is used by Horizon as one measure of management performance under certain incentive compensation arrangements. These non-GAAP financial measures should be considered in addition to, and not as a substitute for, or superior to, financial measures calculated in accordance with GAAP. The non-GAAP financial measures used by Horizon may be calculated differently from, and therefore may not be comparable to, non-GAAP financial measures used by other companies. Horizon has not provided reconciliations of its full-year 2021 adjusted EBITDA outlook to an expected net income (loss) outlook because certain items, such as acquisition-related expenses and share-based compensation, that are a component of net income (loss) and impact GAAP income taxes expenses, cannot be reasonably estimated at this time or projected due to the significant impact of changes in Horizon's share price and forecasted full-year income by country, the variability associated with the size or timing of acquisitions and other factors. These components of net income (loss) could significantly impact Horizon's actual net income (loss).

Forward-Looking Statements

This press release contains forward-looking statements, including, but not limited to, statements related to the expected benefits of the Viela acquisition, Horizon's strategy, plans, objectives, expectations (financial or otherwise) and intentions, future financial results and growth potential, including Horizon's expected full-year 2021 net sales, non-GAAP adjusted net sales and adjusted EBITDA, expected patent terms, development programs and other statements that are not historical facts. These forward-looking statements are based on Horizon's current expectations and inherently involve significant risks and uncertainties. Actual results and the timing of events could differ materially from those anticipated in such forward looking statements as a result of these risks and uncertainties, which include, without limitation, risks associated with the Viela acquisition, such as the risk that the businesses will not be integrated successfully, that such integration may be more difficult, time-consuming or costly than expected or that the expected benefits of the transaction will not occur; risks related to future opportunities and plans for Viela and its medicines and infrastructure, including uncertainty of the expected financial performance of Viela's medicines and whether and when the Viela acquisition will be accretive to Horizon's adjusted EBITDA; disruption from the Viela acquisition, making it more difficult to conduct business as usual or maintain relationships with customers, employees or suppliers; the calculations of, and factors that may impact the calculations of, the acquisition price in connection with the Viela acquisition and the allocation of such acquisition price to the net assets acquired in accordance with applicable accounting rules and methodologies and the possibility that if the Viela acquisition does not result in the expected benefits as rapidly or to the extent anticipated by financial analysts or investors, the market price of Horizon's ordinary shares could decline; the impacts of the COVID-19 pandemic and actions taken to slow its spread, including impacts on the supply and net sales of Horizon's medicines and potential delays in clinical trials, as well as other risks related to Horizon's business detailed from time-to-time under the caption "Risk Factors" and elsewhere in Horizon's filings and reports with the U.S. Securities and Exchange Commission, including in its Annual Report on Form 10-K for the year ended December 31, 2020. Horizon undertakes no duty or obligation to update any forward-looking statements contained in this press release as a result of new information, future events or changes in its expectations.

View source version on [businesswire.com](https://www.businesswire.com/news/home/20210315005439/en/): <https://www.businesswire.com/news/home/20210315005439/en/>

Horizon contacts:

Tina Ventura

Senior Vice President, Investor Relations

Investor-relations@horizontherapeutics.com

Ruth Venning

Executive Director, Investor Relations
Investor-relations@horizontherapeutics.com

U.S. Media Contacts:
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Executive Vice President, Corporate Affairs & Chief Communications Officer
media@horizontherapeutics.com

Ireland Media Contact:
Gordon MRM
Ray Gordon
ray@gordonmrm.ie

Source: Horizon Therapeutics plc

4QQQ

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: Y-mAbs Therapeutics, Inc.

Physical Address: 111 Ideation Way, Suite C-003

City: Nutley State: NJ Zip Code: 07110

Telephone Number: (646)885-8478 Fax Number: N/A

Toll Free Number: _____

E-mail: cbo@ymabs.com Website: www.ymabs.com

Facility Manager: Amadou Ouattara

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?
(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

Thomas Gad

Print Name of Authorized Person

2/11/2020

Date

Board Use Only

Date Processed: _____

Amount:

500

check #3543423

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: N/ACorporation Name: Y-mAbs Therapeutics Inc.Mailing Address: 111 Ideation Way, Suite C-003City: Nutley State: NJ Zip: 07110Telephone: (646) 885-8478 Fax: N/AContact Person: Chris Boneham

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: 4/30/2015Registration number issued: 5737747Stock Exchange: YMAB

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.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "Y-MABS 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 EIGHTEENTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5737747 8300

SR# 20210957696

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: 202765438

Date: 03-18-21



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0742638

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:

111 IDEATION WAY, STE C-004 NUTLEY, NJ 07110-

Reg. No.
5005749

Y-MABS THERAPEUTICS, INC.
111 IDEATION WAY, STE C-003
NUTLEY, NJ 07110-

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 2/11/2021

Registration Number: 5005749 **Registered as:** Manufacturer and Wholesale

Parent Company Name: Y-MABS THERAPEUTICS, INC.

Trade Name:

Original Issue Date: 03/11/2020 **Expiration Date:** 01/31/2022

Current Issue Date: 12/16/2020

Disciplines: No



Description of Operations

Y-mAbs Therapeutics, Inc. is a Virtual Manufacturer. Y-mAbs Therapeutics, Inc. is a public company on the NASDAQ stock exchange under the symbol YMAB and is located in Nutley, New Jersey. Y-mAbs Therapeutics, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Hospitals by their Third-Party Logistics Provider, ICS , 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; 5900 Martin Luther King Jr. Highway
Greenville, NC 27834

Patheon manufactures Y-mAbs Therapeutics, Inc.'s product and packages finished product. At no time does Patheon own the product, contract with Y-mAbs Therapeutics, Inc.'s customers, invoice, nor sell a Y-mAbs Therapeutics, Inc. product. Y-mAbs Therapeutics, Inc.'s products are not Controlled Substances.

Labeler Code:

73042

Third Party Logistic information:

For distribution into the commercial supply channels, ICS acts as Y-mAbs Therapeutics, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Y-mAbs Therapeutics, Inc.'s product to hospitals throughout the United States. ICS's address is:

ICS
420 International Boulevard
Brooks, KY 40109

Y-mAbs Therapeutics, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

**Company Information**

Y-mAbs Therapeutics, Inc.
111 Ideation Way, Suite C-003
Nutley, NJ 07110
Phone: (646)885-8478
Website: <https://ymabs.com/>
E-mail: cbo@ymabs.com

FEIN: 47-4619612
State of Formation: DE
Date Incorporated: 04/30/2015
File Number: 5737747

Ownership Information

Y-mAbs Therapeutics, Inc is a Publicly Traded company on the NASDAQ stock exchange under the symbol YMAB.

Officers

Thomas Gad, Chairman, President

Claus Juan Moller San Pedro, Chief Executive Officer

Bo Krus, Executive Vice President, Secretary, Treasurer, Chief Financial Officer & Director

National Drug Code Directory

[f SHARE \(https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) [+](#)

[EMAIL \(mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

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Search Results: 'y-mabs'

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Star Mar Dat
DANYELZA	73042-201-01	40 mg/10mL	INJECTION	INTRAVENOUS	BLA761171	Y-mAbs Therapeutics, Inc.	73042-201	Naxitamab	NAXITAMAB	HUMAN PRESCRIPTION DRUG	11/25

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>)

[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

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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, 2018.

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 001-38650

Y-mAbs Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware
(State or Other Jurisdiction of Incorporation or Organization)

47-4619612

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

230 Park Avenue, Suite 3350 New York, NY

Corp. office

10169

(Address of Principal Executive Offices)

(Zip Code)

Registrant's telephone number, including area code (646)-885-8505

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Name of each exchange on which registered
Common Stock \$0.0001 par value	NASDAQ Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

NONE

(Title of class)

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 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 if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§299.405 of this chapter) is not contained herein, and will not be contained, to the best of the registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

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(n) of the Exchange Act. ☒

Indicate by check mark whether the registrant is a shell company (as defined by Rule 12b-2 of the Exchange Act).

Yes ☐ No ☒

The aggregate market value of the common stock held by non-affiliates of the registrant, based on the closing price of a share of common stock on September 21, 2018 as reported by the NASDAQ Global Select Market on such date was approximately \$301.6 million. The registrant has elected to use September 21, 2018, which was the initial trading date on the NASDAQ Global Select Market, as the calculation date because on June 30, 2018 (the last business day of the registrant's most recently completed second fiscal quarter), the registrant was a privately held company. Shares of the registrant's common stock held by each executive officer, director and holder of 5% or more of the outstanding common stock have been excluded in that such persons may be deemed to be affiliates. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose. The number of outstanding shares of the registrant's common stock as of March 14, 2019 was 34,193,666.

Documents Incorporated by Reference:

Portions of the Registrant's Definitive Proxy Statement relating to the 2019 Annual Meeting of Stockholders, which will be filed with the Securities and Exchange Commission within 120 days after the end of the Registrant's fiscal year ended December 31, 2018 are incorporated by reference into Part III of this Report.

AMADOU A. OUATTARA
1 Seminole Ave New Milford, NJ 07646
(201) ..

linkedin.com/in/amadou-ouattara-36961550

Research Scientist - Biotechnology and Pharmaceutical Industry

Extensive experience in monoclonal antibody, receptors, recombinant protein, viral, bacteria and polysaccharide conjugate purification by chromatography such as (Protein A, IEX, SEC, AC, HIC etc.), depth, centrifugation, filtration, membrane chromatography, bioprocess optimization, scale up and Process transfer. Significant expertise in upstream process for cell culture production with HEK, VERO, CHO and Mac-RH7777 cell lines using T-flasks, hyper flasks, roller bottles and B Braun bioreactors. Worked in support of infectious disease vaccine research. Expertise in CTM manufacturing of recombinant therapeutic products/vaccines along with protein assay and characterization method including HPLC, CE-SDS, CE-capillary electrophoresis, BCA, Densitometry, Bradford, SDS-PAGE/Western blot, UV, ELISA, Octet, qPCR, RNA extraction and isolation and cDNA synthesis, Centaur, VIDAS and IMMULITE systems for immunoassays development. Certified in aseptic techniques, experience in cleaning validation and equipment validation. Proficient in documentation and procedures required by Good Laboratory Practice (GLP) regulations and Standard Operating Procedures (SOP). Skilled in providing scientific support to principal investigators, clinical site staff, site coordinators, to resolve protocol compliance and regulatory requirements.

KEY AREAS OF EXPERTISE

Strategic Planning	Akta Purifier	Technology Transfer
Process Development	Akta Prime AKTA Pilot	Budgetary management
GMP	UF/DF	Coordination
FPLC	Manufacturing Deviations	Documentation
AKTA Explorer	Equipment Validation	Training
HPLC trained on HPLC	SOPs	Assay Development
Batch Records	Supervision	

PROFESSIONAL EXPERIENCE

- Y-mAbs Therapeutics: Nutley, NJ** 07/2019-Present
Principal Research Associate (Downstream Process and Analytical Process)
- Design, produce and study various proteins including monoclonal antibodies, antibody variants or fragments, bispecific antibodies and receptors/membrane proteins for therapeutic application in a management of select medical conditions.
 - Manage Lab for equipment purchase, equipment set up, validation and budget management
 - Lab safety officer, responsible for lab safety, chemical inventory, employee training.
- Tri Institutional Therapeutic Discovery Institute: New York, NY** 03/2018-06/2019
Principal Research Associate (Downstream Process)
- Design, produce and study various proteins including monoclonal antibodies, antibody variants or fragments, bispecific antibodies and receptors/membrane proteins for therapeutic application in a management of select medical conditions.
- ProUnlimited : Ridgefield, CT (contract)** 12/2017-03/2018
Scientist II Downstream Process Assessment
- Support oncology discovery projects by carrying out purification production and characterization of various proteins including monoclonal antibodies, antibody variants or fragments, bispecific antibodies and receptors/membrane proteins.
 - Performed octet quantification assay of proteins to support protein production for animal studies and cancer immunology research
- Eli Lilly and Company: New York, NY** 8/2015-12/2017
Principal Research Associate (Downstream Process)

- Support oncology discovery projects by carrying out purification production and characterization of various proteins including monoclonal antibodies, antibody variants or fragments, bispecific antibodies and receptors/membrane proteins.
- Performed octet quantification assay of proteins to support protein production for animal studies and cancer immunology research

SIEMENS: TARRYTOWN, NY

2015

Biochemist 2

- Involved in the optimization of immunoassay development for human cytomegalovirus (CMVM) for commercial use.

BOEHRINGER-INGELHEIM: RIDGEFIELD, CT (contract)

5/2014-12/2014

Scientist II-Downstream Process Assessment

- Generated biologic therapeutic leads including antibodies, antibody fragments and proteins. Implement traditional and novel experimental design to achieve highly purified functional proteins including cytokines, glycosylated proteins and extracellular domains of membrane proteins.
- Participated and assist in characterizing antibodies for protein/protein interactions and molecular binding.

ORENTREICH FOUNDATION: COLD SPRING, NY

4/2013- 5/2014

Research Associate

- Involved in the development and optimization of upstream process using Mac-RH7777 cell line and assays to characterize the response of dietary methionine restriction (MR) on body weight and insulin sensitivity in mice. Investigate how dietary methionine restriction affected diet induce obesity, insulin resistance and bone density in murine. Plan and implement/execute assay with minimal supervision.
- Animal handling. In Vitro study
- ELISA, qPCR Western blot Cell culture

PFIZER INCORPORATED: PEARL RIVER, NY (Contract)

6/2012-12/2012

Research Scientist (Downstream Process)

- Purified Antibody Drug Conjugate (ADC) and the next generation of Pneumococcal Vaccine.
- Handled the production of purified material for rabbit hyper immunization and transferred the optimized process to Pfizer Manufacturing Group.
- Had been appreciated for contributing to the production of purified material for animal study.
- Optimized the Polysaccharide activation/conjugation and purification process for next generation of Pneumococcal Vaccine. Co-developed and optimized the purification method by chromatography for polysaccharide conjugate and tetanus toxoid.
- Co-developed and optimized the purification method by chromatography method for ADC

INTERNATIONAL AIDS VACCINE INITIATIVE (IAVI): BROOKLYN, NY (Contract)

6/2010 –6/ 2012

Senior Research Associate (Upstream and Downstream Process)

- Produced vaccines to target Canine Distemper Virus and Vesicular Stomatitis Virus disease in canines and humans. Developed, optimized and produced purified material for animal study. Performed process characterization to ensure purified products meet criteria for animal study. Developed and implemented new analytical methods.
- Created and developed protocols for cell culture production (upstream) and purification process by chromatography and TFF.
- Scale up from T-flask to roller bottles and improved the titer and experiment's design. Optimized and scale up purification process from sucrose cushion to chromatography.
- Established and optimized cell culture process and production protocol. Adapted cell type to specific media. Characterized purified product by SDS-PAGE, Western blot and BCA/Bradford.
- Issued protocols for technology transfer and issued batch records and SOPs. Performed stability study and used various lab equipments such as AKTA Explorer, FPLC, Akta Purifier, Akta Prime AKTA Pilot, UF/DF. Provided training to personnel on process, protocols and equipment.
- Transferred developed cell culture production and purification processes to a contract manufacturing organization.

PROGENICS PHARMACEUTICAL INC.: TARRYTOWN, NY

3/2006 – 5/2010

Research Scientist (Downstream Process)

- Developed and optimized Antibody and Fab Purification Process; Cell Culture Production (upstream process) from T-flask to Hyper Flask while handling protein purification and characterization through different chromatographic techniques.
- Handled the production of Trimeric HIV-1 glycoprotein gp140, soluble CD4 (sCD4) and glycoprotein gp120 for immunogenicity and crystallography study.
- Purified several lots of antibodies and Fabs used for neutralization assay and clinical study.
- Co-developed and implemented methods for protein concentration quantification (UV, BCA, densitometry).
- Oversaw the characterization of protein and its products using cell culture activity assays and other techniques.
- Managed the small-scale cell culture production, protein purification and characterization. Monitored protein stability.
- Developed strategies to implement new purification process to improve the yield and quality while handling the maintenance and equipment's troubleshooting of. Supervised a team of Interns.

WYETH VACCINE DEVELOPMENT: PEARL RIVERS, NY

01/2002 –02/ 2006

Research Scientist I (Upstream and Downstream Process)

- Developed the clinical material for Respiratory Syncytial Virus (RSV) and Herpes Simplex Virus Type 2 glycoprotein (HSV rgD2) in the GMP facility.
- Created a process for meningitis B virus, HIV-1 virus and transferred method to a CMO for manufacturing.
- Co-transferred the Purification Technology to a CMO for clinical trial material and manufacturing production. Co-developed and optimized
- Fermentation and Purification of Meningitis B Vaccine that targets Meningococcal Serogroup B Disease;
- cell Culture production for upstream process and purification of Vesicular Stomatitis Virus for HIV-1 Vaccine;
 - Method for Vesicular Stomatitis Virus used to produce HIV-1 cell culture material;
- Standardized clarification and purification method for Vesicular Stomatitis Virus designed to produce HIV-1 vaccine by chromatography method and UD/DF;
- Co-developed purification methods for bacterial and viral process by chromatography and UF/DF;
- Optimized cell culture production while implementing new purification strategy to improve yield and quality.
- Instrumental in setting-up laboratories for cGMP use while writing SOPs and batch records for clinical trial material production for RSV and HSV rgD2. Produced clinical trial material. Assisted contractors with equipment IQ, OQ and PQ validation while handling the equipment's maintenance and troubleshooting.
- Assessed Environmental Monitoring Data from GMP areas to determine cause and remedy for any manufacturing deviations. Handled a team of Manufacturing Research Associate II on hourly basis.

REGENERON PHARMACEUTICAL INC.: TARRYTOWN, NY

02/2001 – 01/2002

Research Scientist I (Upstream and Downstream Process)

- Involved in the production and purification of Recombinant Protein for clinical trial. Produced purified material for clinical trial. Assisted the upstream process group in handling operations and maintenance of Bioreactor.
- Prepared buffers and packed columns while writing SOPs and batch records.

EDUCATION & CERTIFICATIONS**Master of Science in Chemical Engineers at City College of New York, NY****Bachelor of Science Chemistry at City College of New York, NY**

OTHER DETAILS

Professional Memberships: American Chemical Society (ACS), American Institute of Chemical Engineers**Publications:**

Methionine restriction alters bone morphology and affects osteoblast differentiation. Ouattara A, Cooke D, Gopalakrishnan R, Huang TH, Ables GP, *Bone Reports*, 2016; 5: 33-42.

Dietary methionine restriction in mice elicits an adaptive cardiovascular response to hyperhomocysteinemia. Ables GP, Ouattara A, Hampton TG, Cooke D, Perodin F, Augie I, Orentreich DS, *Scientific Reports*, 2015; 5: 8886 PMID: 25744495.

Dietary methionine restriction modulates renal response and attenuates kidney injury in mice. Dianna Cook, Amadou Ouattara, Gene P. Ables, FASEB J, 32, 000-000 (2018).

Purified, proteolytically mature HIV 1 SOSIP gp140 envelope trimer. SAI Prasad N Iyer, Michael Franti, Ammie A Krauchuk, Danielle N Fisch, Amadou A Ouattara, Kenneth H Roux, Laura Krawiec, Antu K Dey, Simon Beddows, Paul J Maddon, John P Moore, William C Olson. AIDS Research and Human Retroviruses June 2007, 23(6): 817-828.

Patent: (WO/2007/123961) Purified processes for isolating Purified Vesicular Stomatitis Virus from Cell Culture.



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 Y-mAbs Therapeutics, Inc. ("Y-mAbs"), attached is Y-mAbs's application for Wholesaler.

Y-mAbs is a late-stage clinical biopharmaceutical company focused on the development and commercialization of antibody-based therapeutic products for the treatment of cancer. The Company has a broad and advanced product pipeline, including 2 pivotal-stage product candidates—naxitamab and omburtamab—which target tumors that express GD2 and B7-H3, respectively. Both have been recognized by the FDA, as they were recently granted breakthrough therapy designation to expedite the development and review of the drugs.

Y-mAbs 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 Y-mAbs physically manufacture or distribute product. Y-mAbs's product is not a controlled substance. Accordingly, Y-mAbs is not required to obtain a DEA registration.

I hope this narrative is helpful as you review Y-mAbs application. If you have a question regarding this application, please contact me at Krista.Jones@twolabs.com. Please also address all written communication to me. My address is 210 Victorian Drive, Commercial Point, OH, 43116

Thank you in advance for your consideration.

Krista Jones
Licensing Analyst
PharmaLicense



4RRR

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 02922)
 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: McKesson Medical-Surgical Inc.

Physical Address: 18543 E Gale Avenue

City: City of Industry, CA State: CA Zip Code: 91748 Telephone: _____

Number: 800-944-1266 Fax Number: 626 -912-8893

Toll Free Number: 800-967-6700

E-mail: Danna.Sturgill@McKesson.com Website: www.mckesson.com

Facility Manager: Terrance Light

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?
(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: 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: NV19951055144

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

Stanton McComb

Print Name of Authorized Person

Date

1/17/21

Board Use Only

Date Processed:

5/10/2021

Amount:

500

check #144051

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia

Parent Company if any: see attached, ultimate parent McKesson Corporation

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: 6651 Gate Parkway

City: Jacksonville State: FL Zip: 32256

Telephone: 904.332.4179 Fax: 904.332.3349

Contact Person: Danna Sturgill

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: 7.7.1994

Registration number issued: 2417015

Stock Exchange: NYSE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

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.



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: MCKESSON MEDICAL-SURGICAL INC.
File Number: C0954620
Registration Date: 03/19/1980
Entity Type: FOREIGN STOCK CORPORATION
Jurisdiction: VIRGINIA
Status: ACTIVE (GOOD STANDING)

As of March 2, 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 March 3, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RLV2NMZ

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.

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

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:

September 29, 2020

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

Bernard J. Logan, Interim Clerk of the Commission

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7893

NAME: MCKESSON MEDICAL-SURGICAL INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

18543 E GALE AVE

CITY OF INDUSTRY CA 91748

LOS ANGELES COUNTY

ISSUANCE DATE

FEBRUARY 19, 2021

EXPIRATION DATE

JUNE 15, 2021

CURRENT DATE / TIME

FEBRUARY 22, 2021

6:53:01 AM

LICENSE RELATIONSHIPS

NAME: LIGHT, TERRANCE MICHAEL

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED

REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 20729 **PRIMARY STATUS:** CLEAR

Sturgill, Danna J

From: Adamson, Dani@DCA <Dani.Adamson@dca.ca.gov>
Sent: Friday, February 19, 2021 2:10 PM
To: Sturgill, Danna J
Subject: [EXTERNAL] TEMP application for McKesson Medical-Surgical Inc - FILE 269281 WLS 7893

CAUTION: This email was sent from an EXTERNAL source. Use caution when clicking links or opening attachments.

Hello:

The California State Board of Pharmacy (Board) has issued your Temporary License # WLS 7893 for McKesson Medical-Surgical Inc.

License #: WLS 7893
Issued Date: 02/19/2021
Expiration Date: 06/15/2021

The license record will reflect on the Board's website tomorrow at www.pharmacy.ca.gov. Please allow four to six weeks from the date issued to receive the license in the mail.

The Board will conduct a full review of the application for consideration of the wholesaler license. Once this review is completed, the Board will send a status notification via email to the contact person as well as the top owner/officer/member listed on the application if an email address was provided in the application.

Reminder:

- Business and Professions Code section 4312(e) provides that a licensee must engage in ordinary activity for which the license is issued at least one day each calendar week during any 120-day period.
- Business and Professions Code section 4160(i) or 4161(k) states, if the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon notification by the board.
- It is a violation of pharmacy law to operate this premises without an active, valid license.

Important Note: Temporary licenses are NOT eligible for renewal. If you receive a renewal notice, please disregard. Failure to complete the wholesaler application to be issued a permanent license within the temporary license period may result in the termination of the temporary wholesaler license. The applicant is required to complete the pending application for the permanent license within 30 days after the temporary license expired or the application will be considered withdrawn. The facility is not authorized to operate without a wholesaler license being issued once the temporary license expires.



Dani Adamson, Resource Analyst, Site Licensing
 California State Board of Pharmacy
 (916) 518-3063 | www.pharmacy.ca.gov

Be Aware and Take Care: Talk to your Pharmacist!

NABP ACCREDITED

DRUG DISTRIBUTOR

McKesson Medical-Surgical Inc

located at

18543 E Gale Ave, City of Industry, CA 91748

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



2/2/2021 - 2/1/2024

Period of Accreditation

Verified
3/10/21
MS



McKesson Medical-Surgical Inc.
Officer Listing

1247

Title	Name	Address	Phone	DOB
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	804	
VP & Treasurer; Director	Timothy Skansi	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	804-	
VP & Secretary; Director	Michele Lau	1 Post Street San Francisco, CA 94104	415	


TL

TERRANCE LIGHT

BIOMEDICAL FACILITIES AND BIOMED MANAGEMENT

OBJECTIVE

Attain Position where my many years of Biomedical Management, and Biomedical facilities management can be used to strengthen a willing business or corporation.

SKILLS

I have two areas of influence that I believe makes me a needed asset for any Company. Organization and Diplomacy. Organization allows a smooth running business, and as a people leader, being able to communicate both **POSITIVES** and **NEGATIVES** with staff which insights best work habits among the staff, as well as desired communication between peers and senior management.

EXPERIENCE

BIOMED MANGER • MSD / MCKESSON • SEPT 11, 2006 – CURRENT

- Managing multiple locations of Staff up to 22 people in a high output, high demand Biomedical repair facility
- Peer training over 6 different locations in Organization and Best Work practices for High Productivity
- ISO 9001 / 13485:2003 proficient
- Managing DME Legend devices to conform with all FDA / Pharmacy board regulations. HMDR Exemptee License and Pharm Board Designated Rep License Holder

INO SUPERVISER / ASSISTANT MANGER • MEDIQ PRN / HILL ROM • OCT 2001 – SEPT 2006

- Managing Logistics Program for Nitric Oxide delivery system "InoMax". Including but not limited to Vent service and repair, Dispensing and setup delivery, Storage, and scheduling of "ON DEMAND" care
- Managing DME products to conform with all FDA / Pharmacy board regulations. HMDR Exemptee License and Pharm Board Designated Rep License Holder
- Assistant to Manager for 3 locations and staff of 18. San Diego, Anaheim and Orange County.
- PM and Repair of DME (both legend and not) Devices

WAREHOUSE LEAD / ASSEMBLY • MEDIQ PRN • NOV 1998 – OCT 2001

- Warehouse lead for 3 people, charged with assuring Shipping / Receiving and warehouse were running as required
- Assembly of Sequential units and Air Blenders.

EDUCATION

AREA OF STUDY – ARCHITECTUAL ENGINEERING • RIO HONDO

- General Education with focus to Architectural Engineering

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-Q**

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the quarterly period 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: 1-13252

MCKESSON

McKESSON CORPORATION
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation or organization)

94-3207296
(I.R.S. Employer
Identification No.)

6555 State Hwy 161,
Irving, TX 75039
(Address of principal executive offices, including zip code)
(972) 446-4800
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

<i>(Title of each class)</i>	<i>(Trading Symbol)</i>	<i>(Name of each exchange on which registered)</i>
Common stock, \$0.01 par value	MCK	New York Stock Exchange
0.625% Notes due 2021	MCK21A	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

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 ☒

Indicate the number of shares outstanding of each of the issuer's classes of common stock, as of the latest practicable date. 159,167,434 shares of the issuer's common stock were outstanding as of December 31, 2020.

Exhibit 32

**CERTIFICATION PURSUANT TO
18 U.S.C. SECTION 1350,
AS ADOPTED PURSUANT TO SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the quarterly report of McKesson Corporation (the "Company") on Form 10-Q for the quarterly period ended December 31, 2020 as filed with the Securities and Exchange Commission on the date hereof (the "Report"), the undersigned, in the capacities and on the dates indicated below, each hereby certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that to the best of their knowledge:

1. The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and
2. The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ Brian S. Tyler

Brian S. Tyler

Chief Executive Officer

February 2, 2021

/s/ Britt J. Vitalone

Britt J. Vitalone

Executive Vice President and Chief Financial Officer

February 2, 2021

This certification accompanies the Report pursuant to § 906 of the Sarbanes-Oxley Act of 2002, and shall not, except to the extent required by the Sarbanes-Oxley Act of 2002, be deemed filed by the Company for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended.

A signed original of this written statement required by Section 906 has been provided to McKesson Corporation and will be retained by the Company and furnished to the Securities and Exchange Commission or its staff upon request.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter “McKesson”) delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. *The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.*

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson’s Landover DC purchased approximately \$2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a \$15,000 fine in June 2015.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a \$2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the “St. Rose DC”). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has

been since August 6, 2014 fully licensed. McKesson paid \$400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay \$150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson's** Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of \$45,000, with an additional surcharge of 15%, totaling \$51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective

1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board \$250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of \$2,000.00. No other suspensions or fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of \$10,000.00. No other suspensions or fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House

facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid \$1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of \$10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension

period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of \$4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars (\$15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reprimand with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reprimand, agreed to pay \$4,000 in investigative fees.

On July 31, 2019 **McKesson Medical-Surgical Inc.** received a citation from the California Board of Pharmacy regarding its Urbancrest, OH location for failure to report a new Designated Representative within 30 days of change. No fine was assessed.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of \$1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid on July 1, 2020.

January 22, 2021

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

RE: Change of Ownership
Medical Specialties Distributors, LLC– City of Industry, CA
License Number: WHO2922

To Whom It May Concern:

Please be advised that there was a sale of the assets of Medical Specialties Distributors, LLC, the above-referenced wholesaler, in an intracompany change of ownership to McKesson Medical-Surgical Inc. Pursuant to the asset purchase agreement, McKesson Medical-Surgical Inc. will be the new operating entity for the facility, though the ultimate parent, McKesson Corporation (“McKesson”) has remained the same. The enclosed organizational chart shows the facility’s ownership structure before and after the intracompany change.

As a result of this change of ownership, there was a change in the facility’s ownership and name. **The effective date of the change was August 31, 2020.**

McKesson sincerely apologizes for the delay in submitting the enclosed application materials. As you may be aware, McKesson was contracted by the Centers for Disease Control and Prevention (“CDC”) to support the U.S. government’s Operation Warp Speed program as a centralized distributor of COVID-19 vaccines and ancillary supplies needed to administer vaccinations. Since August 2020, McKesson has obtained 302 permits for COVID-19 vaccine distribution facilities. Because of its focus on these herculean efforts, McKesson’s licensing team was delayed in submitting the required updates to the Board for this intracompany transaction.

The application, supporting documents, and fees are enclosed. Should you have any questions or require additional information, please contact me at 714-470-8144 or Danna.Sturgill@McKesson.com. Thank you for your consideration and understanding.

Very truly yours,

Danna Sturgill
Sr. Associate, Regulatory Affairs

McKesson Corporation
6535 N. State Highway 161
Irving, TX 75039

www.mckesson.com

ASSET TRANSFER AGREEMENT
(Medical Specialties Distributors, LLC / McKesson Medical-Surgical Inc.)

THIS ASSET TRANSFER AGREEMENT (this “Agreement”) is dated effective as of August 31, 2020 (the “Effective Date”), by and between Medical Specialties Distributors, LLC, a Delaware limited liability company (“Transferor”), and McKesson Medical-Surgical Inc., a Virginia corporation, (“Transferee” and, together with Transferor, the “Parties” and each a “Party”).

WHEREAS, Transferor desires to sell, transfer, and assign to Transferee the Transferred Assets (as defined below), and Transferee desires to purchase, acquire, and take assignment of the Transferred Assets and to assume the Assumed Liabilities (as defined below), on the terms and subject to the conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants, terms, and conditions set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. Transfer of Assets. Upon the terms and subject to the conditions set forth herein, Transferor hereby sells, transfers, and assigns to Transferee, and Transferee hereby purchases, acquires, and takes assignment of, all of Transferor’s right, title, and interest in and to the assets described on Schedule 1 hereto (collectively, the “Transferred Assets” and each a “Transferred Asset”).
2. Assumption of Liabilities. Upon the terms and subject to the conditions set forth herein, Transferee hereby assumes and agrees to satisfy and discharge when due, all liabilities and obligations of Transferor incurred, accrued, or arising in connection with, under, or relating to the Transferred Assets, including, without limitation, the liabilities and obligations described on Schedule 1 hereto (collectively, the “Assumed Liabilities”).
3. Excluded Assets; Excluded Liabilities. Transferor shall retain, and Transferee shall not acquire, any of Transferor’s right, title, and interest in and to any assets other than the Transferred Assets. Transferor shall retain, and Transferee shall not assume and will have no liability for, any liability or obligation of Transferor other than the Assumed Liabilities.
4. Purchase Price.
 - a. The aggregate purchase price for the Transferred Assets shall be USD 40,561,316 (the “Purchase Price”), which the Parties hereby agree constitutes the fair value of the Transferred Assets. The Purchase Price shall be recorded on the books of the Parties as a non-interest bearing intercompany loan payable by Transferee in favor of Transferor, in the amount of the Purchase Price.
 - b. The Purchase Price is exclusive of any transfer, documentary, value-added, sales, use, stamp, registration, or other similar taxes and fees (collectively, “Transfer Taxes”). Transferor shall be responsible for paying any Transfer Taxes applicable to the transactions contemplated by this Agreement.

5. Representations and Warranties. Each Party hereby represents and warrants to the other Party that:

a. it has the requisite limited liability company or corporate power and authority to enter into and to perform its obligations under this Agreement and each of the other documents delivered hereunder to which it is a party, which constitutes its valid and legally binding obligations, enforceable against it in accordance with its terms;

b. the entry into and delivery of, and the performance by it of its obligations under this Agreement and each of the other documents delivered hereunder to which it is a party will not result in any breach of any provision of its charter or organizational documents or result in any claim by a third party against the other Party; and

c. the entry into and delivery of, and the performance by it of its obligations under this Agreement and each of the other documents delivered hereunder to which it is a party will not result in the breach of any law or regulation binding upon it.

In addition, Transferor hereby represents and warrants to Transferee that, as of the Effective Date and to the best of Transferor's knowledge, Transferor has valid, good, and marketable title to, or in the case of leased or subleased assets, valid and subsisting leasehold interests in, all of the Transferred Assets free and clear of all liens, except where the failure to have such valid, good, and marketable title or such valid or subsisting leasehold interests would not reasonably be expected to have, individually or in the aggregate, a material adverse effect on the Transferred Assets. Transferee hereby acknowledges and agrees that, except for the representations and warranties of Transferor set forth herein, Transferor is transferring the Transferred Assets to Transferee "AS IS, WHERE IS," and expressly disclaims any implied warranties of merchantability and fitness for a particular purpose with respect to the Transferred Assets.

6. Deliveries.

a. Contemporaneously with the execution and delivery of this Agreement, Transferor shall deliver to Transferee the following documents:

i. A bill of sale, in the form attached hereto as Exhibit A (the "Bill of Sale"), executed by Transferor.

ii. An assignment and assumption agreement, in the form attached hereto as Exhibit B (the "Assignment Agreement" and, together with the Bill of Sale, the "Assignment Documents"), executed by Transferor.

iii. The Inventory Schedule and the Fixed Asset Schedule (each as defined in Schedule 1 hereto).

b. Contemporaneously with the execution and delivery of this Agreement, Transferee shall deliver to Transferor the Assignment Agreement, executed by Transferee.

7. Further Assurances. From time to time, as and when requested by either Party, each Party shall execute and deliver, or cause to be executed and delivered, all such other documents and instruments and shall take, or cause to be taken, all such further or other actions,

as may be reasonably necessary or appropriate to assure fully to Transferee and its successors or assigns, all of the rights, titles, and interests intended to be conveyed to Transferee under this Agreement and to assure fully to Transferor and its affiliates, the assumption of the liabilities and obligations intended to be assumed by Transferee under this Agreement, and to otherwise make effective the transactions contemplated hereby.

8. Nonassignable Assets. Nothing in this Agreement, nor the consummation of the transactions contemplated hereby, shall be construed as an attempt or agreement to transfer or assign any Transferred Asset which by its terms or by law is nonassignable or cannot be entered into without the consent of or notice to a third party or a governmental authority, or is cancelable by a third party in the event of an assignment (collectively, “Nonassignable Assets” and each a “Nonassignable Asset”) unless and until such consents shall have been obtained or such notices shall have been provided, and such Nonassignable Assets shall not be included in the Transferred Assets. If any such consent or notice is not obtained or provided prior to the Effective Date, Transferor will use commercially reasonable efforts to obtain any such consent and provide such notice as soon as reasonably practicable after the Effective Date and thereafter Transferor shall transfer and assign to Transferee such Nonassignable Asset. Following any such assignment or transfer, such Nonassignable Asset shall be deemed to be a Transferred Asset for purposes of this Agreement. Notwithstanding the foregoing, until any such consent or notice is obtained or provided, the Parties shall otherwise cooperate in a mutually agreeable arrangement under which Transferee would obtain the benefits and assume the liabilities or obligations associated with any such Nonassignable Asset in accordance with this Agreement.

9. Wrong Pockets. If after the Effective Date, Transferee in good faith identifies in writing to Transferor any asset of Transferor properly transferrable as a Transferred Asset but not identified as a Transferred Asset as of the date hereof (any such asset, an “Additional Asset”), then Transferor will, as promptly as practicable after written notice by Transferee, transfer and assign to Transferee all right, title, and interest of Transferor in and to such Additional Asset which is transferable, subject to the assumption by Transferee of all liabilities or obligations of Transferor incurred, accrued, or arising in connection with, under, or relating to such Additional Asset following the transfer thereof, and any such Additional Asset shall be deemed to be a Transferred Asset for purposes of this Agreement, effective as of the date of transfer or assignment thereof. If after the Effective Date, Transferor specifically identifies in writing to Transferee an asset that was transferred or assigned inadvertently (any such asset, a “Returning Asset”) by Transferor pursuant to this Agreement, then Transferee will, as promptly as practicable after written notice by Transferor, transfer and assign back to Transferor all such transferred right, title and interest of Transferee in and to such Returning Asset.

10. Bulk Sales Laws. The Parties hereby waive compliance with the provisions of any bulk sales, bulk transfer or similar laws of any jurisdiction that may otherwise be applicable with respect to the sale or transfer of any or all of the Transferred Assets to Transferee.

11. Survival. The covenants, representations, and warranties of each of Transferor and Transferee contained in this Agreement shall survive the Effective Date, and, notwithstanding the transfer of the Transferred Assets to the Transferee, nor any investigation made by or on behalf of either Party, shall continue in full force and effect for the benefit of each Party, as applicable.

12. Entire Agreement. This Agreement, together with the Assignment Documents and any other documents contemplated hereunder or thereunder, constitutes the sole and entire agreement of the Parties with respect to the subject matter contained herein, and supersedes all prior and contemporaneous understandings, representations and warranties and agreements, both written and oral, with respect to such subject matter.

13. Governing Law. This Agreement shall be construed and enforced in accordance with, and the rights of the Parties shall be governed by, the laws of the State of Delaware, without reference to any conflicts of laws principles.

14. Submission to Jurisdiction. Each Party hereby irrevocably submits to the jurisdiction of the courts of the State of Delaware and the federal courts of the U.S. located in the State of Delaware in respect of the interpretation and enforcement of the provisions of this Agreement, the Assignment Documents and the documents contemplated hereunder and thereunder, and in respect of the transactions contemplated hereunder and thereunder, and hereby waives, and agrees not to assert, as a defense in any action for the interpretation or enforcement of this Agreement, the Assignment Documents or other documents contemplated hereunder or thereunder, that such Party is not subject thereto or that such action may not be brought or is not maintainable in said courts or that the venue thereof may not be appropriate or that this Agreement, the Assignment Documents or other documents contemplated hereunder or thereunder may not be enforced in or by such courts.

15. Severability. Any provision of this Agreement which is prohibited or unenforceable in any jurisdiction shall, as to that jurisdiction, be ineffective to the extent of such prohibition or unenforceability and shall be severed from the balance of this Agreement, all without affecting the remaining provisions of this Agreement or affecting the validity or enforceability of such provision in any other jurisdiction.

16. No Third Party Beneficiaries. Nothing contained in this Agreement is intended by the Parties to expand the rights and remedies of any third party (other than successors and assigns) against either Party as compared to the rights and remedies which such third party would have had against such Party had the Parties not consummated this Agreement.

17. Successors and Assigns. This Agreement shall be binding upon, inure to the benefit of, and be enforceable by the Parties and their respective successors and assigns, but shall not create any right(s) of subrogation or other right on the part of any other person.

18. Amendment and Modification; Waiver. This Agreement may only be amended, modified or supplemented by an agreement in writing signed by each Party. No waiver by either Party of any of the provisions hereof shall be effective unless explicitly set forth in writing and signed by the Party so waiving. Except as otherwise set forth in this Agreement, no failure to exercise, or delay in exercising, any rights, remedy, power or privilege arising from this Agreement shall operate or be construed as a waiver thereof; nor shall any single or partial exercise of any right, remedy, power or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power or privilege.

19. Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute a single instrument. Any such counterpart may be delivered via facsimile, electronic mail (including PDF), or other

transmission method, and any counterpart so delivered shall be deemed to have been duly and validly delivered and effective for all purposes.

[Signatures Appear on the Following Page]

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed and delivered effective as of the Effective Date.

TRANSFEROR:

MEDICAL SPECIALTIES DISTRIBUTORS, LLC,
a Delaware limited liability company

By: Stanton J. McComb
Name: Stanton J. McComb
Title: President

TRANSFeree:

MCKESSON MEDICAL-SURGICAL INC.,
a Virginia corporation

By: Stanton J. McComb
Name: Stanton J. McComb
Title: President

[Signature page to Asset Transfer Agreement
(Medical Specialties Distributors, LLC / McKesson Medical-Surgical Inc.)]

Schedule 1

A. Assets

1. Inventory. All inventory of Transferor held in connection with the operation of the Biomedical Facilities, including, without limitation, the schedule of inventory delivered by Transferor to Transferee on the Effective Date (the "Inventory Schedule").
2. Fixed Assets. All equipment, furniture, trade fixtures, and other fixed assets of Transferor held or used in connection with the operation of the Biomedical Facilities, including, without limitation, the schedule of fixed assets delivered by Transferor to Transferee on the Effective Date (the "Fixed Asset Schedule").
3. Licenses and Permits. All licenses, permits, consents, authorizations, approvals, and certificates of any regulatory, administrative, or other governmental agency or body relating to the operation of the Biomedical Facilities.
4. Contracts. All rights of Transferor under any real estate leases associated with the operation of the Biomedical Facilities (collectively, the "Assumed Contracts").

B. Liabilities

1. Contracts. All liabilities and obligations of Transferor under or related to the Assumed Contracts.

For purposes of this Schedule 1, the term "Biomedical Facilities" means the biomedical service centers of Transferor located at the following addresses:

- (i) 18543 East Gale Avenue, City of Industry, California 91748;
- (ii) 4815 Executive Park CT #103, Jacksonville, Florida 32216;
- (iii) 1549 Hunter Road, Hanover Park, Illinois 60133;
- (iv) 378 Page Street, Suite 101, Stoughton, Massachusetts 02072;
- (v) 520 Lindbergh Avenue, Moon Township, Pennsylvania 15108;
- (vi) 885 Paragon Way, Rock Hill, South Carolina 29730; and
- (vii) 2159 S. Shiloh Road, Garland, Texas 75041.

4SSS

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 02920**)
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: McKesson Medical-Surgical Inc.

Physical Address: _____

City: Jacksonville, FL State: FL Zip Code: 32216 Telephone _____

Number: _____ Fax Number: _____

Toll Free Number: _____

E-mail: Danna.Sturgill@McKesson.com Website: www.mckesson.com

Facility Manager: Jaye Sablon

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?
(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: 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: NV19951055144

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

Stanton McComb

Print Name of Authorized Person

Date

1/17/21

Board Use Only

Date Processed:

5/16/2021

Amount:

\$500 Check # 144053

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia

Parent Company if any: see attached, ultimate parent McKesson Corporation

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: 6651 Gate Parkway

City: Jacksonville State: FL Zip: 32256

Telephone: 904.332.4179 Fax: 904.332.3349

Contact Person: Danna Sturgill

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: 7.7.1994

Registration number issued: 2417015

Stock Exchange: NYSE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

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.

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

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:

April 19, 2021

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

Bernard J. Logan, Clerk of the Commission

Commonwealth of Virginia



State Corporation Commission

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I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

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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:

September 29, 2020

Bernard J. Logan, Interim Clerk of the Commission

McKesson Medical-Surgical Inc.
Officer Listing

Title	Name	Address	Phone	DOB
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233		
VP & Treasurer; Director	Timothy Skansi	9954 Mayland Drive, Suite 4000 Richmond, VA 23233		
VP & Secretary; Director	Michele Lau	6535 State Highway 161, Irving, TX 75039		

The Florida Department of Business and Professional Regulation does not regulate medical devices and does not issue a state license. Please see explanation attached.



NABP ACCREDITED

DRUG DISTRIBUTOR

Mckesson Medical-Surgical Inc

located at

_____, Jacksonville, FL 32216

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



2/2/2021 - 2/1/2024
Period of Accreditation

JAYE D. SABLON

----- Mallory Hills Road
Jacksonville, Florida 32221

PROFESSIONAL EXPERIENCE

October 2019 – Present

Biomed Manager

McKesson Corporation
4815 Executive Park Ct
Jacksonville, FL 32216

- Manages a biomed operation consisting of 24 personnel in servicing of medical devices
- Drives superior performance through goal setting, regular coaching and feedback
- Supervises team members who perform assigned tasks
- Develops and directs work schedules and monitors workflow to achieve established goals and objectives
- Monitors and analyzes cost, working with key vendors associated with site activities
- Responsible for supporting all quality related activities pertaining to our ISO 13485:2016 certification
- Serves as certified designated representative for the site state licensure program

May 2003 – January 2019

Operations Manager

McKesson Moore Medical Corp
8100-4 Westside Industrial Dr.
Jacksonville, FL 32219

- Responsible for the overall operation of a remote-site facility responsible for the receipt and distribution of medical, surgical and pharmaceutical products to health care practices and facilities nationwide
- Effectively controls the property and equipment of a 71,000 square ft warehouse and \$6.5M inventory
- Manages the performance and activities of 2 supervisors, 3 group leaders and 35 subordinates in all areas of the warehouse operations to include receiving/shipping, fulfillment and inventory control
- Plans organized and implements workload priorities and evaluates work performance of subordinates
- Ensures strict regulatory compliance of government and state agencies (Department of Health, Drug Enforcement Agency, Food and Drug Administration and OSHA) standards are 100% adhered
- Ensures the 100% accountability and security of level two, three and four DEA pharmaceutical drugs
- Responsible for the timely and accurate shipment of 1400 packages daily enhancing customer satisfaction
- Executes the annual operating budget of \$80M for the business unit while controlling expenses
- Collaborates with senior leadership to communicate policies and procedures and internal/external customers to assist in the resolution of customer service and performance issues on a daily basis
- HR liaison for warehouse personnel actions (hiring, personnel changes/updates and benefit enrollment)
- Accountable for continuous job training, enforcement of safety, production and housekeeping standards
- Negotiates contracts for multiple supply sources, facilities and equipment maintenance
- Awarded state certification as Designated Representative for the Jacksonville warehouse which allows the continuous shipment of prescription drugs to all states with the state of Florida mandated requirements

EXPERIENCE/EDUCATION/SKILLS

- Over 35 years personnel management, 22 years of operations management and 15 years of warehouse management
- Experienced in the operation of computer software MS Office (Word, PowerPoint, Excel, Outlook) and hardware installation
- Knowledgeable of AS-400, JDE Edwards Warehouse Management Systems and Varsity Shipping Systems
- Certified Designated Representative for management and control of prescription drugs
- Certified as 49CFR hazardous materials shipper to train and ensure proper shipment of dangerous goods
- Awarded AA Degree in Administrative/Personnel Management; Community College of the Air Force
- Graduated from the McKesson Impact Leadership Academy for Leadership and Management Training
- Completed the United States Air Force Senior Noncommissioned Officers Academy (SNCO) Course for senior leadership and management training and the NCO Leadership and Management Course
- Multi-tasked and accomplished in meeting stringent deadlines
- Detailed-oriented and able to assimilate processes and procedures quickly
- Highly motivated and energetic with excellent analytical and organizations skills
- Strong communications skills
- Places extreme emphasis on ensuring internal and external customers are satisfied

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549
FORM 10-Q

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the quarterly period 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: 1-13252

MCKESSON

McKESSON CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction
of incorporation or organization)

94-3207296

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

6555 State Hwy 161,

Irving, TX 75039

(Address of principal executive offices, including zip code)

(972) 446-4800

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

<i>(Title of each class)</i>	<i>(Trading Symbol)</i>	<i>(Name of each exchange on which registered)</i>
Common stock, \$0.01 par value	MCK	New York Stock Exchange
0.625% Notes due 2021	MCK21A	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

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

☒

Non-accelerated filer

☐

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 ☒

Indicate the number of shares outstanding of each of the issuer's classes of common stock, as of the latest practicable date. 159,167,434 shares of the issuer's common stock were outstanding as of December 31, 2020.

McKESSON CORPORATION

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McKESSON CORPORATION

PART I—FINANCIAL INFORMATION

Item 1. Condensed Consolidated Financial Statements.

CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS
(In millions, except per share amounts)
(Unaudited)

	Three Months Ended December 31,		Nine Months Ended December 31,	
	2020	2019	2020	2019
Revenues	\$ 62,599	\$ 59,172	\$ 179,086	\$ 172,516
Cost of sales	(59,448)	(56,139)	(170,235)	(163,829)
Gross profit	3,151	3,033	8,851	8,687
Operating expenses	(2,291)	(2,535)	(6,625)	(6,779)
Claims and litigation charges, net	(8,067)	—	(7,936)	(82)
Goodwill impairment charges	—	(2)	(69)	(2)
Restructuring, impairment, and related charges	(155)	(136)	(271)	(204)
Total operating expenses	(10,513)	(2,673)	(14,901)	(7,067)
Operating income (loss)	(7,362)	360	(6,050)	1,620
Other income (expense), net	54	26	152	(15)
Equity earnings and charges from investment in Change Healthcare Joint Venture	—	(28)	—	(1,478)
Interest expense	(55)	(64)	(165)	(184)
Income (loss) from continuing operations before income taxes	(7,363)	294	(6,063)	(57)
Income tax benefit (expense)	1,189	(47)	1,011	111
Income (loss) from continuing operations	(6,174)	247	(5,052)	54
Loss from discontinued operations, net of tax	—	(5)	(1)	(12)
Net income (loss)	(6,174)	242	(5,053)	42
Net income attributable to noncontrolling interests	(52)	(56)	(152)	(163)
Net income (loss) attributable to McKesson Corporation	\$ (6,226)	\$ 186	\$ (5,205)	\$ (121)
Earnings (loss) per common share attributable to McKesson Corporation				
Diluted				
Continuing operations	\$ (39.03)	\$ 1.06	\$ (32.28)	\$ (0.60)
Discontinued operations	—	(0.03)	(0.01)	(0.06)
Total	\$ (39.03)	\$ 1.03	\$ (32.29)	\$ (0.66)
Basic				
Continuing operations	\$ (39.03)	\$ 1.06	\$ (32.28)	\$ (0.60)
Discontinued operations	—	(0.02)	(0.01)	(0.06)
Total	\$ (39.03)	\$ 1.04	\$ (32.29)	\$ (0.66)
Weighted-average common shares outstanding				
Diluted				
	159.5	179.7	161.2	183.1
Basic				
	159.5	178.7	161.2	183.1

See Financial Notes

McKESSON CORPORATION

CONDENSED CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME (LOSS)
(In millions)
(Unaudited)

	Three Months Ended December 31,		Nine Months Ended December 31,	
	2020	2019	2020	2019
Net income (loss)	\$ (6,174)	\$ 242	\$ (5,053)	\$ 42
Other comprehensive income, net of tax				
Foreign currency translation adjustments	107	43	181	55
Unrealized gains (losses) on cash flow hedges	(12)	8	(36)	33
Changes in retirement-related benefit plans	24	—	16	96
Other comprehensive income, net of tax	119	51	161	184
Comprehensive income (loss)	(6,055)	293	(4,892)	226
Comprehensive income attributable to noncontrolling interests	(77)	(66)	(113)	(161)
Comprehensive income (loss) attributable to McKesson Corporation	\$ (6,132)	\$ 227	\$ (5,005)	\$ 65

See Financial Notes

McKESSON CORPORATION

CONDENSED CONSOLIDATED BALANCE SHEETS
(In millions, except per share amounts)
(Unaudited)

	December 31, 2020	March 31, 2020
ASSETS		
Current assets		
Cash and cash equivalents	\$ 3,577	\$ 4,015
Receivables, net	18,877	19,950
Inventories, net	19,211	16,734
Assets held for sale	15	906
Prepaid expenses and other	688	617
Total current assets	42,368	42,222
Property, plant, and equipment, net	2,518	2,365
Operating lease right-of-use assets	1,955	1,886
Goodwill	9,511	9,360
Intangible assets, net	2,980	3,156
Other non-current assets	2,513	2,258
Total assets	\$ 61,845	\$ 61,247
LIABILITIES, REDEEMABLE NONCONTROLLING INTERESTS, AND EQUITY (DEFICIT)		
Current liabilities		
Drafts and accounts payable	\$ 36,509	\$ 37,195
Short-term borrowings	152	—
Current portion of long-term debt	777	1,052
Current portion of operating lease liabilities	384	354
Liabilities held for sale	14	683
Other accrued liabilities	4,094	3,340
Total current liabilities	41,930	42,624
Long-term debt	6,467	6,335
Long-term deferred tax liabilities	773	2,255
Long-term operating lease liabilities	1,747	1,660
Long-term litigation liabilities	8,067	—
Other non-current liabilities	1,846	1,662
Redeemable noncontrolling interests	1,292	1,402
McKesson Corporation stockholders' equity (deficit)		
Preferred stock, \$0.01 par value, 100 shares authorized, no shares issued or outstanding	—	—
Common stock, \$0.01 par value, 800 shares authorized and 273 and 272 shares issued at December 31, 2020 and March 31, 2020, respectively	2	2
Additional paid-in capital	6,847	6,663
Retained earnings	7,595	13,022
Accumulated other comprehensive loss	(1,503)	(1,703)
Treasury shares, at cost, 114 and 110 shares at December 31, 2020 and March 31, 2020, respectively	(13,418)	(12,892)
Total McKesson Corporation stockholders' equity (deficit)	(477)	5,092
Noncontrolling interests	200	217
Total equity (deficit)	(277)	5,309
Total liabilities, redeemable noncontrolling interests, and equity (deficit)	\$ 61,845	\$ 61,247

See Financial Notes

McKESSON CORPORATION

CONDENSED CONSOLIDATED STATEMENTS OF STOCKHOLDERS' EQUITY (DEFICIT)
(In millions, except per share amounts)
(Unaudited)

Three Months Ended December 31, 2020										
	Common Stock		Additional Paid-in Capital	Other Capital	Retained Earnings	Accumulated Other Comprehensive Loss	Treasury		Noncontrolling Interests	Total Equity (Deficit)
	Shares	Amount					Common Shares	Amount		
Balances, September 30, 2020	273	\$ 2	\$ 6,780	\$ —	\$ 13,890	\$ (1,597)	(112)	\$ (13,185)	\$ 200	\$ 6,090
Issuance of shares under employee plans	—	—	16	—	—	—	—	(2)	—	14
Share-based compensation	—	—	51	—	—	—	—	—	—	51
Payments to noncontrolling interests	—	—	—	—	—	—	—	—	(41)	(41)
Other comprehensive income	—	—	—	—	—	94	—	—	—	94
Net income (loss)	—	—	—	—	(6,226)	—	—	—	41	(6,185)
Repurchase of common stock	—	—	—	—	—	—	(2)	(231)	—	(231)
Cash dividends declared, \$0.42 per common share	—	—	—	—	(67)	—	—	—	—	(67)
Other	—	—	—	—	(2)	—	—	—	—	(2)
Balances, December 31, 2020	273	\$ 2	\$ 6,847	\$ —	\$ 7,595	\$ (1,503)	(114)	\$ (13,418)	\$ 200	\$ (277)

Nine Months Ended December 31, 2020										
	Common Stock		Additional Paid-in Capital	Other Capital	Retained Earnings	Accumulated Other Comprehensive Loss	Treasury		Noncontrolling Interests	Total Equity (Deficit)
	Shares	Amount					Common Shares	Amount		
Balances, March 31, 2020	272	\$ 2	\$ 6,663	\$ —	\$ 13,022	\$ (1,703)	(110)	\$ (12,892)	\$ 217	\$ 5,309
Opening retained earnings adjustment: adoption of new accounting standard	—	—	—	—	(13)	—	—	—	—	(13)
Balances, April 1, 2020	272	2	6,663	—	13,009	(1,703)	(110)	(12,892)	217	5,296
Issuance of shares under employee plans	1	—	55	—	—	—	—	(26)	—	29
Share-based compensation	—	—	110	—	—	—	—	—	—	110
Payments to noncontrolling interests	—	—	—	—	—	—	—	—	(134)	(134)
Other comprehensive income	—	—	—	—	—	200	—	—	—	200
Net income (loss)	—	—	—	—	(5,205)	—	—	—	120	(5,085)
Exercise of put right by noncontrolling shareholders of McKesson Europe	—	—	3	—	—	—	—	—	—	3
Repurchase of common stock	—	—	—	—	—	—	(4)	(500)	—	(500)
Cash dividends declared, \$1.25 per common share	—	—	—	—	(203)	—	—	—	—	(203)
Other	—	—	16	—	(6)	—	—	—	(3)	7
Balances, December 31, 2020	273	\$ 2	\$ 6,847	\$ —	\$ 7,595	\$ (1,503)	(114)	\$ (13,418)	\$ 200	\$ (277)

See Financial Notes

McKESSON CORPORATION

CONDENSED CONSOLIDATED STATEMENTS OF STOCKHOLDERS' EQUITY (DEFICIT)
(In millions, except per share amounts)
(Unaudited)

Three Months Ended December 31, 2019

	Common Stock		Additional Paid-in Capital	Other Capital	Retained Earnings	Accumulated Other Comprehensive Loss	Treasury		Noncontrolling Interests	Total Equity
	Shares	Amount					Common Shares	Amount		
Balances, September 30, 2019	272	\$ 3	\$ 6,573	\$ (2)	\$ 11,965	\$ (1,704)	(92)	\$ (10,353)	\$ 210	\$ 6,692
Issuance of shares under employee plans	—	—	11	—	—	—	—	—	—	11
Share-based compensation	—	—	30	—	—	—	—	—	—	30
Payments to noncontrolling interests	—	—	—	—	—	—	—	—	(39)	(39)
Other comprehensive income	—	—	—	—	—	41	—	—	—	41
Net income	—	—	—	—	186	—	—	—	—	231
Repurchase of common stock	—	—	—	—	—	—	(3)	(500)	—	(500)
Cash dividends declared, \$0.41 per common share	—	—	—	—	(73)	—	—	—	—	(73)
Other	—	—	—	—	(3)	—	—	—	(5)	(8)
Balances, December 31, 2019	272	\$ 3	\$ 6,614	\$ (2)	\$ 12,075	\$ (1,663)	(95)	\$ (10,853)	\$ 211	\$ 6,385

Nine Months Ended December 31, 2019

	Common Stock		Additional Paid-in Capital	Other Capital	Retained Earnings	Accumulated Other Comprehensive Loss	Treasury		Noncontrolling Interests	Total Equity
	Shares	Amount					Common Shares	Amount		
Balances, March 31, 2019	271	\$ 3	\$ 6,435	\$ (2)	\$ 12,409	\$ (1,849)	(81)	\$ (8,902)	\$ 193	\$ 8,287
Opening retained earnings adjustments: adoption of new accounting standards	—	—	—	—	11	—	—	—	—	11
Balances, April 1, 2019	271	\$ 3	\$ 6,435	\$ (2)	\$ 12,420	\$ (1,849)	(81)	\$ (8,902)	\$ 193	\$ 8,298
Issuance of shares under employee plans	1	—	89	—	—	—	—	(17)	—	72
Share-based compensation	—	—	90	—	—	—	—	—	—	90
Payments to noncontrolling interests	—	—	—	—	—	—	—	—	(115)	(115)
Other comprehensive income	—	—	—	—	—	186	—	—	—	186
Net income (loss)	—	—	—	—	(121)	—	—	—	130	9
Repurchase of common stock	—	—	—	—	—	—	(14)	(1,934)	—	(1,934)
Cash dividends declared, \$1.21 per common share	—	—	—	—	(221)	—	—	—	—	(221)
Other	—	—	—	—	(3)	—	—	—	3	—
Balances, December 31, 2019	272	\$ 3	\$ 6,614	\$ (2)	\$ 12,075	\$ (1,663)	(95)	\$ (10,853)	\$ 211	\$ 6,385

See Financial Notes

McKESSON CORPORATION

CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS
(In millions)
(Unaudited)

	Nine Months Ended December 31,	
	2020	2019
OPERATING ACTIVITIES		
Net income (loss)		
Adjustments to reconcile to net cash provided by (used in) operating activities:	\$ (5,053)	\$ 42
Depreciation		
Amortization	237	239
Goodwill and other asset impairment charges	429	452
Equity earnings and charges from investment in Change Healthcare Joint Venture	236	113
Deferred taxes	—	1,478
Credits associated with last-in, first-out inventory method	(1,520)	(387)
Non-cash operating lease expense	(115)	(114)
Loss from sales of businesses and investments	264	276
Other non-cash items	50	8
Changes in assets and liabilities, net of acquisitions:	67	534
Receivables		
Inventories	1,500	(1,044)
Drafts and accounts payable	(2,046)	(689)
Operating lease liabilities	(1,240)	(929)
Taxes	(291)	(287)
Litigation liabilities	184	11
Other	8,067	—
Net cash provided by (used in) operating activities	403	17
	<u>1,172</u>	<u>(280)</u>
INVESTING ACTIVITIES		
Payments for property, plant, and equipment		
Capitalized software expenditures	(293)	(242)
Acquisitions, net of cash, cash equivalents, and restricted cash acquired	(134)	(96)
Proceeds from sales of businesses and investments, net	(33)	(97)
Other	325	6
Net cash used in investing activities	(75)	20
	<u>(210)</u>	<u>(409)</u>
FINANCING ACTIVITIES		
Proceeds from short-term borrowings		
Repayments of short-term borrowings	5,455	15,852
Proceeds from issuances of long-term debt	(5,303)	(13,743)
Repayments of long-term debt	500	—
Common stock transactions:	(1,030)	(8)
Issuances		
Share repurchases, including shares surrendered for tax withholding	55	89
Dividends paid	(526)	(1,951)
Other	(209)	(222)
Net cash used in financing activities	(118)	(271)
Effect of exchange rate changes on cash, cash equivalents, and restricted cash	(1,176)	(254)
Net decrease in cash, cash equivalents, and restricted cash	(77)	27
Cash, cash equivalents, and restricted cash at beginning of period	(291)	(916)
Cash, cash equivalents, and restricted cash at end of period	4,023	2,981
Less: Restricted cash at end of period included in Prepaid expenses and other	3,732	2,065
Cash and cash equivalents at end of period	(155)	—
	<u>\$ 3,577</u>	<u>\$ 2,065</u>

See Financial Notes

McKesson Corporation
FINANCIAL NOTES
(UNAUDITED)

1. Significant Accounting Policies

Nature of Operations: McKesson Corporation ("McKesson," or the "Company,") is a global leader in healthcare supply chain management solutions, retail pharmacy, community oncology and specialty care, and healthcare information solutions. McKesson partners with life sciences companies, manufacturers, providers, pharmacies, governments, and other healthcare organizations to help provide the right medicines, medical products, and healthcare services to the right patients at the right time, safely, and cost-effectively. Commencing with the second quarter of 2021, the Company reports its financial results in four reportable segments: U.S. Pharmaceutical, International, Medical-Surgical Solutions, and Prescription Technology Solutions ("RxTS"). The Company's equity method investment in Change Healthcare LLC ("Change Healthcare JV"), which was split-off from McKesson in the fourth quarter of 2020, has been included in Other for retrospective periods presented. All prior segment information has been recast to reflect the Company's new segment structure and current period presentation. Refer to Financial Note 15, "Segments of Business," for more information.

Basis of Presentation: The condensed consolidated financial statements of McKesson include the financial statements of all wholly-owned subsidiaries and controlled companies. For those consolidated subsidiaries where the Company's ownership is less than 100%, the portion of the net income or loss allocable to the noncontrolling interests is reported as "Net income attributable to noncontrolling interests" in the Condensed Consolidated Statements of Operations. All significant intercompany balances and transactions have been eliminated in consolidation including the intercompany portion of transactions with equity method investees.

The Company considers itself to control an entity if it has voting control over such entity. The Company also assesses control through means other than voting rights and determines which business entity is the primary beneficiary of the variable interest entity ("VIE"). The Company consolidates VIEs when it is determined that it is the primary beneficiary of the VIE. Investments in business entities in which the Company does not have control but has the ability to exercise significant influence over operating and financial policies, are accounted for using the equity method.

The condensed consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States ("U.S.") of America ("GAAP") for interim financial reporting and the rules and regulations of the U.S. Securities and Exchange Commission ("SEC") and therefore do not include all information and disclosures normally included in the annual consolidated financial statements.

To prepare the financial statements in conformity with GAAP, management must make estimates and assumptions that affect the reported amounts of assets and liabilities as of the date of these financial statements and income and expenses during the reporting period. Actual amounts may differ from these estimated amounts. The severity, magnitude, and duration, as well as the economic consequences of the coronavirus disease 2019 ("COVID-19") pandemic, are uncertain, rapidly changing and difficult to predict. Therefore, the Company's accounting estimates and assumptions may change over time in response to COVID-19 and may change materially in future periods. In the opinion of management, the unaudited condensed consolidated financial statements include all normal recurring adjustments necessary for a fair presentation of the financial position, results of operations, and cash flows of McKesson for the interim periods presented.

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was enacted on March 27, 2020 in the U.S., and includes several provisions related to employment and income taxes, including provisions for the deferral of the employer portion of social security taxes through December 31, 2020. On December 27, 2020, the U.S. government enacted the Consolidated Appropriations Act, 2021, which enhances and expands certain provisions of the CARES Act. These legislative acts are not expected to have a material impact on the Company's consolidated financial results.

The results of operations for the three and nine months ended December 31, 2020 are not necessarily indicative of the results that may be expected for the entire year. These interim financial statements should be read in conjunction with the annual audited financial statements, accounting policies, and financial notes included in the Company's Annual Report on Form 10-K for the fiscal year ended March 31, 2020 previously filed with the SEC on May 22, 2020 ("2020 Annual Report").

The Company's fiscal year begins on April 1 and ends on March 31. Unless otherwise noted, all references to a particular year shall mean the Company's fiscal year.

McKESSON CORPORATION
FINANCIAL NOTES (CONTINUED)
(UNAUDITED)

Certain prior year amounts have been reclassified to conform to the current year presentation.

Recently Adopted Accounting Pronouncements

In the first quarter of 2021, the Company prospectively adopted Accounting Standards Update ("ASU") 2018-15, *Intangibles - Goodwill and Other - Internal-Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract*, which aligns the requirements for capitalizing implementation costs incurred in a cloud computing arrangement that is a service contract with the requirements for capitalizing implementation costs in a cloud computing arrangement that has a software license. As a result, the Company began capitalizing eligible implementation costs for such contracts and recognizing the expense over the service period. The adoption of this amended guidance did not have a material impact on the Company's condensed consolidated financial statements or disclosures.

In the first quarter of 2021, the Company retrospectively adopted ASU 2018-14, *Compensation - Retirement Benefits - Defined Benefit Plans*, which requires the Company to disclose the weighted-average interest crediting rates for cash balance plans and other plans with promised interest crediting rates, and an explanation of reasons for significant gains and losses related to changes in the benefit obligation for the period. The amended guidance also requires the Company to remove disclosures on the amounts in accumulated other comprehensive income expected to be recognized as components of net periodic benefit costs over the next fiscal year. The adoption of this amended guidance resulted in changes in disclosures but did not have an impact on the Company's Condensed Consolidated Statements of Operations, Comprehensive Income, Balance Sheets, or Cash Flows.

In the first quarter of 2021, the Company adopted ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*, to remove, modify and add disclosure requirements on fair value measurements. Certain requirements were applied prospectively while other changes were applied retrospectively on the effective date. The amended guidance removes disclosure requirements for transfers between Level 1 and Level 2 measurements and valuation processes for Level 3 measurements, but adds new disclosure requirements including changes in unrealized gains or losses in other comprehensive income related to recurring Level 3 measurements and requirements to disclose the range, and weighted-average used to develop significant unobservable inputs for Level 3 fair value measurements. The adoption of this amended guidance resulted in changes in disclosures but did not have an impact on the Company's Condensed Consolidated Statements of Operations, Comprehensive Income, Balance Sheets, or Cash Flows.

In the first quarter of 2021, the Company adopted ASU 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments* ("ASU 2016-13"), which changed the impairment model for most financial assets from one based on current losses to a forward-looking model based on expected losses. The forward-looking model requires the Company to consider historical experience, current conditions, and reasonable and supportable forecasts that affect the collectability of the reported amount in estimating credit losses. The amended guidance requires financial assets that are measured at amortized cost be presented at the net amount expected to be collected. An allowance for credit losses is established as a valuation account that is deducted from the amortized cost basis of financial assets. The guidance also requires enhanced disclosures. This guidance was adopted on a modified retrospective basis and did not have a material impact on the Company's condensed consolidated financial statements or disclosures. Upon adoption of the amended guidance in the first quarter of 2021, the Company recorded a cumulative-effect adjustment of \$13 million to the opening balance of retained earnings, primarily as a result of adjustments to allowances for trade accounts receivable.

Allowance for Credit Losses: Upon the adoption of ASU 2016-13 in the first quarter of 2021, the Company began using the Current Expected Credit Losses ("CECL") methodology to determine an allowance for credit losses related to financial assets measured at amortized cost. The Company considers historical experience, the current economic environment, customer credit ratings or bankruptcies, and reasonable and supportable forecasts to develop its allowance for credit losses. Management reviews these factors quarterly to determine if any adjustments are needed to the allowance. Trade accounts receivable represent the majority of the Company's financial assets, for which an allowance for credit losses of \$221 million was included in Receivables, net on the Condensed Consolidated Balance Sheet as of December 31, 2020. Changes in the allowance were not material for the three and nine months ended December 31, 2020.

McKESSON CORPORATION
FINANCIAL NOTES (CONTINUED)
(UNAUDITED)

Recently Issued Accounting Pronouncements Not Yet Adopted

In December 2019, ASU 2019-12, *Income Taxes (Topic 740): Simplifying the Accounting for Income Taxes*, was issued with the intent to simplify various aspects related to accounting for income taxes. The guidance eliminates certain exceptions related to the approach for intraperiod tax allocation, the methodology for calculating income taxes in an interim period, and the recognition of deferred tax liabilities for outside basis differences. The guidance also simplifies and clarifies certain other aspects of accounting for income taxes. The guidance is effective for the Company in the first quarter of 2022 and early adoption is permitted. The Company is currently evaluating the impact of this amended guidance on its condensed consolidated financial statements.

2. Investment in Change Healthcare Joint Venture

Until the separation of its interest in the Change Healthcare JV on March 10, 2020, the Company accounted for its interest in the joint venture using the equity method of accounting with a one-month reporting lag, with disclosure made for any intervening events of the joint venture in the lag period that could materially affect its condensed consolidated financial statements. Effective April 1, 2019, the Change Healthcare JV adopted the amended revenue recognition guidance. In the first quarter of 2020, the Company recorded its proportionate share of the joint venture's adoption impact of the amended revenue recognition guidance of approximately \$80 million, net of tax, to the Company's opening retained earnings.

On June 27, 2019, common stock and certain other securities of Change Healthcare Inc. ("Change") began trading on the NASDAQ ("IPO"). Change was a holding company and did not own any material assets or have any operations other than its interest in the Change Healthcare JV. On July 1, 2019, upon the completion of its IPO, Change received net cash proceeds of approximately \$888 million. Change contributed the proceeds of \$609 million from its offering of common stock to the Change Healthcare JV in exchange for additional membership interests of the Change Healthcare JV ("LLC Units") at the equivalent of its offering price of \$13 per share. The proceeds of \$279 million from the concurrent offering of other securities were used by Change to acquire certain securities of the Change Healthcare JV that substantially mirrored the terms of other securities included in the offering by Change. As a result, McKesson's equity interest in the Change Healthcare JV was diluted from approximately 70% to approximately 58.5% while Change owned approximately 41.5% of the outstanding LLC Units. Accordingly, in the second quarter of 2020, the Company recognized a pre-tax dilution loss of \$246 million primarily representing the difference between its proportionate share of the IPO proceeds and the dilution effect on the investment's carrying value. These items were included in Equity earnings and charges from investment in Change Healthcare Joint Venture in the Company's Condensed Consolidated Statements of Operations for the three and nine months ended December 31, 2019. The Company's proportionate share of income or loss from this investment was subsequently reduced as immaterial settlements of stock option exercises occurred after the IPO.

In the second quarter of 2020, the Company recorded a pre-tax other-than-temporary impairment ("OTTI") charge of \$1.2 billion to its investment in the Change Healthcare JV, representing the difference between the carrying value of the Company's investment and the fair value derived from the corresponding closing price of Change's common stock at September 30, 2019. This charge was included in Equity earnings and charges from investment in Change Healthcare Joint Venture in the Company's Condensed Consolidated Statements of Operations for the nine months ended December 31, 2019.

The Company recorded its proportionate share of loss from its investment in Change Healthcare JV of \$28 million and \$75 million, respectively, for the three and nine months ended December 31, 2019. The Company's proportionate share of income or loss from this investment included integration expenses incurred by Change Healthcare JV and basis differences between the joint venture and McKesson, including amortization of fair value adjustments primarily representing incremental intangible assets. These amounts were included within Equity earnings and charges from investment in Change Healthcare Joint Venture in the Company's Condensed Consolidated Statements of Operations for the three and nine months ended December 31, 2019.

On March 10, 2020, the Company completed the previously announced separation of its interest in the Change Healthcare JV which eliminated the Company's investment in the joint venture.

McKESSON CORPORATION
FINANCIAL NOTES (CONTINUED)
(UNAUDITED)

Related Party Transactions

While a party to the joint venture, the Company had various ancillary agreements related to the Change Healthcare JV, including transition services agreements ("TSA"), a transaction and advisory fee agreement ("Advisory Agreement"), a tax receivable agreement ("TRA"), and certain other agreements. Revenues recognized and expenses incurred under these agreements with the Change Healthcare JV were not material during the three and nine months ended December 31, 2020 and the three months ended December 31, 2019. Fees earned from the TSA were \$18 million for the nine months ended December 31, 2019.

Under the agreement executed in 2019 between the Change Healthcare JV, McKesson, Change, and certain subsidiaries of the Change Healthcare JV, McKesson had the ability to adjust the manner in which certain depreciation or amortization deductions are allocated among Change and McKesson. McKesson exercised its right under the agreement and allocated certain depreciation and amortization deductions to Change for the tax years ended March 31, 2019 and 2020.

After McKesson's separation of its interest in the Change Healthcare JV, the aforementioned TRA agreement requires the Change Healthcare JV to pay McKesson 85% of the net cash tax savings realized, or deemed to be realized, by Change resulting from the depreciation or amortization allocated to Change by McKesson. The receipt of any payments from the Change Healthcare JV under the TRA is dependent upon Change benefiting from this depreciation or amortization in future tax return filings. This creates uncertainty over the amount, timing, and probability of the gain recognized. As such, the Company accounts for the TRA as a gain contingency, with no receivable recognized as of December 31, 2020.

During the fourth quarter of 2020 in conjunction with the separation transaction, the Company recorded a reversal of the deferred tax liability related to its investment. Under the agreement with the Change Healthcare JV, McKesson, Change, and certain subsidiaries of the Change Healthcare JV, there may be changes in future periods to the amount reversed as the relevant periods are audited by tax authorities. Any such change is not expected to have a material impact on the Company's condensed consolidated financial statements.

3. Held for Sale

Assets and liabilities to be disposed of by sale ("disposal groups") are reclassified into "held for sale" if their carrying amounts are principally expected to be recovered through a sale transaction rather than through continuing use. The reclassification occurs when the disposal group is available for immediate sale and the sale is highly probable. These criteria are generally met when an agreement to sell exists, or management has committed to a plan to sell the assets within one year. Disposal groups are measured at the lower of carrying amount or fair value less costs to sell and are not depreciated or amortized. The fair value of a disposal group, less any costs to sell, is assessed each reporting period it remains classified as held for sale and any remeasurement to the lower of carrying value or fair value less cost to sell is reported as an adjustment to the carrying value of the disposal group. Assets and liabilities that have met the classification of held for sale were \$15 million and \$14 million, respectively, at December 31, 2020 and \$906 million and \$683 million, respectively, at March 31, 2020. These amounts at March 31, 2020 primarily consisted of the majority of the Company's German pharmaceutical wholesale business described below. This disposal group had been recorded as assets and liabilities held for sale since the third quarter of 2020 through its contribution to a joint venture in the third quarter of 2021. Based on its analysis, the Company determined that the disposal groups classified as held for sale do not meet the criteria for classification as discontinued operations and are not considered to be significant disposals based on its quantitative and qualitative evaluation.

German Pharmaceutical Wholesale Joint Venture

On November 1, 2020, the Company completed its previously announced transaction with Walgreens Boots Alliance ("WBA") whereby the majority of its German pharmaceutical wholesale business was contributed to a newly formed joint venture in which McKesson has a 30% noncontrolling interest.

Consideration received included a receivable amount of \$43 million, primarily related to working capital and net debt adjustments from WBA, and the 30% interest in the newly formed joint venture. At the transaction date, the carrying value of the equity investment in the joint venture was recorded at its fair value, which was measured using inputs that fell within Level 3 of the fair value hierarchy. The carrying value of the investment in the joint venture was nil as of December 31, 2020. The joint venture also assumed a note payable to the Company in the amount of approximately \$291 million as of the transaction date, which was paid to the Company in the third quarter of 2021.

McKESSON CORPORATION
FINANCIAL NOTES (CONTINUED)
(UNAUDITED)

In conjunction with the contribution, the Company recorded a loss of \$47 million (pre-tax and after-tax) in operating expenses in the three months ended December 31, 2020. In addition to this amount, the Company recorded charges of \$10 million (pre-tax and after-tax) in the three and six months ended September 30, 2020 and \$282 million (pre-tax and after-tax) in the three and nine months ended December 31, 2019 to remeasure the assets and liabilities held for sale to fair value less costs to sell. These charges were included within operating expenses in the condensed consolidated statements of operations. The Company's measurement of the fair value of the disposal group was based on estimates of total consideration to be received by the Company as outlined in the contribution agreement between the Company and WBA. As a result of finalization of working capital amounts contributed and other adjustments, the Company may record additional gains or losses in future periods; however, these adjustments are not expected to have a material impact on the Company's consolidated financial statements.

The Company accounts for its interest in the joint venture as an equity method investment within the International segment. The Company does not provide for losses on the investment as the Company has no guaranteed obligations for the joint venture to fund losses and is not otherwise committed to providing further financial support for the investee. If the joint venture subsequently generates income, the Company will only recognize its share of such income to the extent it exceeds its share of the previously unrecognized losses. As such, the Company has not recognized its proportionate share of earnings for the intervening period from the transaction date to December 31, 2020.

Following the completion of the transaction on November 1, 2020, there were no assets or liabilities of the German pharmaceutical wholesale joint venture classified as held for sale on the Company's consolidated balance sheet. Total assets and liabilities of the German pharmaceutical wholesale joint venture that were classified as held for sale on the Company's consolidated balance sheet as of March 31, 2020, were as follows:

(In millions)

	March 31, 2020
Assets	
Current assets	
Receivables, net and other current assets	\$ 548
Inventories, net	478
Long-term assets	88
Remeasurement of assets of business held for sale to fair value less costs to sell ⁽¹⁾	(272)
Total assets held for sale	<u>\$ 842</u>
Liabilities	
Current liabilities	
Drafts and accounts payable	\$ 450
Other accrued liabilities	40
Long-term liabilities	166
Total liabilities held for sale	<u>\$ 656</u>

(1) Includes the effect of approximately \$3 million of favorable cumulative foreign currency translation adjustment as of March 31, 2020.

McKESSON CORPORATION
FINANCIAL NOTES (CONTINUED)
(UNAUDITED)

4. Restructuring, Impairment, and Related Charges

The Company recorded restructuring, impairment, and related charges of \$155 million and \$271 million during the three and nine months ended December 31, 2020, respectively, and \$136 million and \$204 million during the three and nine months ended December 31, 2019, respectively. These charges are included under the caption, "Restructuring, impairment, and related charges" in Operating expenses in the Condensed Consolidated Statements of Operations. In addition, charges related to restructuring initiatives are included under the caption "Cost of sales" in its Condensed Consolidated Statements of Operations and were not material for the three and nine months ended December 31, 2020 and 2019.

Restructuring Initiatives

As previously announced on November 30, 2018, the Company relocated its corporate headquarters, effective April 1, 2019, from San Francisco, California to Irving, Texas to improve efficiency, collaboration, and cost competitiveness. The Company expects to record total charges of approximately \$105 million to \$125 million, of which \$104 million of charges were recorded to date. The Company recorded charges of \$14 million and \$27 million, respectively, during the three and nine months ended December 31, 2020 and \$14 million and \$34 million, respectively, during the three and nine months ended December 31, 2019, consisting primarily of employee retention expenses, severance, accelerated depreciation, and long-lived asset impairments. The relocation was substantially complete in January 2021 and the estimated remaining charges primarily relate to lease costs.

During the fourth quarter of 2019, the Company committed to certain programs to continue its operating model and cost optimization efforts. The Company continues to implement centralization of certain functions and outsourcing through an expanded arrangement with a third-party vendor to achieve operational efficiency. The programs also include reorganization and consolidation of business operations, related headcount reductions, the further closures of retail pharmacy stores in Europe, and closures of other facilities. The Company expects to incur total charges of approximately \$310 million to \$320 million for these programs, of which \$288 million of charges were recorded to date. The Company recorded charges of \$17 million and \$53 million, respectively, during the three and nine months ended December 31, 2020 and \$20 million and \$59 million, respectively, during the three and nine months ended December 31, 2019, consisting primarily of employee severance, accelerated depreciation expense, and project consulting fees. The Company anticipates these additional programs will be substantially completed in 2022. The estimated remaining charges primarily consist of facility and other exit costs and employee-related costs.

During the first quarter of 2021, the Company committed to an initiative within the United Kingdom ("U.K."), which is included in the Company's International segment, to further drive transformational changes in technologies and business processes, operational efficiencies, and cost savings. The initiative includes reducing the number of retail pharmacy stores, decommissioning obsolete technologies and processes, reorganizing and consolidating certain business operations, and related headcount reductions. The Company expects to incur total charges of approximately \$100 million to \$120 million. The Company recorded charges of \$9 million and \$50 million, respectively, in the three and nine months ended December 31, 2020, primarily related to asset impairments and accelerated depreciation expense as well as employee severance and other employee-related costs. The initiative is expected to be substantially complete by the end of 2021 and estimated remaining charges primarily consist of accelerated amortization of long-lived assets, facility and other exit costs, and employee-related costs.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter “McKesson”) delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. *The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.*

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson’s Landover DC purchased approximately \$2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a \$15,000 fine in June 2015.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a \$2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the “St. Rose DC”). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid \$400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay \$150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson's** Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of \$45,000, with an additional surcharge of 15%, totaling \$51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board \$250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of \$2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of \$10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid \$1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of \$10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right

to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of \$4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars (\$15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay \$4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of \$1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid on July 1, 2020.

4TTT

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: **WH02923**)
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: McKesson Medical-Surgical Inc.

Physical Address: _____

City: Stoughton, MA

State: MA Zip Code: 02072

Telephone _____

Number: _____

Fax Number: _____

Toll Free Number: _____

E-mail: Danna.Sturgill@McKesson.com

Website: www.mckesson.com

Facility Manager: Philip Russo

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?
(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: 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: NV19951055144

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

Stanton McComb

Print Name of Authorized Person

Date

1/17/21

Board Use Only

Date Processed: _____

Amount: ~~\$500~~ check # 144052

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia

Parent Company if any: see attached, ultimate parent McKesson Corporation

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: 6651 Gate Parkway

City: Jacksonville State: FL Zip: 32256

Telephone: 904.332.4179 Fax: 904.332.3349

Contact Person: Danna Sturgill

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: 7.7.1994

Registration number issued: 2417015

Stock Exchange: NYSE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

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.

Maria Herrera

From: Sturgill, Danna J <Danna.Sturgill@McKesson.com>
Sent: Monday, April 26, 2021 9:37 AM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- McKesson Medical-Surgical Inc. WH02923 & WH02920
Attachments: 273 - NABP Drug Distributor Accreditation 2.1.2024.pdf; MMS-VA-Good Standing 04.19.2021.pdf; McK 10K 03.03.2021.pdf
Follow Up Flag: Follow up
Flag Status: Flagged

Hi Maria

Attached is the updated Certificate of Good Standing for both facilities as well as the most current 10K report.

For the Stoughton, MA facility, the state of Massachusetts does not regulate devices, therefore they do not have a home state license. Please see the attached NABP accreditation. Will this suffice? Please let me know if anything else is needed.

Thanks!

Danna Sturgill

Sr Associate, Regulatory Affairs Specialist
 t 714.447.9322 x4543 | m 714.470.8144

McKesson | 1938 W Malvern Ave, Fullerton, CA 92833 | www.mckesson.com

In a world where you can be anything....be kind.

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, April 16, 2021 1:45 PM
To: Sturgill, Danna J <Danna.Sturgill@McKesson.com>
Subject: [EXTERNAL] Nevada Wholesaler Application- McKesson Medical-Surgical Inc. WH02923 & WH02920

CAUTION: This email was sent from an EXTERNAL source. Use caution when clicking links or opening attachments.

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from McKesson Medical-Surgical Inc. WH02923 & WH02920. The application is incomplete due to the following missing items.

For Stoughton, MA location:

- Updated Certificate of Good Standing from your Secretary of State
- Home state license
- A copy of the 10k report

For Jacksonville, FL location:

- Updated Certificate of Good Standing from your Secretary of State for
- A copy of the 10k report

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

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:

April 19, 2021

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

Bernard J. Logan, Clerk of the Commission

McKesson Medical-Surgical Inc.
Officer Listing

Title	Name	Address	Phone	DOB
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233		
VP & Treasurer; Director	Timothy Skansi	9954 Mayland Drive, Suite 4000 Richmond, VA 23233		
VP & Secretary; Director	Michele Lau	6535 State Highway 161, Irving, TX 75039		



PHILIP G RUSSO

Raynham, MA 02767

CAREER PROFILE

Branch Biomedical Manager for Medical Specialties Distributors, LLC, July 2018 to present.
Regulatory Affairs Supervisor for Medical Specialties Distributors, LLC, with 10 years' experience in pharmacy licensing and medical recalls, an additional 11 years' as a Materials Supervisor, buyer and Inventory Control Lead for 7 facilities across the country.

Core Competencies

- ✓ **Self-motivated individual;** with exceptional leadership, organizational, and supervisory skills, encompassing key values of integrity, honest appreciation, teamwork, and results-orientated with an eye toward continuous improvement.
- ✓ **Problem solver;** responds rapidly and appropriately to changing circumstances. Evaluate problems, makes decisions to bring about positive change and refocus on new priorities.
- ✓ **Special projects and strategic insight into operations;** effectively manage and prioritize multiple responsibilities. Ensure adherence to policies and procedures to achieve objectives in safety, quality, and cost.
- ✓ **Focus on results;** identify and resolve problems using creativity and available resources. Manage problems and follow through toward a satisfactory conclusion.

Professional Experience

Medical Specialties Distributors, LLC July 2018 to present

➤ Branch Manager Biomedical Repair and Rental facility

- Oversee staff of 17 employees.
- Manage the daily work load of Customer and Company owned devices.
- Ensure all ISO Policies and Procedures are followed properly.
- Investigate and document all customer complaints.

Medical Specialties Distributors, LLC 2008 –JULY 2018

➤ Regulatory Affairs Supervisor

- Manage the Licensing Coordinator Staff daily.
- Procure and maintain all required State Pharmacy Permits for 4 business units encompassing 20 locations.
- Responsible for customer product complaint investigations.
- Acquired VAWD Accreditation in 5 distribution centers.
- Improve processes and policies in support of organizational goals
- Monitor adherence to the board of pharmacy rules, regulations and procedures as it relates to distribution

Medical Specialties Distributors, LLC 1996-2008

➤ Materials Supervisor

- Managed buyers to achieve maximum fill rate and control inventory value
- Corporate lead for semi-annual physical inventory
- ERP Super User for system transition in 2000

PHILIP G RUSSO

Raynham, MA 02767

Education/Accomplishments

- Milton High School – General Education Diploma
- Northeast Institute of Industrial Technology-Certificate in HVAC
- Massachusetts Notary Public
- Florida Certified Drug Representative

Skills

- Microsoft Office 365
- Prophet 21 ERP
- Onetrack 2.0

References

Supplied upon request

NABP ACCREDITED

DRUG DISTRIBUTOR

McKesson Medical-Surgical Inc

located at

Stoughton, MA 02072

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



2/2/2021 - 2/1/2024

Period of Accreditation

NABP ACCREDITED

DRUG DISTRIBUTOR

McKesson Medical-Surgical Inc

located at

, Stoughton, MA 02072

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



2/2/2021 - 2/1/2024

Period of Accreditation

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-Q

☒ QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the quarterly period 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: 1-13252

MCKESSON

McKESSON CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction
of incorporation or organization)

94-3207296

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

6555 State Hwy 161,
Irving, TX 75039

(Address of principal executive offices, including zip code)

(972) 446-4800

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

<i>(Title of each class)</i>	<i>(Trading Symbol)</i>	<i>(Name of each exchange on which registered)</i>
<u>Common stock, \$0.01 par value</u>	<u>MCK</u>	<u>New York Stock Exchange</u>
<u>0.625% Notes due 2021</u>	<u>MCK21A</u>	<u>New York Stock Exchange</u>
<u>1.500% Notes due 2025</u>	<u>MCK25</u>	<u>New York Stock Exchange</u>
<u>1.625% Notes due 2026</u>	<u>MCK26</u>	<u>New York Stock Exchange</u>
<u>3.125% Notes due 2029</u>	<u>MCK29</u>	<u>New York Stock Exchange</u>

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

Non-accelerated filer

☒

☐

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 ☒

Indicate the number of shares outstanding of each of the issuer's classes of common stock, as of the latest practicable date. 159,167,434 shares of the issuer's common stock were outstanding as of December 31, 2020.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter “McKesson”) delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. *The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.*

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson’s Landover DC purchased approximately \$2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a \$15,000 fine in June 2015.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a \$2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the “St. Rose DC”). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid \$400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay \$150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson's** Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of \$45,000, with an additional surcharge of 15%, totaling \$51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board \$250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of \$2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of \$10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid \$1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of \$10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right

to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of \$4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars (\$15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Repeval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Repeval, agreed to pay \$4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of \$1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid on July 1, 2020.

4UUU

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: UPS Supply Chain Solutions, Inc.

Physical Address: 300 Quality Circle

City: Harrisburg State: PA Zip Code: 17112

Telephone Number: 717-996-0679 Fax Number: 717-671-3079

Toll Free Number: N/A

E-mail: ralicensing@ups.com Website: www.ups.com

Facility Manager: Benjamin Szepesi

Professional qualifications and experience of facility manager: See Attachment #2

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)

See Attachment #3

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

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

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

Name:

N/A

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: *N/A*

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

See Attachment #4

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.

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

Brian Hiett
Print Name of Authorized Person

16 Sep 2020
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

State of Incorporation: Delaware
Parent Company if any: United Parcel Service of America, Inc.
Mailing Address: 12380 Morris Road
City: Alpharetta State: GA Zip: 31805
Telephone: 678-746-4100 Fax: 302-631-5238
Contact Person: Thomas Page

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 Attachment #5
- Name Business Address
- b)
- Name Business Address
- c)
- Name Business Address
- d)
- Name Business Address
- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A

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

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment # 6

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

See Attachment #7

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification. *See 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". *See Attachment #8*

***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. *N/A*
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions *N/A*

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis. *N/A*
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only". *N/A*

**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 001-15451



United Parcel Service, Inc.
(Exact name of registrant as specified in its charter)

Delaware
(State or Other Jurisdiction of
Incorporation or Organization)
55 Glenlake Parkway, N.E. Atlanta, Georgia 30328
(Address of Principal Executive Offices) (Zip Code)

58-2480149
(I.R.S. Employer
Identification No.)

(404) 828-6000
(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
Class B common stock, par value \$ 01 per share	UPS	New York Stock Exchange
Floating Rate Senior Notes due 2020	UPS20A	New York Stock Exchange
1.625% Senior Notes due 2025	UPS25	New York Stock Exchange
1% Senior Notes due 2028	UPS28	New York Stock Exchange
0.375% Senior Notes due 2027	UPS27A	New York Stock Exchange
1.500% Senior Notes due 2032	UPS32	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act:
Class A common stock, par value \$ 01 per share

(Title of Class)

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act: Yes x No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act: No x Yes

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 x 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 (Section 212.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files): Yes x 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 definitions of "large accelerated filer", "accelerated filer", "smaller reporting company", and "emerging growth company" in Rule 12b-2 of the Exchange Act.

EX-21 4 ups-12312019xexhibit21.htm EXHIBIT 21 - SUBSIDIARIES OF THE REGISTRANT

Exhibit 21

SUBSIDIARIES OF UNITED PARCEL SERVICE, INC.**As of December 31, 2019**

<u>Name of Subsidiary</u>	<u>Jurisdiction of Organization</u>
BT Property Holdings, Inc.	Delaware
BT Realty II, Inc.	Maryland
BT Realty, Inc.	Maryland
C.C. & E. I, L.L.C.	Delaware
Coyote Logistics, LLC	Delaware
Coyote Logistics Midco, Inc.	Delaware
Marken LLP	Delaware
UPS Asia Group Pte. Ltd.	Singapore
United Parcel Service Canada Ltd.	Canada
United Parcel Service Co.	Ohio
United Parcel Service General Services Co.	Delaware
United Parcel Service Italia SRL	Italy
UPS SCS (Nederland) B.V.	Netherlands
United Parcel Service of America, Inc.	Delaware
United Parcel Service LLC & Co. OHG	Germany
United Parcel Service, Inc.	Delaware
UPICO Corporation	Delaware
UPINSCO, Inc.	U.S. Virgin Islands
United Parcel Service Deutschland S.à r.l. & Co. OHG	Germany
UPS Expedited Mail Services, Inc.	Delaware
United Parcel Service France SAS	France
UPS Global Treasury Plc	United Kingdom
UPS Ground Freight, Inc.	Virginia
UPS Grundstücksverwaltungs GmbH	Germany
UPS Limited	United Kingdom
UPS Parcel Delivery Service Limited	Hong Kong
UPS SCS, Inc.	Canada
UPS Supply Chain Solutions, Inc.	Delaware
UPS Worldwide Forwarding, Inc.	Delaware
X4i Limited	United Kingdom

The names of particular subsidiaries are omitted pursuant to Item 601(b)(21)(ii) of Regulation S-K.

State Of Delaware

Entity Details

4/23/2021 4:13:37PM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

State Of Delaware

Entity Details

5/7/2020 12:25:59PM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

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Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401



Certificate of Registration

Certificate No. 3000010151

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)
Distributor (Non-Prescription)
Devices

UPS SUPPLY CHAIN SOLUTIONS, INC.
300 QUALITY CIRCLE
HARRISBURG, PA 17112

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: March 26, 2020

Expiration Date: The Last Day of April, 2021

Susan Coble

Susan Coble
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.

#Attachment#



Certificate of Registration

Certificate No. 3000010151

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)
Distributor (Non-Prescription)
Devices

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

UPS SUPPLY CHAIN SOLUTIONS, INC.
300 QUALITY CIRCLE
HARRISBURG, PA 17112

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: March 26, 2020

Expiration Date: The Last Day of April, 2022

Susan Coble

Susan Coble
Deputy Secretary for Quality Assurance



Alison V. Beam

Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Attachment #2

Roselyn Drive
York, PA 17402
Home:
Work: (717) 671-3050

Benjamin L. Szepesi

bszepesi@ups.com

UPS-SCS Management Experience:

Operations Manager

June 2020 – Present

Manager: Brian High, Harrisburg Distribution Manager

Accounts: Astellas, Atrium, Bioverativ, BIAH, Boiron, Endo, Idexx, Illumina, PBM, and Teva

Additional Assignments: HC3 Committee Management Chair; Designated Representative (DR)

Responsibilities: Oversee operations of all Healthcare accounts in Harrisburg facility including the receiving, inventory control, kitting and shipping operations; Lead the Healthcare Compliance Culture Committee to complete committee objectives; Work with facility QA to address any Healthcare compliance concerns; and Complete miscellaneous tasks assigned by distribution manager and/or senior distribution manager

Operations Manager Special Assignment in Pedricktown, NJ

December 2019 – June 2020

Manager: Brian Cook, Distribution Division Manager

Responsibilities: Oversee operations of all Healthcare accounts in Pedricktown facility including the receiving, inventory control, kitting and shipping operations; Work with facility QA to address any Healthcare compliance concerns; and Complete miscellaneous tasks assigned by distribution manager and/or senior distribution manager

Operations Manager

August 2016 – December 2019

Manager: Brian High, Harrisburg Distribution Manager

Accounts: Astellas, Atrium, Biogen, Bioverativ, BIAH, Boiron, Endo, Idexx, Illumina, Meda/Wallace, Merial, Nutricia, PBM, and Teva

Additional Assignments: HC3 Committee Management Chair; Designated Representative (DR)

Responsibilities: Oversee operations of all Healthcare accounts in Harrisburg facility including the receiving, inventory control, kitting and shipping operations; Lead the Healthcare Compliance Culture Committee to complete committee objectives; Work with facility QA to address any Healthcare compliance concerns; and Complete miscellaneous tasks assigned by distribution manager and/or senior distribution manager

Distribution Supervisor

May 2013 – July 2016

Manager: Brian High, Harrisburg Operations Manager

Accounts: Nutricia, Akorn, Astellas, Biogen, Boiron, Meda/Wallace, Endo

Assignments: Nutricia Supervisor, Healthcare Sector 1 & 2 Supervisor, Food Compliance/Sanitation Committee Management Co-Chair; Facility Environmental Coordinator

Responsibilities: Implement Nutricia account; Manage daily operations; Facilitate building environmental programs; Act as a liaison between Food Compliance/Sanitation committee and upper management; Assist with HVAC systems; and Complete miscellaneous tasks assigned by lead supervisor and/or manager.

Distribution Supervisor

January 2012 – April 2013

Manager: Rick Moore, Sprint 1860 Second Shift Distribution Manager

Account: Sprint Forward

Assignments: Acting Lead Supervisor over Order Control, Consolidation, Provisioning, and Large Ship areas; Order Control Supervisor; Picking Supervisor; Load Dock Supervisor; WLD Committee Member

Responsibilities: Supervise daily operations; Periodically manage weekend schedule as senior member of management; Maintain and exceed quality expectations in the each area; Ensure all shipped orders are loaded on truck in time for truck departure; and Complete miscellaneous tasks assigned by lead supervisor and/or manager.

Operations Supervisor

March 2010 - December 2011

Manager: Stacey Morselli, Operations Finance Manager

Accounts: Manheim Auto Auctions, Custom Solutions, and Commercial Vehicle

Responsibilities: Supervise daily Operations Finance process; Perform daily audits of team members work and report results as needed; Support and guide shippers, consignees, UPS Automotive Industry Solutions operations team, and carriers to ensure customer and UPS financial requirements are met; Review and report over one million dollars of weekly revenue to management and corporate finance; Work with carriers and customers to resolve financial concerns; Administer and audit payment of fees to origins of vehicles; and Complete miscellaneous tasks assigned by manager.

Distribution Supervisor

February 2008 - March 2010

Supervisor: Connie Blasi, Sprint Returns Inventory Control Lead Supervisor

Account: Sprint Returns

Assignments: Put Away Replen Supervisor; Inventory Control Supervisor; CHSP Management Co-Chair; Facility Environmental Coordinator

Responsibilities: Supervise daily inventory control process; Audit team members work for accuracy; Report to customer and upper management finalized variances for entire account; Act as a liaison between CHSP committee and upper management; Facilitate building environmental programs; Conduct facility audits and report findings; and Complete miscellaneous tasks assigned by lead supervisor and manager.

Training, Certifications, and Computer Experience:

CHSP Co-Chair training, FEC training, Trained on several types of PITO equipment, Situational Sales Negotiation training, Quality Assurance/Regulatory Affairs Orientation training, Proficient in the use of PC and Macintosh computers, experienced in the use of Microsoft Office, Auto CAD, Exeed, Connectship, i>Returns, Crystal Reports, AS 400, Cargotel Transportation Management System, PKMS, GWS, and BOBJ.

Education:

B.F.A. in Technical Theatre received from Webster University in May of 2002.

470 E. Lockwood Ave., St. Louis, Mo 63119

(314) 968-6900

References provided upon request.

NABP ACCREDITED

DRUG DISTRIBUTOR

UPS Supply Chain Solutions, Inc

located at

300 Quality Circle, Harrisburg, PA 17112

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



4/4/2020 - 4/3/2023

Period of Accreditation

Verified
9/22/20
ms

Attachment #3

Attachment #4

Disciplinary Statement
UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order
1645 Satellite Blvd, Duluth, GA

Final

As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final

On November 15, 2011, UPS SCS informed your agency of the Iowa Board of Pharmacy's (IBoP) action concerning Iowa Wholesale Drug License #5820 and which became effective November 11, 2011. This Iowa Stipulation and Consent Order (the "Iowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

Final

On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders 1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous non-resident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2011-000273**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG WHOLESALER REGISTRATION OF UPS SUPPLY CHAIN SOLUTIONS, INC., REGISTRATION NO. WHO-7462,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and UPS Supply Chain Solutions, Inc. ("Respondent") to resolve all matters pertaining to Board Case Number 2011-000273, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.
2. Respondent was originally registered as an non-resident prescription drug wholesaler in the State of Colorado on December 8, 2008, being issued registration number WHO-7462, and has been so registered at all times relevant to this disciplinary action.
3. Respondent does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following findings.
4. Respondent failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, forty-six (46) days transpired between the date the previous designated representative ceased the position and the date the application and fee were received.
5. Respondent states and affirms that it was never without the proper oversight of a designated representative but failed to timely submit the change application to the Board because of human error. Further, Respondent states and affirms that it has identified the cause of the error and has implemented corrective actions.

6. Respondent does not contest that the conduct described above constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drug.

12-22-802. Wholesaler license requirements

(2)(b) An applicant for a license shall pay any reasonable fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(3) (VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section; and

(5)(i) Update all of the information required in this part 8 whenever changes occur.

Regulation 15.01.11 Minimum required information for registration.

a. The following minimum information shall be required from each wholesaler as part of the registration:

(8) The name of the applicant's designated representative, who must meet the following requirements:

(a) Be at least twenty-one years of age;

- (b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the recordkeeping related to prescription drugs;
 - (c) Be employed by the applicant in a full-time managerial position;
 - (d) Be actively involved in and aware of the actual daily operation of the wholesaler;
 - (e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;
 - (f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue code of 1986."
 - (g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or controlled substances;
 - (h) Not have an felony convictions pursuant to federal, state, or local law; and
 - (i) Undergo a background check as required by CRS 12-22-803. And
- (9) Wholesalers that distribute animal drugs exclusively are exempt from the requirements of 15.01.11(a)(8).
- (b) Changes in any information in section 15.01.11 shall be submitted to the Colorado Board of Pharmacy within fourteen calendar days thereof.

Regulation 15.01.14 Change of name, location, or ownership, or designated representative

- c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

7. The Board finds and concludes, and Respondent agrees, that based upon the above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-22-125.2(5), C.R.S., Respondent shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Respondent 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 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 submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent shall submit all future applications detailing a change in designated representative and fee to the Board within fourteen (14) days of the previous designated representative ceasing the position.

10. **Other Requirements.** Respondent acknowledges and agrees that, as a condition of this Final Agency Order, Respondent shall:

- a. promptly pay all Respondent's own fees and costs associated with this Final Agency Order;
- b. comply fully with this Final Agency Order; and
- c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Respondent enters into this Final Agency Order freely and voluntarily, whether or not Respondent has consulted with legal counsel. Respondent acknowledges its understanding that it has the following rights:

- a. to have 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 Sections 12-22-125 and 12-22-125.2(2)(a), C.R.S.; and
- d. to appeal this Final Agency Order.

Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent to the sanctions imposed herein.

12. **Acknowledgments.** Respondent has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable. Respondent is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent's 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 to comply with all terms and conditions of this Final Agency Order.

14. **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 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.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

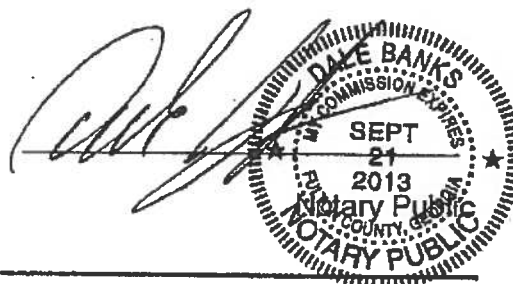
Respondent

[Signature]
 Authorized Representative / Title

Dated: 10/1/10

Subscribed and sworn to before me in the County of Fulton, State of Georgia, this 1 day of October, 2010 by Daniel Silva Nola, authorized representative of UPS Supply Chain Solutions, Inc.

My commission expires: Sept 21, 2013



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 18th day of October, 2010.

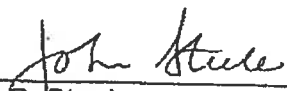
State Board of Pharmacy

BY: [Signature]
 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, first class postage prepaid, at Denver, Colorado, this 29th day of September 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
1645 Satellite Blvd.
Duluth, GA 30097
(via email: joyroberts@ups.com)

/s/ 

John C. Steele

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, first class postage prepaid, at Denver, Colorado, this 18th day of October 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
1645 Satellite Blvd.
Duluth, GA 30097



Agent of the Board

BEFORE THE IOWA BOARD OF PHARMACY

Re:	)	Case No. 2010-162
Wholesale Drug License of	)	
UPS SUPPLY CHAIN	)	STIPULATION
SOLUTIONS, L.L.C.,	)	AND CONSENT
License No. 5820	)	ORDER
Respondent	)	

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2011), The Iowa Board of Pharmacy (hereinafter, the "Board") and UPS Supply Chain Solutions, L.L.C. (hereinafter, "Respondent"), have agreed to settle a contested case currently on file with the Board. The Statement of Charges filed against Respondent on September 13, 2011, and the licensee disciplinary proceeding related to the charges shall be resolved without a hearing, as the Board and Respondent have agreed to the following Stipulation and Consent Order:

1. Respondent's license to operate a wholesale drug business was renewed November 19, 2010, as evidenced by Wholesale Drug License Number 5820, recorded in the permanent records of the Board.
2. Wholesale Drug License Number 5820 issued to and held by Respondent is current and in force until December 31, 2011.
3. The Board has jurisdiction over the parties and the subject matter herein.
4. A Statement of Charges was filed against Respondent on September 13, 2011. The Statement of Charges alleges Respondent violated the pharmacy laws of the State of Colorado and failed to timely report the violation to the Board.
5. The records of the investigation indicate that Respondent has successfully

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IOWA BOARD OF PHARMACY

completed the terms of the Colorado Stipulation and Final Agency Order.

6. Respondent has chosen not to contest the allegations set forth in the Statement of Charges and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline described herein.

7. Upon the Board's approval of this Stipulation and Consent Order, Respondent shall be assessed a civil penalty in the amount of \$1000. The civil penalty payment shall be made by check, payable to the Treasurer of Iowa and mailed to the executive director of the Board within 10 days after Respondent's receipt of notice of the Board's approval of this Stipulation and Consent Order. All civil penalty payments shall be deposited into the State of Iowa general fund. Upon the Board's receipt of the civil penalty, this disciplinary proceeding shall be concluded without further order of the Board.

8. The Board does not mandate any further corrective action.

9. Respondent agrees to obey all federal and state laws, rules, and regulations substantially related to the operation of a wholesale drug business.

10. Should Respondent violate or fail to comply with any of the terms or conditions of this Stipulation and Consent Order, the Board may initiate action to revoke or suspend Respondent's Iowa license to operate a wholesale drug business or to impose other licensee discipline as authorized by Iowa Code chapters 272C and 155A (2011), and 657 Iowa Administrative Code § 36.1.

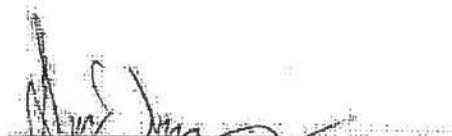
11. This Stipulation and Consent Order is the resolution of a contested case. By entering into this stipulation, Respondent waives all rights to a contested case

hearing on the allegations contained in the Statement of Charges, and waives any objections to this Stipulation and Consent Order.

12. This Stipulation and Consent Order is a proposed settlement subject to approval by a majority of the full Board. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either party. If the Board approves this Stipulation and Consent Order, it shall be the full and final resolution of this matter.

13. The Board's approval of this Stipulation and Consent Order shall constitute a FINAL ORDER of the Board in a disciplinary action.

This Stipulation and Consent Order is voluntarily submitted by UPS Supply Chain Solutions, L.L.C., to the Iowa Board of Pharmacy for its consideration on this 21st day of October 2011.


 UPS SUPPLY CHAIN SOLUTIONS,
 L.L.C.,
 Respondent
 By DANIEL SILVERNALE, Vice
 President, Finance and Healthcare
 Compliance

Subscribed and sworn to before me by Daniel Silvernale, who has stated to me that he is the VP, Finance & Healthcare of UPS Supply Chain Solutions, L.L.C., and is authorized to sign this Stipulation and Consent Order on behalf of UPS Supply Chain Solutions, L.L.C., on this 21st day of October, 2011.



Linda P. Bowden
 NOTARY PUBLIC IN AND FOR THE
 STATE OF GEORGIA

This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy on this
11th day of November, 2011.


SUSAN FREY, Chairperson
Iowa Board of Pharmacy
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott M. Galenbeck
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.

License Numbers: 53-06-002764
53-15-027264

File Number: 53-10-118763

CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 23, 2011, charging UPS Supply Chain Solutions Inc., hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true for the purposes of this Consent Order and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Wholesaler is FINED in the amount of \$2,500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, 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 **53-10-118763**.

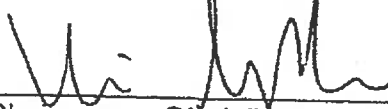
IT IS FURTHER ORDERED that in the event Respondent violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACRS, R338.1632 and section 16221(h) of the Public Health Code, supra.

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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: 10/9/13

MICHIGAN BOARD OF PHARMACY

By 
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.
2. Respondent Wholesaler understands and intends that by signing this Stipulation, Respondent Wholesaler is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Wholesaler is waiving the right to appear with an attorney and such witnesses as Respondent Wholesaler may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

Subsequent to the adverse actions, Respondent Wholesaler submitted information about steps implemented by Respondent Wholesaler, in the state of Colorado, to ensure that this type of action will not recur, including establishing strategy groups and tactical teams which ensure regulations are met and all locations are compliant. Respondent Wholesaler indicated that a single manager coordinates the local teams to ensure all information is consistently distributed. No patient safety issues were involved in Respondent Wholesaler's actions.

Respondent Wholesaler was cooperative in resolution of this matter. Respondent Wholesaler has been licensed in the state of Michigan since 2008 and has no other complaints against its license.

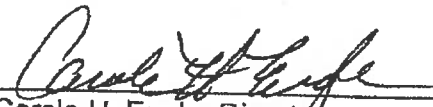
4. Patricia A. Smeelink, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Wholesaler and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

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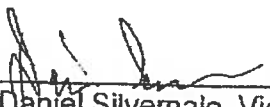
6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:


 Carole H. Engle, Director
 Bureau of Health Care Services
 Department of Licensing and
 Regulatory Affairs

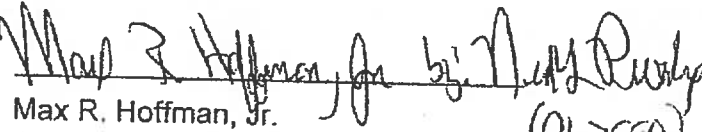
Dated: 8-7-13

AGREED TO BY:


 Daniel Silvermale, Vice President
 Authorized Representative for
 UPS Supply Chain Solutions Inc.
 Respondent Wholesaler

Dated: 6/28/13

Approved as to form by:


 Max R. Hoffman, Jr.
 Attorney for Respondent Wholesaler (PL7550)

This is the last page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-10-118763, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

BH/PB

**COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0062A**

IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS, INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions, Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

- (1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.
- (2)
 - (a) An investigation of Respondent's pharmacy revealed that numerous technicians worked on various dates in 2010, without being timely registered with the Board. The Respondent assured the technicians that it would take care of ensuring they were properly registered. Respondent subsequently properly registered the technicians. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).
 - (b) The technicians that worked without being appropriately registered with the Board were: Chelsea Hutchins, Alisha Netherton, Brittany Barger, Lauren Fisher, Karen Millay, Meghan Rae Yates, Michelle Green, Amanda Gracie, Faith Joway, Taylor Parker, Manoj Bhandari, Jonathan Pruitt, Whitney Wilson, Dustin R. Harris, Fabrice Mboya, Lauren Howell, Coco Boards, Benjamin Bickett, Jessica Horlander, Jason Cope, William Robert Bennett Jr, Thomas Hicks, Nimo Muhumed Mohamud, Harold Keith Newcom, Rodrick G Parrish, Johnathan Borho, Antoya Blackburn, Jonathan Graves, and Leilani Roach.
 - (c) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).
- (3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).
- (4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.
- (5) The Board and Respondent have agreed to address this matter informally by

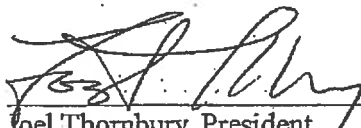
entering into this Agreed Order, in lieu of the Board filing a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

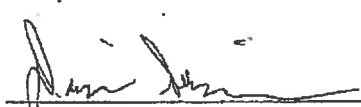
(A) Respondent shall be fined \$2900.00 (\$100 per technician) payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.


Joel Thornbury, President
Kentucky Board of Pharmacy

9/12/12
Date


UPS Supply Chain Solutions, Inc.
Respondent

8/14/12
Date

**COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY**
Case No. 11-0061A



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IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

- (1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.
- (2) (a) An investigation of Respondent's pharmacy revealed that Sherry Rich worked as a pharmacy technician from April 1, 2010 through November 19, 2010, without being timely registered with the Board. The Respondent assured Ms. Rich that it would take care of ensuring she was properly registered. Respondent subsequently properly registered Ms. Rich with the Board. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).
 - (b) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).
- (3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).
- (4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.
- (5) The Board and Respondent have agreed to address this matter informally by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

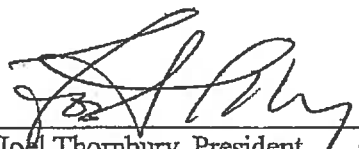
WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

- (A) Respondent shall be fined \$125.00 payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky

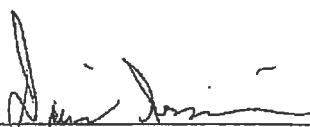
Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.


Joel Thornbury, President
Kentucky Board of Pharmacy

8/12/12
Date


UPS Supply Chain Solutions Inc.
Respondent

8/14/12
Date

AGREED BOARD ORDER #L-13-004

RE: IN THE MATTER OF
UPS SUPPLY CHAIN SOLUTIONS, INC.
(CLASS E NONRESIDENT
PHARMACY LICENSE #26160)

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of Class E nonresident pharmacy license number 26160 issued to UPS Supply Chain Solutions, Inc. ("Respondent"), 1860 Outer Loop Road, Louisville, Kentucky 40219.

On September 8, 2012, Respondent self-reported to the Board the entry of two Agreed Orders by the Kentucky Board of Pharmacy, as described below in Counts (1) and (2).

By letter dated February 22, 2013, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Section 565.002 (a)(13); and Section 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011), as alleged in the Counts below.

The conduct described in the Kentucky Board of Pharmacy's Agreed Orders is substantially similar to conduct described in:

Section 565.002(a)(3); and Section 568.002(a) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and

Section 297.3(a)(1) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

COUNTS

- (1) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0061A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that from April through November of 2010, the pharmacy allowed an unregistered individual to perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of \$125.
- (2) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0062A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that, on various dates in 2010, the pharmacy allowed twenty-nine (29) unregistered individuals to

Agreed Board Order #L-13-004
UPS Supply Chain Solutions, Inc.
Page 2

perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of \$2900.

An informal conference was held in the office of the Texas State Board of Pharmacy on April 2, 2013. Phillip Vowels, R.Ph., Pharmacist-in-Charge of Respondent; Sue Young, Director, Global Healthcare Compliance, for Respondent; Amy Carney, Regulatory Affairs Manager, for Respondent; Maureen O'Brien, Senior Quality Assurance Manager, for Respondent; Emily Johnson, Legal Counsel for Respondent; Hannah Heck, Legal Counsel for Respondent; and Michelle Williams, Legal Counsel for Respondent, appeared via teleconference. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Stacy E. Martyak, Staff Attorney, was also in attendance.

By signing this Order, Daniel Silvernale, Vice President, for and 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 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 hereby reprimanded.

Agreed Board Order #L-13-004
UPS Supply Chain Solutions, Inc.
Page 3

And it is so ORDERED.

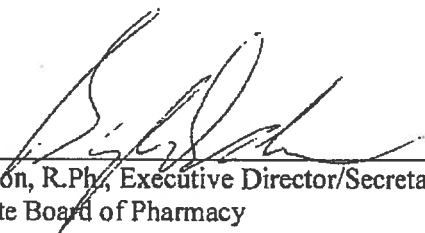
THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of May, 2013.



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:



Daniel Silvernale, Vice President of UPS Supply Chain Solutions, Inc.

APPROVED AS TO FORM:



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

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.

License Number: 53-01-008968

File Number: 53-13-129412

CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 27, 2013, charging UPS Supply Chain Solutions Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS HEREBY ORDERED, that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of \$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, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order made payable to the state of Michigan, and the check or money order shall clearly display the file number 53-13-129412.

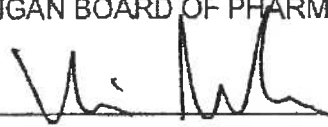
IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACCS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 4/9/14

MICHIGAN BOARD OF PHARMACY

By: 
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy 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, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

Respondent Pharmacy acknowledges the Kentucky Board of Pharmacy disciplinary action which precipitated the Complaint.

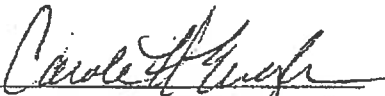
4. Harvey Schmidt, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

CONTINUED ON NEXT PAGE

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:


Carole H. Engle, Director
Bureau of Health Care Services
Department Licensing and
Regulatory Affairs

Dated: 1-29-14

AGREED TO BY:

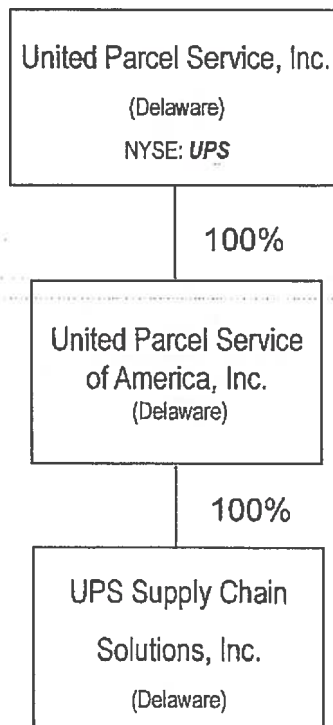

UPS Supply Chain Solutions Inc.
Respondent

Dated: 1/21/14

This is the final page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-13-129412, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

PB

Organizational Chart
UPS SUPPLY CHAIN SOLUTIONS, INC.
as of 7 June 2017



UPS Supply Chain Solutions, Inc.

12380 Morris Road

Alpharetta, GA 30005

Phone ~ (678) 746 4100

State of Incorporation: Delaware

Date of Incorporation: 8/29/88

FEIN ~ 94-3083515

OFFICER LIST

<u>Name/Title</u>	<u>Work Address</u>	<u>Work Phone</u>	<u>Work Fax</u>	<u>Email</u>
Wesley P. Wheeler President	12380 Morris Road Alpharetta, GA 30005	(919) 606-5575	(678) 746-8650	wwheeler@ups.com
Thomas Page Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-3836	(678) 746-8650	tpage@ups.com
Stephen Hydrick Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-4404	(678) 746-8650	shydrick@ups.com
Seth Bruckner Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	(678) 746-8650	sbruckner@ups.com
William M. Jacques Vice President	12380 Morris Road Alpharetta, GA 30005	(770) 841-8136	(678) 746-8650	wjacques@ups.com

Parent Company Information:

United Parcel Service of America, Inc.

55 Glenlake Parkway NE

Atlanta, GA 30328

P ~ (404) 828 6022

FEIN ~ 95-1732075

State/Date of Incorporation ~ DE 5/9/30

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. E388629

Application/License No. _____

UPS Supply Chain Solutions, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
300 Quality Circle Harrisburg, PA 17112, as
Address of Applicant/Principal
PRINCIPAL, and Great American 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
300 Quality Circle Harrisburg, PA 17112 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 08/18/2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

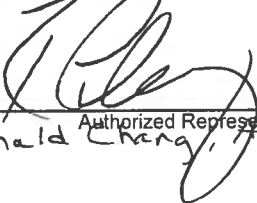
THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

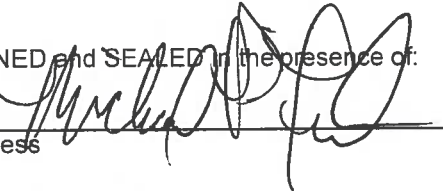
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
18th day of August, 2020

APPLICANT/PRINCIPAL


 Authorized Representative
Ronald Cheng, Treas.

SIGNED and SEALED in the presence of:


 Witness

Lynde M. Scott
 Witness

SURETY COMPANY


 Surety Company's Representative

Lisa Gelsomino, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:


 Witness

Bessie Rinkler
 Witness

Countersigned by:

Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than one

Bond No. E388629

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name	Address	Limit of Power
Lisa Gelsomino	150 Northwest Point Blvd. Elk Grove Village, IL 60007	\$25000---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 18th day of August, 2020.

Attest
GREAT AMERICAN INSURANCE COMPANY



Stephen C. Beraha
Assistant Secretary

Mark Vicario
Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 18th day of August, 2020, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

Susan A Kohorst

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when 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.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 18th day of August, 2020



Stephen C. Beraha
Assistant Secretary

State Of Delaware

Attachment #7 1368

Entity Details

10/29/2019 11:13:26AM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

4VVV

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: DYNAMIC DIAGNOSTICS INC.

Physical Address: 800 JUNCTION ST

City: PLYMOUTH State: MI Zip Code: 48170

Telephone Number: 800 717 4677 Fax Number: 734 425 5226

Toll Free Number: 800 717 4677

E-mail: patrick@hellodynamic.com Website: hellodynamic.com

Facility Manager: PATRICK O'DONOVUE

Professional qualifications and experience of facility manager: LICENSED DESIGNATED REPRESENTATIVE STATE OF CALIFORNIA, 5 YEARS CDD, 12 YEARS EXPERIENCE WITH PHARMACEUTICAL PRODUCTS.

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: ALTARE PHARMACEUTICALS

Address: 311 WEST LN, RIVERHEAD, NY 11901

Name: AKORN PHARMACEUTICALS

Address: 1925 W. FIELD COURT, SUITE 300, LAKE FOREST, IL 60045

Name: VALEANT PHARMACEUTICALS/BAUSCH & LOMB

Address: 400 SOMERSET CORPORATE BLVD, BRIDGEWATER NJ 08807

Name: McKesson

Address: 6535 N STATE HIGHWAY 161, IRVING, TX 75039

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

PATRICK O'DONOHUE

Print Name of Authorized Person

11/25/2020

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: MICHIGAN

Parent Company if any: _____

Mailing Address: 800 JUNCTION STCity: PLYMOUTH State: MI Zip: 48170Telephone: 800 777 4677 Fax: 734 425 5224Contact Person: PATRICK O'DONOVAN

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

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

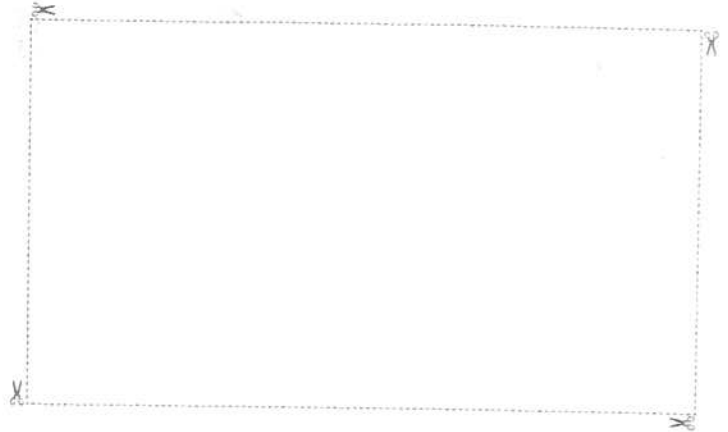
a) CORY BRIMHALL 800 JUNCTION ST, PLYMOUTH, MI 48170
Name Business Addressb) JERRY ROSENSTEIN 12 SCOTTSDALE RD, STE , SCOTTSDALE AZ 85250
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 25,3333) What was the price paid per share? \$157.92 for 2,533, rest gifted

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.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909



DYNAMIC DIAGNOSTICS INC
800 JUNCTION ST DOCK 2
PLYMOUTH, MI 48170

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS BY EMAILING
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
WHOLESALE DISTRIBUTOR LICENSE

P436191

DYNAMIC DIAGNOSTICS INC
800 JUNCTION ST DOCK 2
PLYMOUTH, MI 48170

LICENSE NO.
5306002661

EXPIRATION DATE
12/20/2022

20181120655

THIS DOCUMENT IS ONLY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

Patrick O'Donohue

Chief Operating Officer

Experience

June 2015 -
Current

COO

Dynamic Diagnostics, Inc.

800 Junction St, Plymouth, MI 48170

1-800-717-4677 | www.hellodynamic.com

Dynamic Diagnostics Inc. is a medical device and drug wholesaler/distributor

As Chief Operating Officer my responsibilities include development, implementation, and management of all business functions including: sales and marketing operations, customer service and support, regulatory compliance, quality management system (record keeping, inventory management, policy and standard operating procedures), human resources, and warehouse operations.

January 2014 -
June 2015

Director, Customer Service

Dynamic Diagnostics, Inc.

800 Junction St, Plymouth, MI 48170

1-800-717-4677 | www.hellodynamic.com

Dynamic Diagnostics Inc. is a medical device and drug wholesaler/distributor

Demonstrated proficiency in managing customer service and sales support processes, identifying and developing opportunities to increase customer account value through expanded services and product lines. Responsibilities include management customer service and support processes for more than 2,300 customer accounts.

September 2009 -
January 2014

Account Manager

Dynamic Diagnostics, Inc.

800 Junction St, Plymouth, MI 48170

1-800-717-4677 | www.hellodynamic.com

Dynamic Diagnostics Inc. is a medical device and drug wholesaler/distributor

Identified and developed more than 400 B2B and B2C accounts generating approximately \$2 million in annual revenue. Researched and developed product lines to increase offerings and revenue potentials. Worked cross-functionally to improve inventory forecasting models to reduce carrying costs and enhance return on investment.

Education and Certifications

BA Business Administration

The School of Hospitality Business, Eli Broad College of Business

Michigan State University, 2004

California Designated Representative - Drug Wholesaler

License Number EXC 24535

Exp Jan 1, 2021



Corporate Information: Dynamic Diagnostics Inc.

Corporation Name: Dynamic Diagnostics Inc.
 State of Incorporation: Michigan
 Date of Incorporation: 10/9/1984
 Address: 800 Junction St, Plymouth, MI 48170
 Phone: 800-717-4677
 Fax: 734-425-5226
 Website: hellodynamic.com

Persons Responsible for Daily Management of 800 Junction St, Plymouth, MI 48170

Patrick O'Donohue, Chief Operating Officer
 Home Address: 2 Massoit Rd, Royal Oak, MI 48073
 Phone: 734-
 Email: patrick.odonohue@hellodynamic.com

Ryan Shippe, Warehouse Operations Manager
 Home Address: 1 Parkhurst St, Livonia, MI 48154
 Phone: 734-
 Email: ryan.shippe@hellodynamic.com

Owners of Dynamic Diagnostics Inc

Cory Brimhall, Owner (90%)/CEO and President/Vice President/Treasurer/Secretary
 Home Address: South Pine St, Unit 1, Telluride, CO 81435
 Phone: 734-
 Email: cory.brimhall@hellodynamic.com

Dr. Jerry Rosenstein, Owner (10%)
 Home Address: 1 E. Calle de las Brisas, Scottsdale, AZ 85255
 Phone: 951
 Email:



Employees Handling Drugs Regularly (Receiving/Storing/Shipping)

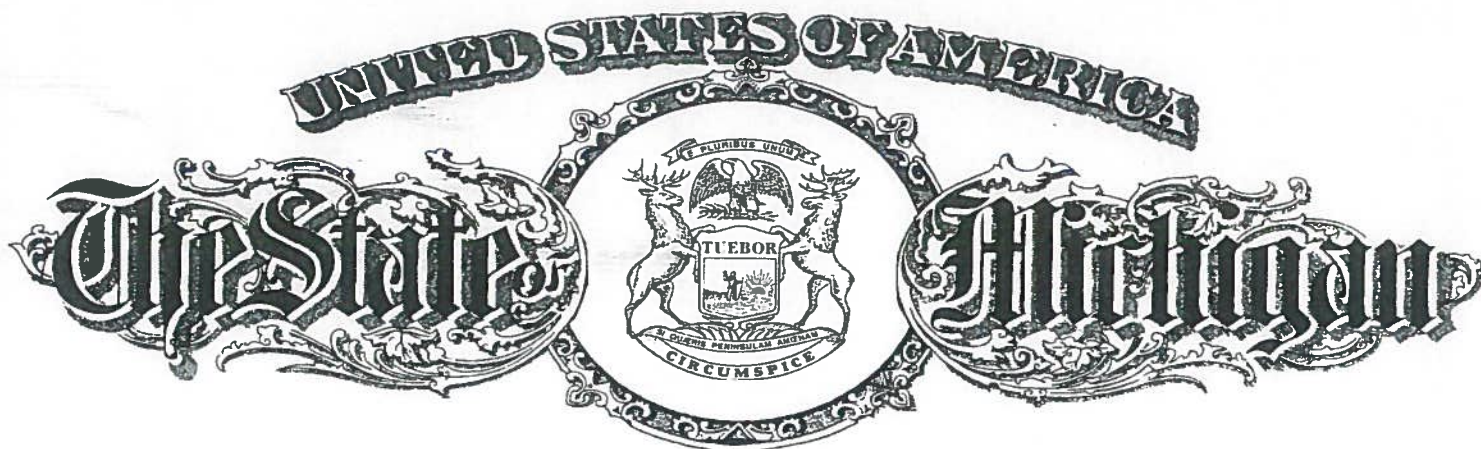
Ashley Ramseyer, Warehouse Associate
Brad Napora, Warehouse Associate
Larry Gresehover, Sr. Warehouse Associate

Employees with Security Level Access to Pharmaceuticals

Cory Brimhall, CEO/President
Patrick O'Donohue, COO

Ryan Shippe, Warehouse Operations Manager and Quality Team
Nicole Shippe, Customer Service Manager and Quality Team

Ashley Ramseyer, Warehouse Associate
Brad Napora, Warehouse Associate
Larry Gresehover, Sr. Warehouse Associate



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

DYNAMIC DIAGNOSTICS, INC.

was validly incorporated on October 9, 1984 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

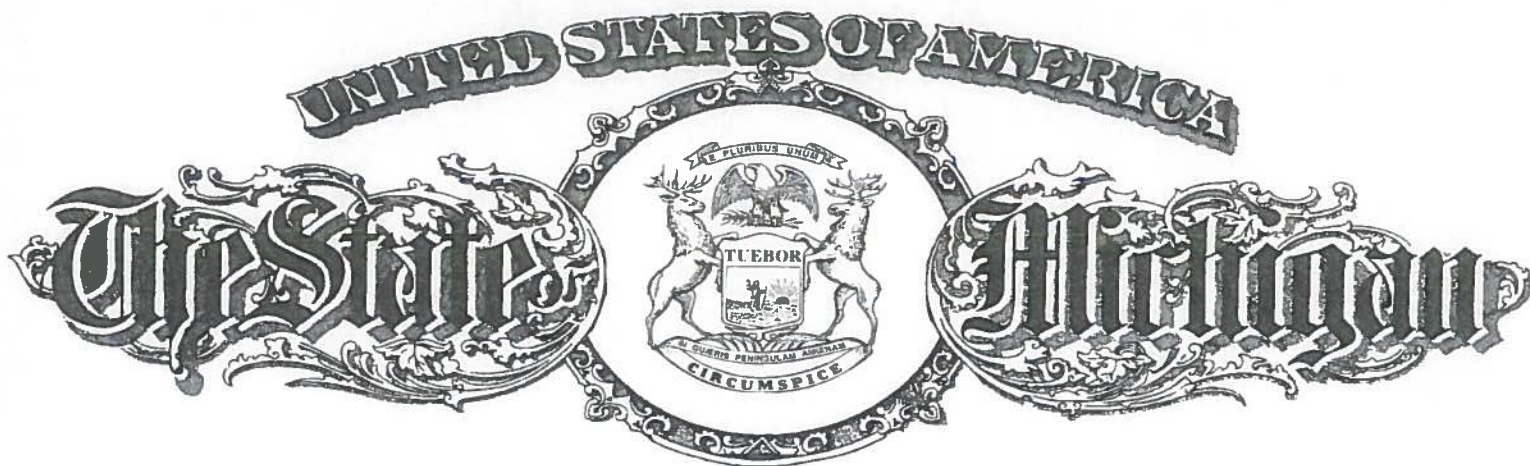
Certificate Number: 21030174703

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 8th day of March, 2021.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

DYNAMIC DIAGNOSTICS, INC.

was validly incorporated on October 9 , 1984 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: 20082506310

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of August , 2020.

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

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. 35BSBIL3582

Application/License No. _____

Dynamic Diagnostics, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
800 Junction St, Plymouth, MI 48170, 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
200 Colonial Center Pkwy, Lake Mary, FL 32746 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 09/18/2020.
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 18th day of September, 2020.

APPLICANT/PRINCIPAL

SURETY

Dynamic Diagnostics, Inc.

Hartford Fire Insurance Company


Authorized Representative


Surety Company's Representative

Jeffrey Belen, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

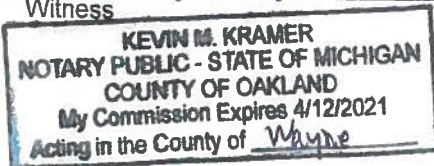
SIGNED and SEALED in the presence of:

Witness

Witness


Witness

Witness



Countersigned by:

Nevada Resident Agent

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

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: KOROTKIN INSURANCE GROUP INC

Agency Code: 35-351668

- ☒ 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 Jeffrey S. Belen

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. 35BSBIL3582

Naming Dynamic Diagnostics, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,

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 September 18, 2020.

Signed and sealed in Lake Mary, Florida.



Keith D. Dozois

Keith D. Dozois, Assistant Vice President

4WWW

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: Fresenius Kabi, LLC

Physical Address: 11900 122nd St. Ste. A

City: Pleasant Prairie

State: WI

Zip Code: 53158

Telephone Number: 262-771-1800

Fax Number: 847-550-7126

Toll Free Number: N/A

E-mail: licensure@cardinalhealth.com

Website: www.Fresenius-Kabi.com/us

Facility Manager: Steven Shaw

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: US Government, veterinarians, 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?
(If yes, provide a copy of the certificate)

Yes ☒ No ☐

Note: Company has 3 other locations that are certified by NABP. See attached certificates.

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 ☐

NVBOP: Fresenius Kabi, LLC WHO2616, WHO2829, WHO1046; Fenwal, Inc. WHO1496; Fenwal Int'l WHO1520

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 - facility's expected opening date is 6/1/2021

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: E0023532018-4

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.

Jack C. Silhavy

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

Jack C. Silhavy

Print Name of Authorized Person

3/9/2021
Date

Board Use Only

Date Processed: _____

Amount:

~~\$500~~ 10778541

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Fresenius Kabi Pharmaceuticals Holding, LLCMailing Address: Attn: QRA - Facility Licensing 7000 Cardinal Pl.City: Dublin State: OH Zip: 43017Telephone: 614-553-3076 Fax: 614-652-0674Contact Person: Cynthia Rhodes

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 by LLC

Name

Business Address

b)

Name

Business Address

c)

Name

Business Address

d)

Name

Business Address

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

Maria Herrera

From: Cynthia Engdahl <Cynthia.Engdahl@fresenius-kabi.com>
Sent: Wednesday, March 31, 2021 8:02 AM
To: Maria Herrera
Cc: GMB-HSCS-Facility Licensure
Subject: RE: Nevada Wholesaler Application- Fresenius Kabi, LLC
Attachments: FKLLC - NV Bond Rider PP.pdf; PP Employees Handling Drugs 3.31.2021.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Ms. Herrera,

Thank you for your email regarding the application of our new Pleasant Prairie facility. The planned opening is June 2021. VAWD/DDA accreditation requires that the facility be operational for 30 days prior inspection. In addition, NABP is backlogged with Covid restrictions so I am guessing it will be August before final accreditation is complete at the earliest.

Recently, the NV Board of Pharmacy approved licenses for our new Duncan, SC (WHO2829 2-26-20) and North Las Vegas (WHO2616 6-18-19) facilities. In connection with those facilities (that are now VAWD/DDA accredited) we provided a Surety Bond, officer fingerprint authorizations, list of personnel who will handle drugs on a daily basis, and made appearances before the Board.

In connection with the Pleasant Prairie application, attached is a Surety Bond Rider and a list of individuals who will have daily access to drugs. Background checks of the officers (John Ducker, Steven J. Adams and Jack C. Silhavy) were completed in connection with the previous applications and fingerprint authorization forms submitted.

Please let me know if this information will be sufficient to proceed with the Pleasant Prairie application. Thank you.

Cynthia Engdahl
 Senior Corporate Paralegal

Fresenius Kabi USA, LLC
 Three Corporate Drive
 Lake Zurich, Illinois 60047
 Desk: +1 847-550-5595
 Fax: +1 847-550-7126
Cynthia.Engdahl@fresenius-kabi.com
www.fresenius-kabi.com/us

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From: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Sent: Monday, March 29, 2021 12:10 PM
To: Cynthia Engdahl <Cynthia.Engdahl@fresenius-kabi.com>
Cc: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Subject: FW: Nevada Wholesaler Application- Fresenius Kabi, LLC

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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



6556485 8300

SR# 20211075820

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: 202842706

Date: 03-29-21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI, 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 THIRTIETH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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



6556485 8300

SR# 20203315376

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: 202855065

Date: 04-30-20 *exp*

NO. 3105 - 45

EXPIRES: 05/31/2022

The State of Wisconsin
 Department of Safety and Professional Services
 PHARMACY EXAMINING BOARD

Hereby certifies that
FRESENIUS KABI LLC
was granted a license to practice as a
WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS
in the State of Wisconsin in accordance with Wisconsin Law
on the 16th day of June in the year 2020.

The authority granted herein must be renewed each biennium by the granting authority.

In witness thereof, the State of Wisconsin
Pharmacy Examining Board
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services



Dean B. Linn
 DHS Secretary
Philip J. Lipp
 Chairperson
John W. Witz
 Secretary

This certificate was printed on the 18th day of June in the year 2020

**CardinalHealth**

11900 - 122nd Street, Suite A
Pleasant Prairie, Wisconsin 53158

Officer Name	Title	Company	Business Address
Steven J. Adams	Executive Vice President and Chief Financial Officer	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047
John Robert Ducker	President and Chief Executive Officer	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047
Jack C. Silhavy	Executive Vice President, General Counsel and Secretary	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Steven M Shaw
West 28th Street - Beach Park, IL 60099 - 224.7

Professional Summary

Highly motivated professional with experience in transportation, distribution and logistics within the chemical, airline and pharmaceutical industries. Possess a positive attitude, integrity, solid people skills, strong work ethic and dependable. Experienced in leadership, cross functional team building, communication, organization and multi-tasking.

Skills

Multi-Site operations management	Vendor sourcing and management
Customer and results oriented	Process improvement driven
Strategic planning	Logistics management
Carrier management	Budgeting and finance
Project management	Microsoft Office & SAP

Work History

Feb 2019 – Present Fresenius-Kabi Bensenville, IL Pharmaceuticals and Medical Device Distribution

Distribution Operations Manager - Central DC Bensenville IL North America

Managing operations for central DC located in the Chicago metro area

Supporting the design and implementation of multiple new DC's across the US market.

May 2005 – Feb 2019 Teva Pharmaceuticals - Gurnee, IL

Distribution, Transportation and Logistics Manager North America (Member of the Global Supply Chain team)

Developed global SOP's / work instructions and training, domestic and international, for third party suppliers and manufacturing sites to enhance compliance, utilizing approved carriers

Structured a weekly shipping schedule for customer and supplier shipments by mode and aligned multi-stop FTL outbound DC loads, combining with inbound lanes, establishing dedicated weekly runs improving product integrity, security, manufacturing support and customer satisfaction with reliable weekly deliveries on dedicated, temperature controlled

Managed \$40 million in direct transportation spend within the US and Canada

Established a multimodal carrier pool through vetting across multiple departments: Security, Quality, Risk Management, Procurement, Manufacturing, R&D and Distribution

Reduced overall freight spend by 10% (4\$ million) through utilization of contracted carriers under negotiated rates

Organized, implemented and managed third party freight bill audit and payment services US/Canada to monitor spend and carrier utilization – establishing KPI's, tracking cost per pound by mode, site and carrier

Created, hired and managed import/export compliance team – with over 2k entries, valued in excess of \$250 million annually

Steven M Shaw

West 28th Street - Beach Park, IL 60099 - 224.7

Created an import compliance structure by documenting an import product log containing entry file and product details that are compliant, ensuring products are properly classified for CBP and FDA clearance

Compliance savings reduced import storage at our FL packaging facility by \$750k annually by cleaning up the shippers entry documentation and working with the receiving sites on deliveries

Manage annual USDA import permits for bulk finished goods and PLAIR shipments containing animal by-products in compliance with USDA requirements

Worked with India and Malta manufacturing and supply chain to utilize ocean freight over air freight saving about \$1 million annually in 2010

Organized C-TPAT compliance application process – Achieved Tier 3 status and recertification before turning program management over security to maintain

C-TPAT certification achieved, allowed us to work with Regulatory and Security to identify and reduce delays in FDA holds by:

Participated in the FDA SSCP (one of only 13 companies in this pilot program)

Organized American Transportation summit 2014 – uniting key internal and external logistics professionals to enhance efficiencies in logistics across all sites and functions:

Identified and implemented best practices, ensuring they are replicated globally

Defined key transportation issues impacting sites and corresponding resolutions

Identified cost reduction initiatives and assigned corresponding champions

Support DOT/IATA Hazmat training in concert with EH&S ensuring compliance companywide

May 2003 – Apr 2005 Transportation Audit Group - Portland OR

Director Sales / Marketing / Logistics Services

Contracted with new clients and developed consulting services for current clients

Consulted on and developed customized supply chain, transportation and logistics programs

Supported client RFP's for logistics agreements with an average savings of over 15%

Nov 1998 – May 2003 United Airlines - Chicago, IL - \$6 billion in annual sales

Sr. Buyer Global Transportation & Distribution

Managed carrier base and freight budget in excess of \$20 million

Supported Distribution networks worldwide

Savings of \$4 million per year on express spend through routing guide compliance

July 1981 – Mar 1998 PPG Industries Inc. - Gurnee, IL - Specialty Chemicals

Traffic Manager - Specialty Chemicals Group

Shipping / Receiving / Distribution

Rates / Routing Coordinator

Education

Carthage College - Kenosha, WI - BA Business Administration 1998

Concordia - Kenosha, WI - MBA started

Fresenius Kabi, LLC

Pleasant Prairie, WI

Employees Who Handle Drugs on a Daily Basis

Steven Shaw

Joe Kilian

Jim Costello

Blanca Flores

Mark Salerno

10-7-2019

SURETY RIDER

To be attached to and form a part of

Bond No. CMS0336703

dated November 14, 2019
effective _____
(MONTH-DAY-YEAR)

executed by Fresenius Kabi, LLC
_____, as Principal,
(PRINCIPAL)

and by RLI Insurance Company, as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Adding the following location:

Fresenius Kabi, LLC, 11900 - 122nd Street, Suite A, Pleasant Prairie, WI 53158

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider
is effective November 14, 2020
(MONTH-DAY-YEAR)

Signed and Sealed November 13, 2020
(MONTH-DAY-YEAR)

By: [Signature] Fresenius Kabi, LLC
(PRINCIPAL)

RLI Insurance Company
(SURETY)

By: Julie Kames
Julie Kames, Attorney-in-Fact

POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Bond No. CMS0336703

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company and Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Julie Karnes in the City of Knoxville, State of Tennessee,
it's true and lawful Agent and Attorney in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000) for any single obligation, and specifically for the following described bond.

Principal: Fresenius Kabi, LLC
Obligee: Nevada State Board of Pharmacy

RLI Insurance Company and Contractors Bonding and Insurance Company, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 13th day of November, 2020.



**RLI Insurance Company
Contractors Bonding and Insurance Company**

Barton W. Davis
Barton W. Davis Vice President

CERTIFICATE

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 13th day of November, 2020.

**RLI Insurance Company
Contractors Bonding and Insurance Company**

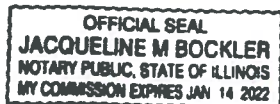
By: Jeffrey D. Dick
Jeffrey D. Dick Corporate Secretary

State of Illinois
County of Peoria

} SS

On this 13th day of November, 2020, before me, a Notary Public, personally appeared Barton W. Davis who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Jacqueline M. Bockler
Jacqueline M. Bockler Notary Public



SURETY RIDER

To be attached to and form a part of

Bond No. CMS0336703

dated November 14, 2019

(MONTH-DAY-YEAR)

executed by Fresenius Kabi, LLC

(PRINCIPAL)

, as Principal,

and by RLI Insurance Company

, as Surety,

in favor of Nevada State Board of Pharmacy

(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

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This rider
is effective

November 14, 2020

(MONTH-DAY-YEAR)

Signed and Sealed November 13, 2020

(MONTH-DAY-YEAR)

By:

(PRINCIPAL)

(PRINCIPAL)

Fresenius Kabi, LLC

RLI Insurance Company

(SURETY)

By:

Julie Kames, Attorney-in-Fact

POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Bond No. CMS0336703

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That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company** and **Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Julie Karnes in the City of Knoxville, State of Tennessee,
it's true and lawful Agent and Attorney in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000) for any single obligation, and specifically for the following described bond.

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Obligee: Nevada State Board of Pharmacy

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"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 13th day of

November, 2020



RLI Insurance Company
Contractors Bonding and Insurance Company

Barton W. Davis
Barton W. Davis Vice President

CERTIFICATE

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 13th day of November, 2020.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Jeffrey D. Fick
Jeffrey D. Fick Corporate Secretary

State of Illinois
County of Peoria

} SS

On this 13th day of November, 2020, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Jacqueline M. Bockler
Jacqueline M. Bockler Notary Public



Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
Madison, WI 53707-7190

4822 Madison Yards Way
Madison, WI 53705

FAX #: (608) 266-2264
Phone #: (608) 266-2112

E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF LEGAL SERVICES AND COMPLIANCE

Pharmacy Distributor Inspection Form

Official Name: Fresenius Kabi, LLC	Manager: Steven Shaw <i>Steven Shaw</i>	Describe the products distributed: <i>Medical devices + pharmaceuticals as per their 2020 catalog.</i>
DBA Name: Fresenius Kabi, LLC	License #: 3105-45	
Address: 11900 122nd Street, Suite A Pleasant Prairie, WI 53158		
Hours: <i>1am - 4pm</i>	Telephone #: (224) 315-7157	

+ In Compliance

- Not in Compliance

n/a Not Applicable

PHAR 13.08 PERSONNEL

+ Adequate Personnel

PHAR 13.09 FACILITY REQUIREMENTS

- + Suitable size and construction to facilitate cleaning, maintenance and proper operations
- + Storage area provides adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment and security conditions
- + Quarantine area for storage of prescription drugs or devices that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed secondary containers that have been opened
- + Clean and orderly condition
- + Free from infestation by insects, rodents, birds or vermin of any kind

PHAR 13.15 POLICY AND PROCEDURE MANUAL

+ Maintain compliant policy and procedure manual

PHAR 13.10 SECURITY REQUIREMENTS

- + Access from outside the premises is kept to a minimum and well controlled
- + Outside perimeter of the premises is well lighted
- + Entry into areas where prescription drugs or devices are held is limited to authorized personnel
- + Alarm system is maintained to detect unauthorized entry after hours.
- + An internal monitoring system that provides suitable protection against theft and diversion

PHAR 13.11 STORAGE REQUIREMENTS

- + Prescription drugs and devices are stored at appropriate temperatures and conditions
- + Appropriate manual, electromechanical or electronic temperature and humidity recording equipment, devices and/or logs
- + Adequate recordkeeping in accordance with PHAR 13.14 for all stored drugs and devices (including inventories, records of all transactions regarding receipt and distribution or other disposition)

Pumps, hematology equip, blood separate machines, sodium chloride, dextrose injection, anti infectives, parenteral nutrition, cell therapy, etc.

Shard *11/12/2020*
Signature of Investigator Date

Compliance Due Date

Steven Shaw *11.12.2020*
Manager/Pharmacist Signature Date

Steven Shaw *11/12/2020*

NABP ACCREDITED

DRUG DISTRIBUTOR

Fresenius Kabi LLC

located at

600 Supreme Dr, Bensenville, IL 60106

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



08/06/2018 - 08/05/2021
Period of Accreditation

NABP ACCREDITED

DRUG DISTRIBUTOR

Fresenius Kabi, LLC

located at

402 Apple Valley Road, Suite A, Duncan, SC 29334

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



7/6/2020 - 7/5/2023
Period of Accreditation

NABP ACCREDITED

DRUG DISTRIBUTOR

Fresenius Kabi, LLC

located at

5245 North Sloan Lane, Suite 100A, North Las Vegas, LV 89115

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



7/6/2020 - 7/5/2023

Period of Accreditation

4XXX

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: Nexus Pharmaceuticals Inc.

Physical Address: 400 Knightsbridge Parkway

City: Lincolnshire State: IL Zip Code: 60069

Telephone Number: 847-996-3790 Fax Number: 847-996-3799

Toll Free Number: _____

E-mail: nexuspharmaceuticals@fiveriversrx.com Website: www.nexuspharma.net

Facility Manager: Garry L. Hedgepeth

Professional qualifications and experience of facility manager: Director of Corporate Quality (please 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: Please see attached list of vendors.

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.

Mariam S. Darsot
Original Signature of Person Authorized to Submit Application, no copies or stamps

Mariam Darsot

Print Name of Authorized Person

Date 11/20/2020

Board Use Only

Date Processed: _____

Amount: 500.00

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

Contact Person: Mariam Darsot

Knightbridge
(misspelled)

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

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

a) _____
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

- 2) Provide the number of shares issued by the corporation. _____

- 3) What was the price paid per share? _____

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.

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 _____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Nexus Pharmaceuticals Inc.Mailing Address: 400 Kingsbridge ParkwayCity, State Zip Code: Lincolnshire IL 60069Telephone Number: 847-996-3790 Fax Number: 847-996-3799Contact Person: ~~Mariam Darsot~~ Garry Hedgepeth

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 partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

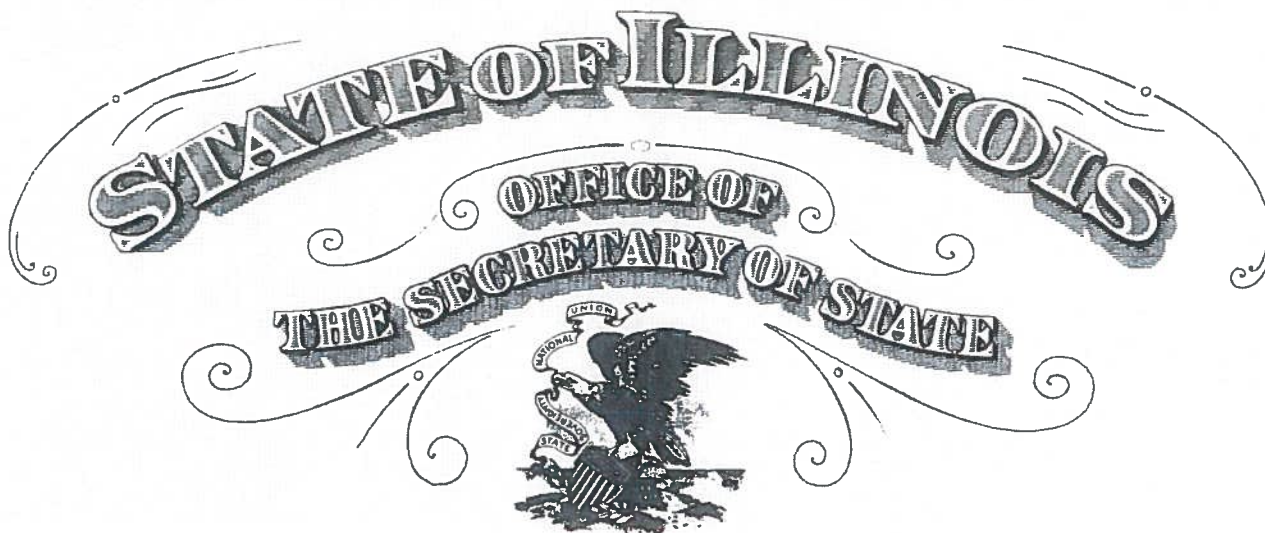


Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3015928

File Number

6318-855-7



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

NEXUS PHARMACEUTICALS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 21, 2003, 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 16TH
day of DECEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

Authentication #: 2035102966 verifiable until 12/16/2021

Authenticate at: <http://www.cyberdriveillinois.com>

OFFICERS**Nexus Pharmaceuticals Inc.****Mariam S Darsot**

President / Owner (100%)

DOB:

Creek View Drive Vernon Hills, IL 60061

Garry L. Hedgepeth

Director of Corporate Quality - Designated Representative person

DOB:

Mulholland Court, Loveland ,OH 45140

GARRY L. HEDGEPEETH

Mulholland Court

Loveland, Ohio, 45140

Home: 513-

Email:

SUMMARY

A quality assurance professional with over 20 years of experience in the pharmaceutical industry. Experienced with managing personnel and complex projects, coordination of quality operational activities. Professional experience obtained while working for several pharmaceutical manufacturing companies of sterile injectables as well as oral solid dosage form with increasing responsibility. Demonstrated success in leading and developing multi-cultural teams, through applying influencing modality.

PROFESSIONAL EXPERIENCE**Nexus Pharmaceuticals, Inc.****01/2019 - Current****Director, Corporate Quality**

Develops and oversees the implementation and sustainability of the overall quality management system (QMS) for the site and systems for the site as outlined below:

- Quality System
 - Production System
 - Facilities and Equipment System
 - Laboratory Controls System
 - Materials System
 - Packaging and Labeling System
- Provides comprehensive review and quality assessment of facility and equipment design and build documents to ensure compliance with current Good Manufacturing Practices (cGMP)
- Ensures continued adherence to all programs and overall compliance with cGMPs by focusing on:
 - Quality management
 - Quality assurance
 - Trend analysis and quality risk management tools
 - Preventive action
 - Risk management
 - Continuous improvement
- Interacts with FDA during site inspections and actively participates in the generation of regulatory communications and documents (e.g. responses, Drug Master File development, annual product review)
- Oversees the overall quality program, ensuring compliance in all areas of manufacturing
- Ensures all quality projects, initiatives, and processes are in conformance with organization's established objectives
- Oversees site training program to ensure compliance of all employees with established procedures
- Develops and manages overall quality budgets and costs
- Develops related job functions, hires and trains staff accordingly
- Other duties as assigned

Patheon, part of Thermo Fisher Scientific**05/2012 –****01/2019****Sr. Manager, Regulatory Compliance/Risk Management/****03/2018 – 01/2019****Director, Regulatory Compliance/Risk Management****12/2016 – 03/2018**

Manage and direct the activities of the Quality Assurance, Quality Compliance, Quality Support, Quality Control and Microbiology departments of the Cincinnati Regional Operations (CRO) facility as well as to directly supervise the activities of the respective Managers.

- Responsible for directing all day to day compliance activities in support of business objectives.
- Oversee Change Control Review Approval and Provide Guidance
- Ensure Customer complaints are managed appropriately
- Accountable for Regulatory Compliance including the appropriate management of APRs, State / Federal Licenses, submission and maintenance of Product Drug Listing, internal & external audit programs, etc.
- Oversees all auditing activities to include Regulatory, internal, customer, and vendor audits in accordance with the established audit schedule
- Manages the corrective and preventive action (CAPA) system. Collaborates with other associates to ensure corrective and preventive activities are effective and are managed and processed in accordance with requirements
- Serve as key point of QA leadership contact in developing quality compliance strategies with Clients (Sponsors and CRO), serve as QA representation to operational, IT and/or quality governance as appropriate. Act as customers' point of contact for all matters concerning quality compliance to include nonconformities, customer complaints and audits.
- Drive transformational change and improvements with a significant impact to the organization, in a highly complex, rapidly evolving regulated environment. Provides leadership and strategic input to implementing company policies, key risk indicators, client service and other quality measures.
- Development, execution, oversight, and deployment of organizational Quality Metrics / KPIs - health of the quality system. Leads and documents Senior Management Team regular quality reviews.
- Quality Management System Review and Monthly meetings
- Compliance to applicable External standards and worldwide Regulations
- Coordinate response to External Audits, i.e. FDA Inspection, Client, Corporate Audits, etc.
- Responsible for assuring the business functions operate in compliance with applicable domestic & international requirements, laws and guidance.
- Manage departmental costs and spending in support of business objectives.
- Develop a competent and accountable organization which is positioned to support and accomplish business objectives while maintaining compliance with applicable standards, laws and guidance.
- Approval of method development / method validation reports; raw material and finished product specifications and test methods
- This is not an inclusive list of job responsibilities

Site Director, Quality Operations (02/2013 – 12/2016)

Direct the total Cincinnati Quality Operations function for both commercial and product development services (PDSS) to establish and implement the company quality policies and assure compliance with those objectives and with Federal and State regulatory requirements. Additionally, Direct the Quality Control department to establish and direct appropriate laboratory control systems which assures the chemical, physical and microbiological quality and integrity of drug products. In addition, serve as a resource for analytical development activities for the global operations.

- Plan and establish short and long-term quality goals and strategy to achieve product, company and regulatory protection consistent with business growth at the Cincinnati Site.
- Organize, staff, direct and control the QA and QC functions and departments to achieve quality goals and regulatory compliance.
- Plan and control the QO budget and resources to accomplish goals in an efficient and cost effective manner.
- Collaborate with HR and personnel for career and functional growth.
- Initiate and implement organizational and technical improvements designed to enhance the efficiency, reliability and productivity of laboratory operations.
- Direct the development of control systems for new and revised drug products and drug substances and/or coordinate their transfer from R&D to QO.
- Direct and approve laboratory testing for the support and documentation for all regulatory requirements (NDA, USP, Consumer Safety, etc.) and to assure that the analytical and control sections are acceptable through FDA.
- Review and approve new and revised specifications for drug substances and drug products.

- Responsible for the management oversight of all investigation/deviation at the site level
- Works closely with Operations, and all levels of the organization to resolve Quality issues in a timely manner which may require real-time and/or follow up activities. Authorized to suspend manufacturing operations when situations warrant and recommends remediation activities. Determines when and if it is appropriate to resume operations.

Manager, Quality Operations (05/2012 – 01/2013)

To successfully manage the activities of the Quality Assurance (QA) Department relating to quality systems and Quality Assurance associates for the site. This includes evaluation, integration and implementation of quality processes related to Pharmaceutical Development Services (PDS) and commercial operations. Additional duties include Master Batch Record approval, Quality Incident Report/Quality Deviation Report approval, and cleaning and packaging validation protocols and reports approval as required.

- Evaluate, challenge, and implement quality improvements to processes across PDS, Commercial and Quality operations.
- Review and approve cleaning and packaging protocols and reports.
- Review and approve Processing and Packaging Master Batch records (Commercial and PDS).
- Recognize situations that may require investigation/deviations, provide assistance with investigation, and facilitate the closure of deviations to meet the production schedule and Standard Operating Procedure (SOP) requirements.
- Review and propose revisions to QA procedures and SOPs for better compliance and efficiency in meeting clients' demands
- Responsible for investigation/deviation review and approval, and coordination of follow-up actions
- Responsible for CAPA completion and timeliness
- Develop internal QA and site systems to meet site needs while ensuring adherence to Good Manufacturing Practices & other regulatory requirements

Boehringer Ingelheim, Bedford, Ohio

04/2005 – 05/2012

Manager, Quality Operations (10/2007-05/2012)

Responsible for making scientifically and cGMP justifiable decisions that affect the quality, purity, stability, or efficacy of a drug product.

- Responsible for the oversight of the documentation review and batch release function within the facility
- Develop and implement assessment and disposition program for manufacturing production related issues.
- Manage and Guide and those involved in quality activities to achieve optimal conclusions and balanced decision-making, a commitment to customer service and model a culture that promotes behaviors that lead to superior business performance and organizational development.
- Resolve any identified quality issues for products prior to approval and release for distribution.
- Reviews and approves or provides oversight to designated reviewers and approvers for manufacturing operations related documents such as Manufacturing Department SOP's, Change Control Request (CCR), and Batch Records.
- Participate in the Quality Improvement Process
- Performs assigned duties in the absence of the Director of Quality Operations.
- Led the Batch Disposition Quality System Element (QSE) team to improve right first time initiatives.
- Oversees the generation, auditing, reviews and changes of all SOPs pertinent to the documentation department.
- Provides the necessary tools to ensure that the batch production auditors can accurately and completely review batch production records (BPR) in accordance with cGMPs and Standard Operating Procedures (SOPs). Responsible for the control and archival of all batch production records.
- Interacts with customer representatives for questions on review of both the executed batch record and disposition. Explains operations described in the batch record, provides SOPs for review and hosts the customer when they are on site for this review.
- Performing the comprehensive Additional Management Review prior to lot disposition.

- Overseeing daily activities with regard to batch disposition
- Facilitate the development of employees through the use of Performance Development Plans, Succession Planning, and training programs.
- Responsible for department financial activities: expense and capital budget, headcount, and compensation.
- Represents QA-Batch Disposition in interacting with the **FDA, EMA, TGA**, and other regulatory agencies.

Supervisor, Component Prep (04/2005-09/2007)

Responsible for supervising direct reports within the Component Prep Department including interviewing, hiring, training, coaching of performance issues, scheduling, and reinforcement of company policies.

- Review and approve, and/or revise Standard Operating Procedures, Batch Records, Sterilization, and time sheets. Writes Component Prep SOP's.
- Requests and Schedules maintenance and validation work on equipment.
- Requests purchases for Component Preparation area.
- Possess knowledge of vial washer, Ampoule Gross washer, Girton tray washer, and Icos Stopper washer machines.
- Prepare and adjust to meet the needs of production.
- Prepares and conducts/administers training programs for subordinates.
- Performs departmental audits.
- Maintains SOP books.
- Participates in Quality Improvement Process and Oversees QWG activities for departmental staff.
- Complete other duties/projects as assigned by department manager.

DST. HARRIS & ASSOCIATES (Contract), Greenville, NC

10/2004-04/2005

QA Associate, Orals & Topicals (O&T)

Responsible for providing direct quality support to ensure compliance with regulations that govern pharmaceuticals.

- Perform document/batch record reviews.
- Determine whether work performed meets current procedures and regulatory expectations.
- Communicate and coordinate with other departments as required to resolve compliance issues detected during review.
- Provide leadership and team participation for assignments related to quality initiatives, compliance improvements, product transfers, facility expansions, etc.

PUR. IN PHARMACEUTICALS, Wilson, NC

2003-2004

QA Specialist, Manufacturing/Lab Oversight

Responsible for performing daily monitoring of selected facility (production/laboratory/warehouse), processes and operating systems for cGMP compliance. During this monitoring identify compliance to cGMPs, standard operating procedures, USP methods/procedures, and FDA requirements. Provide timely review of documentation and timely consultation on compliance related issues in Manufacturing, Laboratory, and Warehouse areas.

- Perform and complete batch disposition of batch records/raw materials.
- Performed and completed weekly, bi-weekly, and monthly audits.
- Performed line clearances and manufacturing room releases prior to continued production.
- Provided assistance during laboratory and manufacturing investigations.
- Assess accuracy and compliance of plant Standard Operating Procedures (SOP's) and report the findings accordingly to QA and Operations Management.

ABBOTT LABORATORIES, Rocky Mount, NC

1999-2003

Production Supervisor/Administrative-SVP Packaging (2002-2003)

Supervised 7 direct support staff in the packaging department. Responsible for ensuring that the entire

SVP Packaging Department was cGMP compliant through the coordination of training. Managed and produced a monthly report of the overall employee headcount for SVP Packaging. Also, responsible for completing any necessary documentation changes within the SVP Packaging Batch Records.

- Coordinated monthly line coordinator's meeting.
- Coordinated weekly/monthly batch record error reports.
- Updated Department Standard Operating Procedures (SOP's) as needed.
- Chaired weekly product defect meeting with manufacturing to ensure Quality Improvement.
- Coordinated the follow-up and close-out of CAIRS (Corrective Action Investigative Report System).
- Closed out all exception documents, i.e., Formal Investigation Reports, and Deviations.

Production Supervisor/SVP Packaging (2001-2002)

Supervised 40-50 direct and indirect individuals performing 100% inspection and packaging of ampoules, flip top vials, and abbojects within the SVP Finishing Operation. Responsible for the effective motivation and supervision of people, compliance to cGMPs, achievement of scheduled activity while operating within departmental goals and parameters, as well as special projects associated with area(s) of responsibility.

- Hired and developed staff as needed through employee relations.
- Completed performance evaluations/feedback for direct and indirect employees.
- Coordinated day-to-day activities/troubleshoot and resolved daily issues to meet production goals.
- Ensured that daily production goals were met.
- Assigned personnel and equipment resources to produce high quality product and meet standards.
- Monitored training requirements and assured sufficient training was completed to meet production schedule.

Quality Assurance Specialist II (1999-2001)

Responsible for performing and documenting a variety of visual, dimensional, and physical testing in support of commodity/product release. Performed monitoring of the SVP (Small Volume Parenteral) department processes and operating systems for cGMP compliance. Provide timely review of documentation and timely consultation on compliance related issues in the SVP area.

- Performed monthly audits within SVP department.
- Completed functional (Amtex) testing.
- Inspected the finished product prior to release of batch.
- Reviewed Batch Records for release.
- Responsible for the handling and transfers of control substances.

CNC/ACCESS, Rocky Mount, NC

2000-2002

Staff Supervisor/QDDP

Supervised 15 paraprofessional, managed the service delivery of clients, and ensured compliance with corporate policies and procedures. Responsible for client programming as determined by the habilitation treatment plan.

- Performed quantitative review of all documentation prior to submission for invoicing/billing, ensuring accuracy per Medicaid and/or state guidelines.
- Recruited, interviewed, hired and trained paraprofessional staff.
- Completed privileging process for paraprofessional staff prior to service delivery.
- Ensured that deficiencies are noted on internal/external audits and corrected to meet established guidelines.

EDUCOMBE-NASH MH, Tarboro, NC

1997-1999

Case Manager

Developed, planned, implemented, and coordinated services for individuals that have been dually diagnosed with Mental Retardation/ Mental Illness (MR/MI).

- Provided individual and group counseling for MR/MI clients and their families as needed to provide support, including other supportive services as needed such as crisis intervention, assessment, etc.
- Assisted in development and long-term vocational placement for MR/MI client's by working with private and public service providers.
- Assisted in budget preparation based on statistical data gathered for MR/MI clients.

COMPUTER SKILLS

Skilled in Microsoft Word, Windows XP, PowerPoint, Lotus Notes, Access, AS-400, SAP, LIMS, Empower, Track Wise, Microsoft Outlook, Power-point, Maximo, and Excel

EDUCATION

Masters, Business Administration, University of Phoenix, Beachwood Campus, Ohio (03-2007)

BA, Psychology, North Carolina Wesleyan College, Rocky Mount, NC

AA, General Studies, Allegany College of Maryland, Cumberland, MD

Post Graduate (PG), Hargrave Military Academy, Chatham, VA

Professional Development

Abbott Managers Training, Formal Investigation Training (FIR), Validation Training, Root Cause Analysis Training, Laboratory Quality Systems Training, and SAP Training, PPS (Practical Problem Solving), TapRoot RCA, Training, PharmaLink/Xavier Health, Rapid Response

AFFILIATIONS

Active Partner with Xavier Health (PharmaLink)

Xavier Health Cincinnati Regional Chapter Member

**Employees who handle the drugs
daily Name - NRS 639.500 (2)**

Afrifa, Franklin
Aguiniga, Maranda
Ahmed, Aman
Ahmed, Ayesha
Ahmed, Omair
Ahmed, Shahid
Ahmed, Usman
Amarei, Angela
Andrea, Gwen M.
Anwiya, Riemon
Atre, Prachi
Baran, Alicen D.
Barbone, Andrew M.
Beninato, Dale C.
Bermeo, Flor
Bianchi, Rebecca A.
Cabrera, Miguel J.
Childress, Curtis
Christy, Janice
Cohen, Mathew L.
Conroy, Christopher R.
Conroy, Tyler J.
Cook, Jonathan
Curiel, Roberto S.
Darsot, Mariam S.
Fiedler, Scott
Fisher, Sherry J.
Garner, William J.
Gebel, Dana
Geffen, Daniel J.
Gibson, Michael
Gjoni, Viola
Guan, Zhiwen
Haun, Todd
Hedgepeth, Garry L.
Heyboer, Edward
Hong, HyeSun
Hupfer, Michelle M.
Imhoff, Daniel
Jacob, Legi
Kaur, Jagdeep
Lebiecki, Diana
Lee, Robert Y.
Lin, Yi-Yu
LoPiccolo, Alyssa
LoPiccolo, Vincent J.
Lovell, Trenton J.
Makil, Lola E.
Malone, Rhett
Mangold, Macey M.
Martin-Ring, Rachel
Mndrucic, Deana
Montemayor Garcia, Eduardo

O Keeffe, John N.
Opingari, Anxhelina
Powles, Thomas A.
Rayamajhi, Richa
Riley, Barbara A.
Savchenko, Roman M.
Scott, Sherri
Shalowitz, Nancy
Shamasa, Napalia
Sharma, Anita
Singh, Gagandeep
Solberg, Christine H.
Spilker, Braden C.
Steve, Michael T.
Sudol, Bartlomiej
Tawde, Suprita A.
Thomas, Benny
Timko, Michael J.
Topchian, Sergei
Underhill Bennett, Carrie L.
Unnisa, Maryam
Venczel, Rudolph
Vernau, William
Vidinhouede, Yannick
Vizenor, Tera M.
Wei, Yuanhong
Weidenfeller, Jerrod
Wilburn, Christine
Wilewska, Anna
Williams, Tyler A.
Winter, Razel I.
Zelenovic, Marta

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. PB02671701996

Application/License No. _____

Nexus Pharmaceuticals Inc.

Applicant/Principal

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is

400 Knightsbridge Parkway, Lincolnshire, IL 60069

Address of Applicant/Principal

, as

PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY

Surety Company

, a

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

Address of Surety

as

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

12/17/2020

Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this
17th day of December, 2020.

APPLICANT/PRINCIPAL

Nexus Pharmaceuticals Inc.

 Authorized Representative

SURETY COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Valerie Ann Aber
 Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

 Witness

 Witness

SIGNED and SEALED in the presence of:

[Signature]
 Witness

[Signature]
 Witness

Countersigned by:

N/A
 Nevada Resident Agent



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 ARIZONA
COUNTY OF MARICOPA } ss.

ON 12/17/2020 BEFORE ME, OLGA GONZALEZ

PERSONALLY APPEARED VALERIE ANN ABER, ATTORNEY-IN-FACT

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 ARIZONA THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS MY HAND AND OFFICIAL SEAL

SIGNATURE



THIS AREA FOR OFFICIAL NOTORIAL SEAL

Bond # PB02671701996

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

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 Valerie Ann Aber and Daniel Rugge, 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 \$50,000,000.

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.

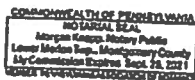
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27th DAY OF OCTOBER, 2017.



(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 Seal)

Notary Public:

residing at:

Bala Cynwyd, PA

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 the Power of Attorney issued pursuant thereto on the 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 17th day of December, 20 20.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

MARIAM S. DARSOT

Knightsbridge Parkway, Lincolnshire, IL 60061 | 847-

| msdarsot@nexuspharma.net

SUMMARY

An entrepreneur involved in the management of a pharmaceutical business with focus on the development, regulatory approval, distribution, sales and marketing of specialty and generic injectable drug products produced under GMP conditions.

EXPERIENCE

Nexus Pharmaceuticals, Inc.

Lincolnshire, IL

President

2003 – Present

- Responsible for the management of the entire Nexus Pharmaceuticals' day-to-day operations including financial matters, active pharmaceutical ingredients and development of strategies for drug product portfolio, and significant instrumental in leading the company to refine the business plan and achieve cost efficiencies.

GeoAnalytical Laboratories

Twinsburg, OH

Laboratory Manager

1996 – 1998

- Responsible for the daily supervision, coordination and through put of all analytical work performed on daily basis.
- Provide technical assistance, training and organization of analytical staff.
- Responsibilities also included working in the organics division to perform analytical testing on environmental samples utilizing GC/FID (Purge & Trap), GC/ECD and GC/MS.
- Assembled and reviewed all the analytical data to assure that the data obtained met the current good laboratory practices.
- Assisted the technical director during review of existing methodologies.

GTEL Laboratories

Wichita, KS

Senior Chemist

1993 – 1995

- Performed chromatographic analysis using HPLC for the identification and quantitation of environmental pollutants in soil samples.
- Analyzed environmental samples for the presence of semi-volatile compounds using GC/MS.
- Performed data quality assurance; information Management System to archive and analyze data.

Westech Laboratories

Phoenix, AZ

Analytical Chemist

1992 – 1993

- Performed chemical extraction and chromatographic analyses of environmental samples (Soil & water) employing GC/FID, GC/ECD and HPLC.
- Employed the GC/FID method EPA 846 to analyze environmental samples for the Triangle Laboratories, Research Triangle Park, North.

Data Review Officer

1990 – 1992

- Reviewed and interpreted analytical data for Dioxin isomers obtained from the analysis of environmental samples using GC/MS.

EDUCATION

Karachi University *Karachi, Pakistan* – **M.Sc. Physical Chemistry**

Miami University *Oxford, Ohio* – **M.S. Organic Chemistry**



November 20, 2020

To Whom It May Concern:

Please note that Nexus Pharmaceuticals, Inc. has submitted an application to the Nevada State Board of Pharmacy for licensure as a wholesaler, due to the board's requirement for virtual manufacturers to now be licensed in order to be in compliance with the state's legislature. Please find a scanned copy of the submitted application attached to this cover letter for your reference.

Should you have any further questions, please do not hesitate to reach me by email at nexuspharmaceuticals@fiveriversrx.com.

Sincerely,

Mariam Darso

President
Nexus Pharmaceuticals, Inc.

6318-855-11

FILED

OCT 21 2003

JESSE WHITE
SECRETARY OF STATE**ARTICLES OF INCORPORATION****OF****NEXUS OPHTHALMICS, INC.**

Franchise Tax \$ 25.00
 Filing Fee \$ 75.00
 \$ 100.00
 Approved *JR*

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 805 of the Illinois Statutes.

ARTICLE 1 - NAME

The name of the Corporation is **NEXUS OPHTHALMICS, INC.**

ARTICLE 2 - REGISTERED OFFICE AND REGISTERED AGENT

The initial registered agent of the Corporation is Spiegel & Utrera, P.A.
 The initial registered office is located at 123 West Madison Street, Suite 806, Chicago, Illinois 60602. County: Cook

ARTICLE 3 - PURPOSE OF CORPORATION

The Corporation shall engage in the transaction of any or all lawful purposes for which Corporations may be incorporated under the Illinois Business Corporation Act.

ARTICLE 4 - CORPORATE CAPITALIZATION**4.1 Authorized Shares, Issued Shares and Consideration Received:**

The class of stock shall be common. The par value per share shall be **ONE DOLLAR (\$1.00)**. The maximum number of shares that this Corporation is authorized to have outstanding at any time is **SIXTEEN THOUSAND SIX HUNDRED AND SIXTY SEVEN (16,667)**. The number of shares proposed to be issued shall be 100. The consideration to be received therefor shall be \$100.00. Total = \$100.00

4.2.1 All holders of shares of common stock shall be identical with each other in every respect and the holders of common shares shall be entitled to have unlimited voting rights on all shares and be entitled to one vote for each share on all matters on which Shareholders have the right to vote.

4.2.2 All holders of shares of common stock, upon the dissolution of the Corporation, shall be entitled to receive the net assets of the Corporation.



SPIEGEL & UTRERA, P.A.
LAWYERS

www.amerilawyer.com

123 WEST MADISON STREET, SUITE 806, CHICAGO, IL 60602 - TELEPHONE (312) 443-1500 - FACSIMILE (312) 443-8900

4.2.3 No holder of shares of stock of any class shall have any preemptive right to subscribe to or purchase any additional shares of any class, or any bonds or convertible securities of any nature; provided, however, that the Board of Director(s) may, in authorizing the issuance of shares of stock of any class, confer any preemptive right that the Board of Director(s) may deem advisable in connection with such issuance.

4.2.4 The Board of Director(s) of the Corporation may authorize the issuance from time to time of shares of its stock of any class, whether now or hereafter authorized, or securities convertible into shares of its stock of any class, whether now or hereafter authorized, for such consideration as the Board of Director(s) may deem advisable, subject to such restrictions or limitations, if any, as may be set forth in the bylaws of the Corporation.

4.2.5 The Board of Director(s) of the Corporation may, by Restated Articles of Incorporation, classify or reclassify any unissued stock from time to time by setting or changing the preferences, conversions or other rights, voting powers, restrictions, limitations as to dividends, qualifications, or term or conditions of redemption of the stock.

ARTICLE 5

5.1 The number of directors constituting the initial Board of Directors of the corporation is one.

5.2 The names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Mariann S. Darsot
1030 Creek View Drive, Vernon Hills, Illinois 60061

ARTICLE 6

INTENTIONALLY OMITTED

ARTICLE 7 - OTHER SECTIONS

Other sections attached hereto are to be included in these Articles of Incorporation are as follows: Section One - Sub-Chapter S Corporation; Section Two - Shareholders' Restrictive Agreement; Section Three - Powers of Corporation; Section Four - Term of Existence; Section Five - Registered Owner(s); Section Six - Effective Date; Section Seven - Amendment; Section Eight - Indemnification.



SPIEGEL & UTRERA, P.A.

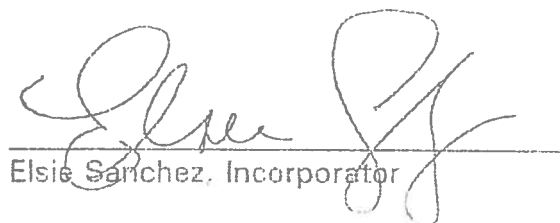
L A W Y E R S

www.amerilawyer.com

ARTICLE 8 - INCORPORATOR

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated: **OCT 08 2003**



Elsie Sanchez, Incorporator

123 West Madison Street, Suite 806
Chicago, Illinois 60602



SPIEGEL & UTRERA, P.A.
LAWYERS

www.amerilawyer.com

123 WEST MADISON STREET, SUITE 806, CHICAGO, IL 60602 - TELEPHONE (312) 443-1500 - FACSIMILE (312) 443-8900

ATTACHMENT TO ARTICLES OF INCORPORATION OF
NEXUS OPHTHALMICS, INC.
ADDITIONAL SECTIONS

SECTION ONE - SUB-CHAPTER S CORPORATION

1. The Corporation may elect to be an S Corporation, as provided in Sub-Chapter S of the Internal Revenue Code of 1986, as amended.

1.1 The Shareholders of this Corporation may elect and, if elected, shall continue such election to be an S Corporation as provided in Sub-Chapter S of the Internal Revenue Code of 1986, as amended, unless the Shareholders of the Corporation unanimously agree otherwise in writing.

1.2 After this Corporation has elected to be an S Corporation, none of the Shareholders of this Corporation, without the written consent of all the Shareholders of this Corporation shall take any action, or make any transfer or other disposition of the Shareholders' shares of stock in the Corporation, which will result in the termination or revocation of such election to be an S Corporation, as provided in Sub-chapter S of the Internal Revenue Code of 1986, as amended.

1.3 Once the Corporation has elected to be an S Corporation, each share of stock issued by this Corporation shall contain the following legend:

"The shares of stock represented by this certificate cannot be transferred if such transfer would void the election of the Corporation to be taxed under Sub-Chapter S of the Internal Revenue Code of 1986, as amended."

SECTION TWO - SHAREHOLDERS' RESTRICTIVE AGREEMENT

All of the shares of stock of this Corporation may be subject to a Shareholders' Restrictive Agreement containing numerous restrictions on the rights of shareholders of the Corporation and transferability of the shares of stock of the Corporation. A copy of the Shareholders' Restrictive Agreement, if any, is on file at the principal office of the Corporation.

SECTION THREE - POWERS OF CORPORATION

The Corporation shall have the power to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.



SPIEGEL & UTRERA, P.A.
 LAWYERS

www.amerilawyer.com

1100 NORTH MICHIGAN STREET, SUITE 805, CHICAGO, IL 60602 - TELEPHONE (312) 443-1500 - FACSIMILE (312) 443-8900

SECTION FOUR - TERM OF EXISTENCE

This Corporation shall have perpetual existence.

SECTION FIVE - REGISTERED OWNER(S)

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books of the Corporation as the owner thereto, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

SECTION SIX - EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Illinois.

SECTION SEVEN - AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, or to add any provision to these Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of Illinois, and all rights conferred upon shareholders in these Articles of Incorporation or any amendment hereto are granted subject to this reservation.

SECTION EIGHT - INDEMNIFICATION

Section 8.01. The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the corporation) by reason of the fact that the person is or was a Director or Officer of the corporation or is or was a Director or Officer of the corporation serving at the request of the corporation as a Director, Officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by such person in connection with such action, suit, or proceeding, if such person acted in good faith and in a manner the person reasonably believed to be in or not opposed to the best interests of the corporation, and, with respect to any criminal action or proceeding, had no reasonable cause to believe the conduct was unlawful. The termination of any action, suit, or proceeding by judgment, order, settlement, or conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner that the person reasonably believed to be in



SPIEGEL & UTRERA, P.A.

L A W Y E R S

www.amerilawyer.com

123 N. MICHIGAN STREET, SUITE 200, CHICAGO, IL 60602 - TELEPHONE (312) 443-1500 - FACSIMILE (312) 443-8900

or not opposed to the best interests of the corporation, or, with respect to any criminal action or proceeding, that the person had reasonable cause to believe that the conduct was unlawful.

8.2 The corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action or suit by or in the right of the corporation to procure a judgment in its favor by reason of the fact that such person is or was a Director or Officer of the corporation, or is or was a Director or Officer of the corporation serving at the request of the corporation as a Director, Officer, Employee, or Agent of another corporation, partnership, joint venture, trust, or other enterprise against expenses (including attorneys' fees), actually and reasonably incurred by such person in connection with the defense or settlement of such action or suit if such person acted in good faith and in a manner the person reasonably believed to be in or not opposed to the best interests of the corporation, provided that no indemnification shall be made with respect to any claim, issue, or matter as to which such person has been adjudged to have been liable to the corporation unless and only to the extent that the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability but in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for such expenses that the court shall deem proper.

8.3 Any indemnification under Sections 8.1 and 8.2 of this Section (unless ordered by the court) shall be made by the corporation only as authorized in the specific case upon a determination that indemnification of the Director or Officer is proper in the circumstances because the Director or Officer has met the applicable standard of conduct set forth therein. Such determination shall be made (a) by the Board of Directors by a majority vote of a quorum consisting of directors who were not parties to such action, suit, or proceeding; or (b) if such a quorum is not obtainable, or even if obtainable, if a quorum of disinterested directors so directs, by independent legal counsel in a written opinion; or (c) by the shareholders.

8.4 Expenses incurred by an Officer or Director in defending a civil or criminal action, suit, or proceeding shall be paid by the corporation in advance of the final disposition of such action, suit, or proceeding upon receipt of an undertaking by or on behalf of such Director or Officer to repay such amount if it shall ultimately be determined that the Director or Officer is not entitled to be indemnified by the corporation as authorized in this Section.

8.5 The indemnification and advancement of expenses provided by, or granted pursuant to this Section shall not be deemed exclusive of any other rights to which one seeking indemnification or advancement of expenses may be entitled under any bylaws, agreement, vote of shareholders or disinterested directors, or otherwise, both as to action in the person's official capacity and as to action in another capacity while holding such office.



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8.6 The corporation may purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, of another corporation, partnership, joint venture, trust, or other enterprise against any liability asserted against such person and incurred by the person in any such capacity, or arising out of the person's status as such, whether or not the corporation would have the power to indemnify such person against such liability under the provisions of this Section.

8.7 If the corporation has paid indemnity or has advanced expenses to a Director or Officer, the corporation shall report the indemnification or advance in writing to the shareholders with or before the notice of the next shareholders' meeting.

8.8 For purposes of this Section, references to "the corporation" shall include, in addition to the resulting corporation, any merging corporation (including any entity having merged with a merging corporation) absorbed in a merger that, if its separate existence had continued, would have had power and authority to indemnify its Directors and Officers, so that any person who is or was a Director or Officer of such merging corporation, or is or was serving at the request of such merging corporation as a Director or Officer of another corporation, partnership, joint venture, trust, or other enterprise, shall stand in the same position under the provisions of this Section with respect to the resulting or surviving corporation as the person would have with respect to such merging corporation if its separate existence had continued.

8.9 For purposes of this Section, references to "other enterprises" shall include employee benefit plans; references to "fines" shall include any excise taxes assessed on a person with respect to any employee benefit plan; and references to "serving at the request of the corporation" shall include any service as a Director or Officer of the corporation that imposes duties on, or involves services by, such Director or Officer with respect to an employee benefit plan, its participants, or beneficiaries; and a person who acted in good faith and in a manner the person reasonable believed to be in the interest of the participants and beneficiaries of an employee benefit plan shall be deemed to have acted in a manner "not opposed to the best interests of the corporation" as referred to in this Section.

8.10 The indemnification and advancement of expenses provided by, or granted pursuant to, this Section shall, unless otherwise provided when authorized or ratified, continue as to a person who has ceased to be a Director or Officer, and shall inure to the benefit of the heirs, executors, and administrators of that Director or Officer.



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Counselors & Attorneys at Law

KEVORK ADANASSM
PABLO BUSTOSSM
RAY GARCIASM
SEBASTIAN V. GHEITHSM
DAN HANCUFFSM
JON M. HANEYSM
TIMOTHY J. HILLSM
FRANKLIN A. JARASM
TAMARA L. KLOPSTEINSM
JAMES W. OVE, JR.SM

RAYMOND PAPARELLASM
RUBEN MARTIN SAENZSM
JOSE MANUEL SANCHEZSM
MARA E. SATTERTHWAITESM
LAWRENCE J. SPIEGELSM
NICK J. SPRADLINSM
NATALIA UTRERASM
PABLO R. YELEZSM
RUSSELL D. WILLIAMSSM

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123 West Madison Street
Suite 806
Chicago, IL 60602
Telephone (312) 443-1500
Facsimile (312) 443-8900

¹ Licensed in Florida
² Licensed in California
³ Licensed in New York
⁴ Licensed in Illinois, Iowa & Florida
⁵ Licensed in New York & Florida
⁶ Licensed in Nevada & California
⁷ Licensed in New York & New Jersey
⁸ Licensed in New York, New Jersey & D.C.
⁹ Licensed in Florida & Qualified Solicitor
¹⁰ in England & Wales
¹¹ Licensed in Munich & Reg. U.S. Patent Office

SENIOR PARALEGALS

CLAUDIA MERINO
MAGDA C. MERINO
MAGGIE MERINO

December 29, 2004

Mariam S. Darsot
NEXUS PHARMACEUTICALS, INC.
1660 Creek View Drive
Naperville, Illinois 60563

Privileged and Confidential Attorney Client Communication

Re: NAME CHANGE

Dear Mariam S. Darsot:

Enclosed herewith, please find:

- 1) Articles of Amendment as filed with the State;
- 2) Cover pages;
- 3) New Stock Certificates;
- 4) New Specimen Stock;
- 5) New Stock Order Form;
- 6) Canceled Stock Certificate 01 issued to Mariam S. Darsot for 100 shares; and
- 7) New Corporate Seal.

Please, sign all documents and place them in appropriate order in your Corporate Book.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

James W. Ove /m.f.

James W. Ove, Jr.

Enclosure



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

DECEMBER 9, 2004

6318-855-7

SPIEGEL & URBEL PA
123 W MADISON ST STE 806
CHICAGO, IL 60602

RE NEXUS PHARMACEUTICALS, INC.

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF AMENDMENT FOR THE ABOVE NAMED CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

THE ENCLOSED DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

JW:CD

FORM BCA 10.30 (rev. Dec. 2003)
ARTICLES OF AMENDMENT
 Business Corporation Act

Jesse White, Secretary of State
 Department of Business Services
 Springfield, IL 62756
 Telephone (217) 782-1832
 http://www.cyberdriveillinois.com

FILED

DEC 9 - 2004

Remit payment in the form of
 check or money order payable
 to the Secretary of State. **JESSE WHITE**
SECRETARY OF STATE

File #

6318-855-7

Filing Fee: \$50.00

Approved: kg

Submit in duplicate

Type or Print clearly in black ink

Do not write above this line

1. CORPORATE NAME: NEXUS OPHTHALMICS, INC.

(Note 1)

2. MANNER OF ADOPTION OF AMENDMENT:

The proposed amendment of the Articles of Incorporation was adopted on OCTOBER 21
2004 In the manner indicated below. ("X" one box only)
 (Year) (Month & Day)

☐ By a majority of the incorporators, provided no directors were named in the articles of incorporation and no directors have been elected;

(Note 2)

☐ By a majority of the board of directors, in accordance with Section 10.10, the corporation having issued no shares as of the date of adoption of this amendment;

(Note 2)

☐ By a majority of the board of directors, in accordance with Section 10.15, shares having been issued but shareholder action not being required for the adoption of the amendment;

(Note 3)

☒ By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the articles of incorporation were voted in favor of the amendment;

(Note 4)

☐ By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the articles of incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10;

(Notes 4 & 5)

☐ By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment.

(Note 5)

3. TEXT OF AMENDMENT:

a. When amendment effects a name change, insert the new corporate name below. Use Page 2 for all other amendments.

Article 1: The name of the corporation is:

NEXUS OPHTHALMICS, INC.

(NEW NAME)

All changes other than name, include on page 2
 (over)

Text of Amendment

- b. *(if amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to do so, add one or more sheets of this size.)*

NO CHANGE

4. The manner, if not set forth in Article 3b, in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for or effected by this amendment, is as follows: (If not applicable, insert "No change")

NO CHANGE

5. (a) The manner, if not set forth in Article 3b, in which said amendment effects a change in the amount of paid-in capital (Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) is as follows: (If not applicable, insert "No change")

NO CHANGE

- (b) The amount of paid-in capital (Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) as changed by this amendment is as follows: (If not applicable, insert "No change") (Note 6)

	Before Amendment	After Amendment
Paid-in Capital	\$ <u>no change</u>	\$ <u>no change</u>

(Complete either Item 6 or 7 below. All signatures must be in **BLACK INK**.)

6. The undersigned corporation has caused these articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true.

Dated Nov 5th, 2004
 (Month & Day) (Year)
Mariam S. Darso
 (Any Authorized Officer's Signature)
Mariam S. Darso, President
 (Type or Print Name and Title)

NEXUS OPHTHALMICS, INC.
 (Exact Name of Corporation at date of execution)

7. If amendment is authorized pursuant to Section 10.10 by the incorporators, the incorporators must sign below, and type or print name and title.

OR

If amendment is authorized by the directors pursuant to Section 10.10 and there are no officers, then a majority of the directors, or such other persons as may be designated by the board, must sign below, and type or print name and title.

The undersigned affirms, under the penalties of perjury, that the facts stated herein are true.

Dated _____, _____
 (Month & Day) (Year)

4YYY

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: FXE WAREHOUSE, LLC DBA REDWOOD DISTRIBUTION

Physical Address: 1270 DON HASKINS DRIVE, SUITE E

City: EL PASO State: TX Zip Code: 79936

Telephone Number: 312-698-8197 Fax Number: 312-698-9497

Toll Free Number: 844-467-3396

E-mail: LMROCZKOWSKI@FXFREIGHT.COM Website: WWW.REDWOODLOGISTICS.COM

Facility Manager: ALBA HINOJOSA

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: NON CONTROLLED PRESCRIPTIVE DRUGS (SALINE BAGS)

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: BAXTER HEALTHCARE

Address: 1 BAXTER PKWY, DEERFIELD, IL 60015

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 ☒

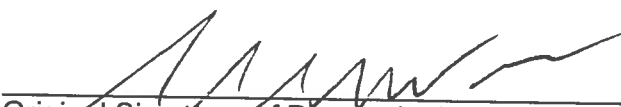
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

STEVE WALTON
Print Name of Authorized Person

11/3/2020
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: IL
 Parent Company if any: REDWOOD LOGISTICS, LLC
 Mailing Address: 1765 N. Elston Avenue, Suite 216
 City: Chicago State: IL Zip: 60642
 Telephone: 312-698-8265 Fax: 312-698-9365
 Contact Person: LORETTA MROCZKOWSKI

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>	
	Name	Business Address
b)	<u>N/A</u>	
	Name	Business Address
c)	<u>N/A</u>	
	Name	Business Address
d)	<u>N/A</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

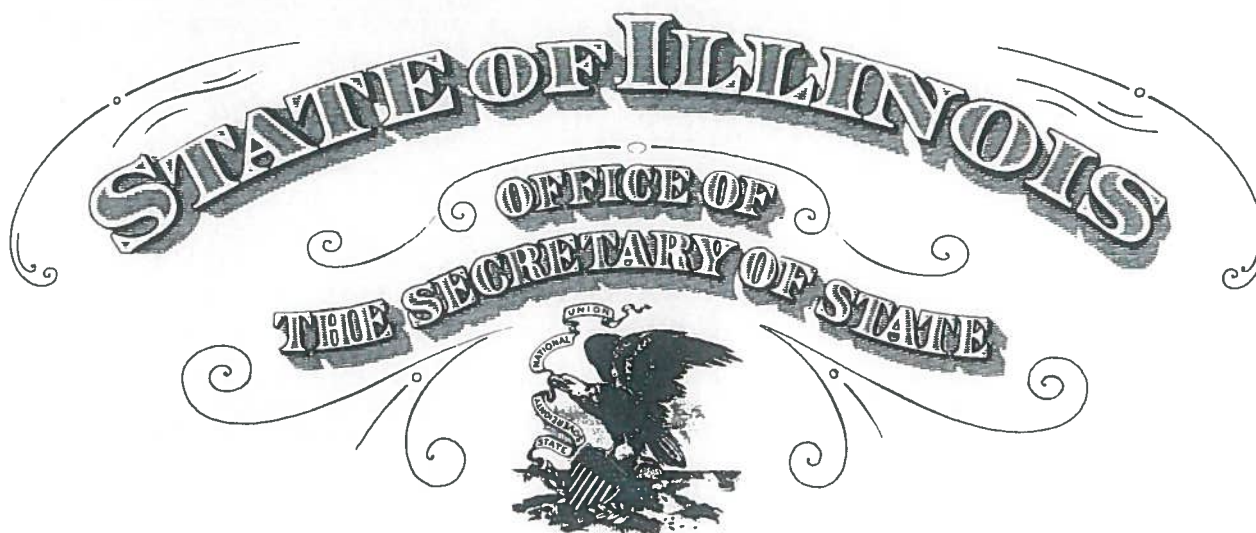
A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

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.

File Number

0110350-4



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

FXE WAREHOUSE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 29, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 22ND
day of SEPTEMBER A.D. 2020.

Jesse White

SECRETARY OF STATE

Authentication #: 2026600848 verifiable until 09/22/2021

Authenticate at: <http://www.cyberdriveillinois.com>

- ★ Please contact this office immediately if any information on this license is incorrect.
- ★ This license must be displayed at the address licensed.
- ★ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.texas.gov.
- ★ Please submit written notice if you close or sell your business.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: <https://www.surveymonkey.com/r/RLUsurvey>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

REDWOOD LOGISTICS
1765 N ELSTON AVE STE 301
CHICAGO IL 60642

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

FXE WAREHOUSE LLC DBA
REDWOOD DISTRIBUTION
1270 DON HASKINS DR STE B
EL PASO, TX 79936

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act), and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1002473
Expires: February 26, 2022

NON-TRANSFERABLE

John
Commissioner

513067

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: FXE WAREHOUSE, LLC DBA REDWOOD DISTRIBUTION

Address: 1270 DON HASKINS DRIVE, SUITE E

City: EL PASO State: TX Zip: 79936

I hereby authorize the TX DEPT OF STATE HEALTH SERVICES to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant 

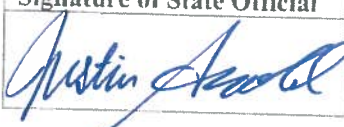
THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1002473	Current	05/18/2020	02/26/2020

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 Seal
<u></u>	Compliance Officer for Chief Pharmacist	TX	10/13/2020	

ALBA HINOJOSA

DIRECTOR OF SAFETY

Objective

Highly-motivated Director of Safety 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.

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

2 Lake Austin Place

El Paso, Texas 79936

T

E

outlook.com

EXPERIENCE

REDWOOD DISTRIBUTION

EL PASO, TX May

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 Feb

2012 TO CURRENT

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

List of Corporate Officers, FXE Warehouse

1. Steve Walton, Chief Growth Officer

List of Employees who handle drugs daily:

Eddi Flores

Martin Soriano

Luis Grado

Ricardo Mozqueda

Jaiver Flores

Adan Rodriguez

Anthony Holguin

Samuel Soto

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. 810006874

Application/License No. _____

FXE Warehouse, LLC dba Redwood Distribution, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1270 Don Haskins Dr, Suite E, El Paso, Texas 79936-7804, as
Address of Applicant/Principal
 PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
 corporation organized under the laws of the state of New York
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One State Street Plaza, 31st Floor, New York, NY 10004 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 September 30, 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:

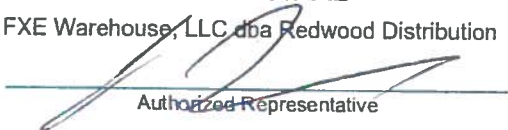
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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
30th day of September, 20 20.

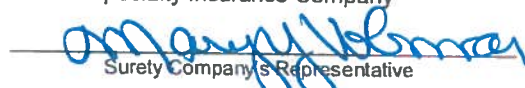
APPLICANT/PRINCIPAL

FXE Warehouse, LLC dba Redwood Distribution


 Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company


 Surety Company's Representative

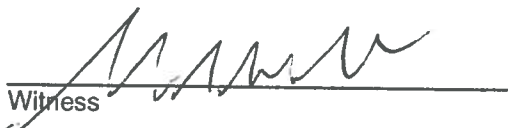
Mary Y. Volmar, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:


 Witness

SIGNED and SEALED in the presence of:


 Witness Lori A. Wright


 Witness


 Witness Jeremy Knapp

Countersigned by:


 Nevada Resident Agent Loretta Jones



Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Carolyn E. Wheeler, Vicki Nobinger, Mary Y. Volmar, Loretta M. Jones, Sandra King, Joy M. Williams, Bonnie L. Rice, Rachel A. Chaveriat, Julie Karnes, Sandy McElhaney, Jessica Frederick, Andrea Allman, Krystal Karnes, Linda M. Howard, Michelle Lute-Heatherly, Thelma M. Lett**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

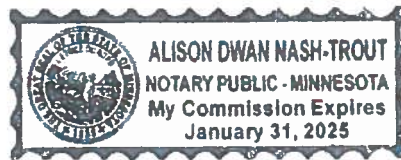
STATE OF MINNESOTA
HENNEPIN COUNTY



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 30th day of September, 2020

This Power of Attorney expires
January 31, 2025





Kara Barrow, Secretary



Atlantic Specialty Insurance Company
Period Ended 12/31/2019

Dollars displayed in thousands

Admitted Assets		Liabilities and Surplus	
Investments:		Liabilities	
Bonds	\$ 1,219,332	Loss Reserves	\$ 750,516
Preferred Stocks	-	Loss Adjustment Expense Reserves	243,193
Common Stocks	791,167	Total Loss & LAE Reserves	993,709
Mortgage Loans	-		
Real Estate	-	Unearned Premium Reserve	520,053
Contract Loans	-	Total Reinsurance Liabilities	17,061
Derivatives	-	Commissions, Other Expenses, and Taxes due	40,497
Cash, Cash Equivalents & Short Term Investments	62,383	Derivatives	-
Other Investments	17,350	Payable to Parent, Subs or Affiliates	-
Total Cash & Investments	2,090,232	All Other Liabilities	185,932
		Total Liabilities	1,737,252
Premiums and Considerations Due	261,176		
Reinsurance Recoverable	51,892	Capital and Surplus	
Receivable from Parent, Subsidiary or Affiliates	21,005	Common Capital Stock	9,001
All Other Admitted Assets	59,800	Preferred Capital Stock	-
		Surplus Notes	-
Total Admitted Assets	2,484,105	Unassigned Surplus	49,392
		Other Including Gross Contributed	688,460
		Capital & Surplus	746,853
		Total Liabilities and C&S	2,484,105

State of Minnesota
County of Hennepin

I, Christopher Jerry, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said OneBeacon Insurance Company, on the 31st day of December, 2019, according to the best of my information, knowledge and belief.

Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 27th day of February, 2020.



Notary Public

4ZZZ

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

M.H. Facility Name: Right Way Medical, LLC
 Physical Address: 835 Green Crest Drive
 City: Westerville State: OH Zip Code: 43081
 Telephone Number: 614-396-7721 Fax Number: _____
 Toll Free Number: 866-948-4191
 E-mail: Jprati@rightwaymed.com Website: rightwaymed.com
 Facility Manager: JOSHUA PRATI
 Professional qualifications and experience of facility manager: PRESIDENT & CEO
OF COMPANY

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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: MEDLINE INDUSTRIES INC.
Address: ONE MEDLINE PLACE, MUNDLEIN IL 60060

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

JOSHUA BUTT
Print Name of Authorized Person

2-25-21
Date

Board Use Only

Date Processed: _____

Amount: 500
CHECK # 006047

✓
Processed

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Ohio (FOREIGN ENTITY), WYOMING, LLC

Parent Company if any: _____

Mailing Address: 835 Greencrest DriveCity: Westerville State: OH Zip: 43081Telephone: 614-396-7721 Fax: _____Contact Person: Josh Prati

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>Josua Prati</u>	<u>835 GREENCREST DR. WESTERVILLE OH</u>
Name	Business Address <u>43081</u>

b) _____	_____
Name	Business Address

c) _____	_____
Name	Business Address

d) _____	_____
Name	Business Address

2) Provide the number of shares issued by the corporation. 100% (LLC)

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.



**STATE OF
OHIO**
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME: RIGHT WAY MEDICAL, LLC

LOCATION: 835 Green Crest Dr
Westerville, OH 43081-2838

LICENSE NUMBER: 012438750

TYPE OF LICENSE: Wholesaler - Category 2

ORIGINAL LICENSURE DATE: July 1, 2014

EXPIRATION DATE: June 30, 2021

CURRENT LICENSE STATUS: Active

CURRENT LICENSE SUB STATUS: N/A

BOARD ACTION: No

(If Board Action is "Yes", you may find more information at elicense.ohio.gov)

DATE OF VERIFICATION: 9/15/2020

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

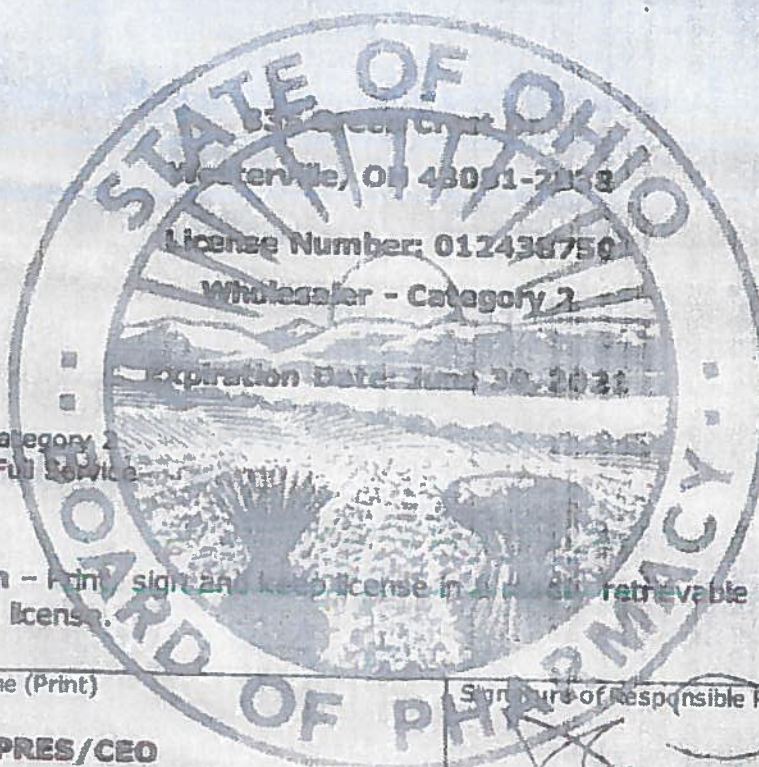


**STATE OF
OHIO**
BOARD OF PHARMACY

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.

RIGHT WAY MEDICAL, LLC



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)

JOSHUA R. PRATIPRES/CEO

Signature of Responsible Person

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



**STATE OF
OHIO**
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME: RIGHT WAY MEDICAL, LLC

LOCATION: 835 Green Crest Dr
Westerville, OH 43081-2838

LICENSE NUMBER: 012438750

TYPE OF LICENSE: Wholesaler - Category 2

ORIGINAL LICENSURE DATE: July 1, 2014

EXPIRATION DATE: June 30, 2021

CURRENT LICENSE STATUS: Active

CURRENT LICENSE SUB STATUS: N/A

BOARD ACTION: No

(If Board Action is "Yes", you may find more information at elicense.ohio.gov)

DATE OF VERIFICATION: 5/26/2020

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Right Way Medical, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 26, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000647866**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of March, 2021 at 10:33 AM. This certificate is assigned ID Number 042936530.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

Right Way Medical, LLC **List of Officers:**

Joshua R. Prati- President and CEO

List of Employees Handling drugs:

Joshua Prati

Brad Muchmore

Fred Frick

Isaac Mowder

Dave Fonow

JOSHUA PRATI

Sheffield Avenue, Powell, Ohio 43065, (O) 614-396-7721, (C) 614-
jprati@rightwaymed.com

SUMMARY OF QUALIFICATIONS

High-performance President and CEO with 15+ years' progressive leadership in sales, operations, technology, training, and customer relationship management for medical industry. Expert on all aspects of alternative IV sites. Outstanding communication and presentation skills with proven ability to solve problems and build teams to reach goals and drive revenue. Solutions-focused and results-driven. Thrive on challenge.

CAREER PROGRESSION

Right Way Medical, Columbus, OH

6/2014- Present

President and Chief Executive Officer (6/2014-Present)

- Established company with the goal of providing customers the ideal experience in acquiring healthcare related products and services.
- Company provides rental, leasing, and biomedical services to Home Infusion and Long Term Care Pharmacies throughout the country.
- Company is a nationwide distributor of all IV related products but not limited to IV catheters, solutions, IV infusion sets, clean room supplies, enteral products, pouches and IV poles.
- Responsible for the distribution and storage of medical devices and specific drugs utilized in the home infusion business. Drugs distributed include normal saline and heparin flush. Storage and distribution of products was in compliance with the local state of Ohio board of pharmacy regulations and guidelines.

Medical Technology Resources, Columbus, OH

2006 – 6/2013

One of 50 fastest growing Ohio companies; rents, leases, and sells new and used medical equipment.

Sr. Vice President of Sales and Operations (2011-6/2013)

- Company was sold to Medical Specialties Distributors in June of 2013
- Instrumental in leading Medical Technology Resources to being acquired by Medical Specialties Distributors (MSD) in June of 2013. Currently responsible for the full integration of Medical Technology Resources day to day operations and sales into the MSD system.
- Promoted to Sr. Vice President of Sales and Operations based upon growth of core business in all categories. Oversee all aspects of Medical Technology Resources business model including nationwide sales, all satellite offices, and key management personnel based in the corporate office.
- Promoted 2 sales managers to east and west coast divisional sales managers. Hired warehouse coordinators for Chicago, Nashville, and Phoenix locations. Implemented company policies and procedures.

Key achievements:

- Consistently exceeded revenue plan set forth by company President and CEO.
- Exceeded company EBITDA plan.
- Renewed contract for three straight years with Zyno Medical. Placed over 1800 Z-800 infusion pumps in the long term care (LTC) market through creative capital transactions.

- Renegotiated national contract with MOOG Medical Devices, Smiths Medical Devices, and Covidien alternate site division.
 - Leveraged relationship with TrueCare Biomedix (TCB) to establish a nationwide presence in the Home Infusion and Long Term Care markets.
 - Exceeded 2012 revenue and profitability plan for the company by focusing on high profitability sales.
 - Expanded nationwide sales force to 12 Region Managers and 2 Division Sales Managers across the United States.
 - Signed 2 million dollar national contract with Lincare corporate office based in Clearwater, Florida
- Vice President of Sales (2008 – 2011)**

- Promoted to Vice President of Sales based on outstanding performance as Director of Sales and Operations.
- Responsibilities included managing all of MTR's North American revenue generating categories, including Rentals, Capital Equipment transactions, Leasing, Biomedical Services, and Oncology Consulting in private practices.
- Interviewed and hired 1 inside sales person and 8 outside territory managers for Florida (2), North Carolina, Virginia, Massachusetts, Ohio, Tennessee, and Indiana, educating staff on products.

Key achievements:

- Grew revenue from \$1.1 million in sales to \$8.5 million in 3 years by developing new territories and selecting territory manager to build sales throughout the United States.
- Conduct contract negotiation with all Group Purchasing Organizations, Premier, Innovativ, and MHA, presenting fee schedules and costs and restructuring service margins to drive profitability.
- Negotiate rental and acquisition rates for equipment with 6-10 national accounts, including InfuScience, Omnicare, Pharmerica, and US Oncology, decreasing company costs.
- Build corporate manufacturing relationships that include Baxter HealthCare, B. Braun Medical, Progressive Medical, ICU Medical, Amsino International, MOOG Medical Device and Smiths Medical, accomplishing growth of 50% year over year.
- Achieved and exceeded 2009 budget by 105% to plan; make 2010 budget goal of \$9M in revenues on target year-to-date, gaining market share over national and regional competitors.
- Collaborate on pending national agreement with oncology company president, resulting in tentative target date in 2010 to complete negotiations and hire new staff for Texas and Colorado markets.
- Perform as interim senior vice president as necessary over 2-year period, concurrently managing vice president of sales duties and resolving customer and purchasing issues for senior vice president.
- Restructure sales organization, identifying territory managers as future division managers and increasing territory managers to 14 in 2011 for more efficient and profitable operation.

Director of Sales and Operations (2006 – 2008)

- Recruited from B. Braun as first director to design, develop, and implement all sales and operations; hired, trained, and supervised 7 direct reports in operations and 3 direct reports in sales.
- Managed Accounts Payable, Inventory Turns, Days Sales outstanding and profit margins; oversaw business development to drive revenue, exceeding expectations.

Key achievements:

- Maintained overall Gross Profit Margins at 58% or better and EBITDA Margins of 22% or better.
- Delivered DSO on average between 40-50 days and Inventory Turns 30 days.
- Led Policy and Procedure Development, including ACHC accreditation and findings, achieving Accreditation in March 2008.
- Grew sales revenues from \$1.1 million in annual sales to \$3.2 million in sales in 18 months.
- Established manufacturing relationships, including Smiths Medical, Baxter Healthcare, B. Braun Medical, Abbott, and ICU Medical etc., negotiating reduced prices and increasing profitability.
- Created oncology consulting strategy, generating new business.

B. Braun Medical, Bethlehem, PA

2003 – 2006

Continuing Care Territory Manager, Ohio, West Virginia, Eastern Kentucky

- Recruited by B. Braun to launch Curlin Medical Ambulatory infusion pump.
- Led sales and sales development of B. Braun IV pump, IV set, Pain Control business in Alternate Care Market. Call points included Long term Care Pharmacies, Home Infusion Therapy, Emergency Medical, Ambulatory Surgery Centers, and Outpatient Oncology.

Key achievements:

- Increased product line, including Ambulatory and Pole mounted infusion pumps, Pain tray and Nerve Stimulatory units, TPN Compounding, pharmacy reconstitution devices (dispensing pins etc.).
- Finished in top 2% in total sales 2 out of 3 years present.
- Named Company Incentive Trip Award winner for 2005.
- Promoted to North American Market Field Sales Trainer in September of 2004.
- Voted to Management Advisory Council Committee (M.A.C) in 2005 and 2006.
- Identified as candidate for B. Braun Management Bench in 2005 based on outstanding performance.

Apria Healthcare, Canonsburg, PA

2000 – 2003

Sr. Territory Manager

- Drove growth and development of Northern West Virginia, Western Pennsylvania, and Eastern Ohio territory, reaching objectives in timely manner. Managed branch revenues of \$6 million in sales.
- Assisted in Discount Agreement/Billing Collections Contracts throughout region, including major University of Pittsburgh Medical Center contract.

Key achievements:

- Oversaw and evaluated 28 employees indirectly, increasing productivity.
- Led North Atlantic sales division in sales 3 out of 4 quarters for 2001.
- Negotiated Managed Care relationships for Apria Healthcare's respiratory Assist Program.
- Grew traditional Medicare Oxygen business 15-20% year over year through referral Generation.
- Promoted in 2002 to Senior Account Executive/Market Field Sales Trainer.
- Selected to manage Western PA market "New Hire" Field sales training.
- Negotiated Managed Care Contracts with local HMO companies and managed all relationships with HMO Case Management, earning customer satisfaction with service.

COMMUNITY ACTIVITIES

Cypress Wesleyan Church Local Boar of Administration- Served for 3 years as voting board member for multisite campus church throughout the Columbus, Ohio market.

Westbrook Homeowner's Association: Served as vice president for 5 years, Columbus, OH.

Columbus Italian Club: Served as board member for 1 year.

The Vineyard Church of Columbus: Volunteered as youth minister for grades 6, 7, and 8.

Make-A-Wish Foundation: Sponsored wishes for Columbus chapter.

Autism Speaks: Participated in Walkathon to raise funds for local chapter.

EDUCATION

The Ohio State University, Columbus, OH
Bachelor of Science, 1998

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. 999094200

Application/License No. _____

Right Way Medical LLC

Applicant/Principal

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 835 Green Crest Dr, Westerville, OH 43081

Address of Applicant/Principal

as PRINCIPAL, and The Ohio Casualty Insurance Company, a

Surety Company

corporation organized under the laws of the state of New Hampshire

State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, Massachusetts 02116

Address of Surety

as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 1, 2021

Effective Date

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

THIS BOND is subject to the following conditions:

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

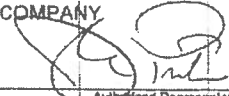
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

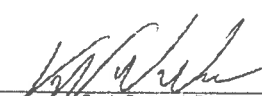
In witness whereof, each party to this bond has caused it to be executed on this
1st day of March, 2021.

APPLICANT/PRINCIPAL

SURETY COMPANY

COMPANY

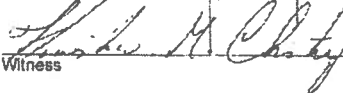

Authorized Representative


Surety Company's Representative



kyle kirkman, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness

SIGNED and SEALED in the presence of:


Witness



KIESHA M. CHRISTY
NOTARY PUBLIC
STATE OF OHIO
Commission expires
July 15, 2024

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

The Ohio Casualty Insurance Company
POWER OF ATTORNEY

Principal: Right Way Medical LLC

Agency Name: GRANITE RISK ADVISORS

Obligee: Nevada State Board of Pharmacy

Bond Number 990993200

Bond Amount (\$100,000.00) One Hundred Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (hereinafter collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Kyle Kirkman in the city and state of Marietta, GA, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.



The Ohio Casualty Insurance Company

By: *David M. Carey*
David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY

On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute this foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania: Notary Seal
Terresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission Number 1120344
Member: Pennsylvania Association of Notaries

By: *Terresa Pastella*
Terresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind this Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Ramée C. Usuevlynn, the undersigned, Assistant Secretary of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 1st day of March, 2021.



By: *Ramée C. Usuevlynn*
Ramée C. Usuevlynn, Assistant Secretary

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

License Look Up

3/3/2021 8:37 AM

RIGHT WAY MEDICAL, LLC

Status	Active
Sub-Status	
Board	
License Type	Board of Pharmacy
License Number	Wholesaler - Category 2
License Issue Date	012438750
License Expiration Date	07/01/2014
License Effective Date	06/30/2021
Street Address	07/01/2019
City	835 Green Crest Dr
State	Westerville
Zipcode	OH
Country	43081-2838
Board Action	United States
	No

Current date & time: **3/3/2021 8:37 AM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

4AAAA

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 non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
 (Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☐ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Intra-Sana Laboratories L.L.C.

Physical Address: 7455 Arroyo Crossing Suite 220, Las Vegas NV 89113

Mailing Address: 7455 Arroyo Crossing Suite 220, -

City: Las Vegas State: NV Zip Code: 89113

Telephone: 800-217-7973 Fax: 800 217-7973

Toll Free Number: 800- 217 -7973

E-mail: Matt. Bouchard @ intrasanalaboratories.com Website: Intrasanalaboratories.com

Facility Manager: Matthew Bouchard

Professional qualifications and experience of facility manager: 24 years in various aspects of retail pharmacy, including area management roles as well as having had 12 Rph licenses

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 NEVADA WHOLESALER LICENSE

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?

WHO2544

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. *None yet. Will use following 3PL for all sales*

1)	<u>Eversona</u>	<u>4550 Mendenhall Rd. Memphis TN 38141</u>
	Name <u>3PL</u>	Address
	Business	
2)		
	Name	Address
	Business	
3)		
	Name	Address
	Business	
4)		
	Name	Address
	Business	

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

JAMES FARES
Print Name of Authorized Person

10/1/2020
Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE**OWNERSHIP IS A PARTNERSHIP.**

List names of 4 largest partners and percentage of ownership:

Name: James Fares %: 45.5Name: James Harris %: 45.5Name: Edward Kessig %: 5Name: Kelly Stevens %: 2Partnership Name: Intrasana Laboratories L.L.C.Mailing Address: 7455 Arroyo Crossing #220City: Las Vegas State: NV Zip: 89113Telephone: 702 980-8963 Fax: 702-926-9996Contact Person: Kelly Stevens**Include with the application for a partnership**

Complete personal history record for each stockholder. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee.

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

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 **intra-Sana**

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Intra-Sana Laboratories		117604760	MANUFACTURE;	7455 Arroyo Crossing Parkway, Suite 220, LAS VEGAS, Nevada (NV) 89113, United States (USA)	12/31/2021

Data Current through: Tuesday, May 4, 2021

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Verified as 5/4/21

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)

in [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)

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🖨 PRINT

New Search (default.cfm)

Search Results for intra-sana

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Intra-Sana Laboratories		117604760	MANUFACTURE	7455 Arroyo Crossing Parkway Suite 220, LAS VEGAS, Nevada (NV) 89113, United States (USA)	12/31/2021

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Drug Establishments Current Registration Site

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 [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)

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Search Results for intra-sana

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
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**Intra-Sana Laboratories
Officer/Director**

Name	Title	Address	DOB
James Harris	CEO	Mulford Rd. Wyncote, PA 19095	
James Fares	President	Woodwell St. Unit D, Las Vegas NV 89147	
Edward Kessig	Chief Commercial Officer	Scenic Way, Middletown, NJ 07748	
Kelly Stevens	General Manager	1 Holly Ct., Yardley, PA 19067	
Mehdi Ansarinia	Chief Medical Officer	Diamond Falls Dr., Las Vegas, NV 89146	

Intrasana Laboratories will act as a virtual wholesaler and therefore NO employees will handle any drugs at any time.

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, **Intra-Sana Laboratories LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/22/2020, 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 **11/10/2020**.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202011101204457

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

Superseding Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB11562503720

Application/License No. _____

Intra-sana Laboratories L.L.C., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
7455 Arroyo Crossing, Suite 220, Las Vegas, NV 89113, as
Address of Applicant/Principal
PRINCIPAL, and Philadelphia Indemnity 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
One Bala Plaza #100, Bala Cynwyd, PA 19004 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 9/23/2020
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$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.

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

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 John T. Page, Ryan Tash, Roger Ball, Stephanie Raquel Nakken & Susan Fournier of Surety Solutions Insurance Services, Inc. City of Rancho Cordova, State of CA, 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.

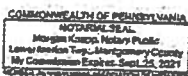
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(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 Seal)

Notary Public:

Morgan Knapp

residing at:

Bala Cynwyd, PA

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 the Power of Attorney issued pursuant thereto on the 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 30th day of March, 2021.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

1486

Date

9/16/2020

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

Virtual Manufacturer/Wholesaler

Intrasana Laboratories

Nature of Pharmacy or Wholesaler

455 Arroyo Crossing #230 Las Vegas, NV 89113

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

Bauchard

First Name

Matthew

Middle Name

William

Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Yellow Orchid St. Henderson

Present Residence Address-Street or RFD

City

State/Zip

8311 W. Sunset Rd #150

Dates

Las Vegas

NV 89002

Present Business Address

City

State/Zip

U.P. Pharmacy operations

Dates

4/20-current

Present Position with the Pharmacy or Wholesaler

Phone:

Residence

702

Business

702-980-8963

Date of Birth

47

Place of Birth (City, County, State)

Warwick, Kent, R.I.

Age

Social Security Number or ITIN

Sex

Hazel

Gray

W/Fair

230

Medium

6'0"

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

MB

A. Current Marriage 10/10/1998 South Kingston, Clark County, R.I.
Date City, County and State
 Spouse's full name (Maiden) Elisa Nicole Shanks
SS# or ITIN
 Date of Birth Place of Birth Brooklyn, NY
 Resident address Yellow Orchid St. Henderson NV 89002
Street City State Zip
 Telephone: Residence 702- Business 702-547-4904
 Spouse's employer Walmart Pharmacy Occupation Pharmacist
 Address of employer 540 Marks St. Henderson NV 89014
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
------	------------	-------------	-------------------

Jeremy Bouchard Fairfax, Va Yellow Orchid St. Henderson NV 89002

Jillian Bouchard South Kingston, RI Yellow Orchid St Henderson NV 89002

B. Child Support Information:

Please mark the appropriate response:

X

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial MS

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 William Bouchard		2 Rosewater Loop, Myrtle Beach SC 29577	Letter Carrier
Mother Joanne Kadosh		1 Bensley St. Henderson NV 89044	Pharmacist
Father-in-Law Loren Shanks		Wildwood Lake St Henderson NV 89052	Telephone repair
Mother-in-Law Jeannette Nuffert		Wildwood Lake St Henderson, NV 89052	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
---------------	------------	---------	------------

Spouse Bridget Marie Bouchard		2 Las Vegas Blvd #907, LV, NV 89101	Acct Manager
Paul Lard		3 Las Vegas Blvd #107, LV NV 89101	Project Manager

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Narragansett Elementary School	Narragansett RI	9/1980 - 6/1987	Yes ☒ No ☐
High School Bishop Hendricken High School	Warwick RI	6/1987 - 5/1991	Yes ☒ No ☐
College University of R.I.	Kingstown RI	9/1991 - 12/1995	Yes ☒ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any Bachelor of Science PharmacyCollege or university where obtained U.R.I.Applicant's initial MS

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 Clark State Rhode Island Date registered 2/8/1991

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 MS

- 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
1/2005 - current	yellow orchid st.	Henderson,	NV 89002 clark city
1/2004 - 6/2004	148 Windmill Dr.	South Kingstown	RI 02879 Washington city
6/2000 - 12/2003	27 Penny Lane	South Kingstown	RI 02879 Washington city
4/1995 - 5/2000	14206 Wade Spring Dr.	Catreville, Va	Va 20121 Fairfax city

Applicant's initial

MB

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.

8/2014 - 4/2020	Walmart	10,880
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist, Market Director	Manage 11 pharmacies, hiring, recordkeeping	Chad Luebke
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
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

ULB

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>Brian Flick</u>	Home	<u>Twin Berry Ct.</u>	<u>Henderson, NV</u>	<u>89002</u>		<u>8</u>
Employer <u>CC School Department</u>	Business	<u>5100 West Sahara Ave,</u>	<u>Las Vegas, NV</u>	<u>89146</u>	<u>702-799-CCSD</u>	
Name <u>Sharon Flick</u>	Home	<u>Twin Berry Ct.</u>	<u>Henderson, NV</u>	<u>89002</u>		<u>8</u>
Employer <u>CC School Department</u>	Business	<u>5100 West Sahara Ave,</u>	<u>Las Vegas, NV</u>	<u>89146</u>	<u>702-799-CCSD</u>	
Name <u>Chad Luebke</u>	Home	<u>Copper Edge Rd,</u>	<u>Las Vegas, NV</u>	<u>89148</u>		<u>16</u>
Employer <u>Walmart</u>	Business	<u>6464 N Decatur Blvd,</u>	<u>Las Vegas, NV</u>	<u>89131</u>	<u>702-290-1882</u>	
Name <u>Edward Kraemer</u>	Home	<u>Ryder Ct.</u>	<u>Haymarket, Va</u>	<u>20169</u>		<u>23</u>
Employer <u>Burke + Herbert Bank</u>	Business	<u>100 South Fairfax St</u>	<u>Alexandria Va</u>		<u>703-589-5704</u>	
Name <u>Nina Kraemer</u>	Home	<u>Ryder Ct</u>	<u>Haymarket, Va</u>	<u>20169</u>		<u>23</u>
Employer <u>WALT mom</u>	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

Pharmacy - NV 6/14/05 - current, AZ 10/12/12 - current, AR 10/11 - 12/31/15, KY 6/13/13 - 2/28/15
CA 11/29/11 - 12/31/14, MD 8/13/12 - 2/29/16, MS 9/21/11 - 12/31/14, NE 10/31/12 - 11/1/16, OR 11/14/11 - 6/30/14, cont.

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:

Arkansas and Louisiana required in person visit before BOP when obtaining license

Applicant's initial

MS

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 ☒

1493

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 ☐

Spouse Elisa Bouchard is Pharmacist with Walmart

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

9/16/2020

Applicant's initial

AB

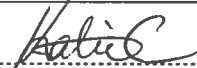
COUNTY OF Clark

I, Matthew Bouchard, 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 16th day ofSeptember, 2020
Notary Public

(seal)

Applicant's initial



Page 9

#10- licenses held:

RI 6/8/2000-6/30/2006, TN 9/14/12-9/30/14, Va 2/26/96-12/31/2019

Applicant's initial

MS

Date 10/5/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Virtual Manufacturer/Wholesaler
IntraSana Laboratories LLC ^{Nature of License} 7455 Arroyo Crossing #220 Las Vegas, NV 89113
N/A Name and Address of Establishment for Which License is Requested
 If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Harris James Bret
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Mulford Road Wyncote PA 19095
 Present Residence Address-Street or RFD City State/Zip
8311 W. Sunset Rd #150 Las Vegas NV 89113
 Present Business Address City State/Zip
CEO 2/8/2020 - present
 Occupation Dates
 Phone: 215
 Residence 702-980-8963
 Business Stockton, San Joaquin County, CA
 Date of Birth Place of Birth (City, County, State)
58 M
 Age Sex
Blue Brown White 190 Medium 6'2"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? ☒ Yes ☐ No If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial JHB

A. Current Marriage 9/24/1994 Stockton, San Joaquin County, CA
 Date City, County and State
 Spouse's full name (Maiden) Jill Steinberg SS# or ITIN _____
 Date of Birth _____ Place of Birth Philadelphia PA
 Resident address Mulford Road Wyncote PA 19095
 Street City State Zip
 Telephone: Residence 215 Business 215-652-0469
 Spouse's employer Merck Inc. Occupation Associate Director Finance
 Address of employer 770 Sumneytown Pike West Pant PA 19486
 Street City State Zip

retired
3/1/2020

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
------	------------	-------------	-------------------

Bret Harris 11/1/91 Bucks County, PA 1 Mulford Rd Wyncote PA 19095

Nicole Harris 11/1/91 Little Rock, AR 1 Mulford Rd Wyncote, PA 19095

B. Child Support Information:

Please mark the appropriate response:

X

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

JS

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 Boyd Harris (deceased)		Meadow Ave, Stockton CA 95207	Pharmaceutical Sales
------------------------------	--	-------------------------------	----------------------

Mother

Nancy Ann Nelson (deceased)		Meadow Ave. Stockton CA 95207	Homemaker
-----------------------------	--	-------------------------------	-----------

Father-in-Law

Marvin Stenberg (deceased)		Ballymore Rd Huntington Valley PA 19006	Engineer
----------------------------	--	---	----------

Mother-in-Law

Hermine Friedman (deceased)		Ballymore Rd Huntington Valley PA 19006	Volunteer
-----------------------------	--	---	-----------

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
---------------	------------	---------	------------

Bonnie Harris	2-1-42	West Elm St, Lodi CA 95242	Landscape designer
---------------	--------	----------------------------	--------------------

Spouse

Tom Scott	1-1-42	West Elm St. Lodi, CA 95242	Sales Manager
-----------	--------	-----------------------------	---------------

Linda Harris		Meadow View Dr. Woodbridge CA 95258	Teacher
--------------	--	-------------------------------------	---------

Spouse

Les Lundgren	3-1-44	Meadow View Dr. Woodbridge CA 95258	Contractor
--------------	--------	-------------------------------------	------------

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	John R. Williams	Stockton CA	1965-1972	☒ Yes ☐ No
High School	Lincoln Sr. Elementary & High School	Stockton CA	1972-1979	☒ Yes ☐ No
College	San Joaquin Delta Sr. College	Stockton CA	1979-1981	☒ Yes ☐ No
University	California State University, Sacramento, CA		1981-1985	☒ Yes ☐ No

Type of degree obtained, if any AA BS MBACollege or university where obtained Delta College (AA) and California State University (BS + MBA)Applicant's initial [Signature]

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 San Joaquin State CA Date registered 10/1979**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

Applicant's initial

- 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:

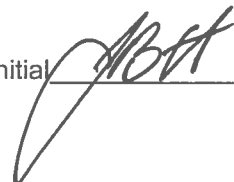
List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

1/1992 to 3/1995	712 Woodridge Ct	Brentwood	TN 37027
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4/1995 to present	Mulford Rd	Wynacote	PA 19095
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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	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2018	Forté Bio-Pharma 8311 W. Sunset Rd #150 Las Vegas NV 89113	N/A
Title	Description of Duties	Name of Supervisor
President and Co-chairman	Marketing/Sales/Manufacturing	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2014	Polycare Therapeutics 3180 Chestnut St #101 Philadelphia PA 19104	N/A
Title	Description of Duties	Name of Supervisor
CEO	Business Development/Operations	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2013	Lignamed LLC 3711 Market St #806 Philadelphia PA 19104	NA
Title	Description of Duties	Name of Supervisor
CEO	Business Development/Operations	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2012	IB-52 Bio-Pharma L.C.C. 648 Mulford Rd Wyncote PA 19095	N/A
Title	Description of Duties	Name of Supervisor
Co-Founder	Operations	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2011	Harris Consulting 648 Mulford Rd Wyncote, PA 19095	N/A
Title	Description of Duties	Name of Supervisor
President	Business Consulting	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/1985-2/2011	Merck 770 Sumneytown Pike, West Point PA 19486	Retired
Title	Description of Duties	Name of Supervisor
Executive Director	Diversified Brands Franchise, US commercial operations	Mark Princeton
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

JBH

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>Justin Watkins</u>	Home					<u>5 years</u>
Employer <u>Drinker Biddle Law</u>	Business	<u>one Logan Square, Ste 2000</u>	<u>Philadelphia</u>	<u>PA 19103</u>	<u>215-988-2593</u>	
Name <u>Mark Feller</u>	Home	<u>Mulford Rd Wyncote</u>	<u>PA</u>	<u>19095</u>		<u>23 years</u>
Employer <u>Alworth Law Firm</u>	Business	<u>1500 Market St. Ste 3500E</u>	<u>Philadelphia</u>	<u>PA 19102</u>		
Name <u>Charles McBurn</u>	Home	<u>Mulford Rd Wyncote</u>	<u>PA</u>	<u>19095</u>		<u>15 years</u>
Employer <u>Emc</u>	Business	<u>1420 E. Mermaid Lane</u>	<u>Walside</u>	<u>PA 19038</u>		
Name <u>Donald Gobbler</u>	Home	<u>Marlborough Rd</u>	<u>Brooklyn</u>	<u>NY 11226</u>		<u>25 years</u>
Employer <u>Gobbler Law</u>	Business	<u>26 Court St</u>	<u>Brooklyn</u>	<u>NY 11226</u>		
Name <u>Elliott Greenfield</u>	Home	<u>Timbergate Dr.</u>	<u>Byrd</u>	<u>PA 19046</u>		<u>10 years</u>
Employer <u>Retired</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

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

JBH

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 ☐ 1503

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 ☐

Lester Lundgren (Nephew) Sales Rep Gate Bio-pharma LLC



Date of photograph 9-22-2020

Applicant's initial JBA

COUNTY OF Montgomery

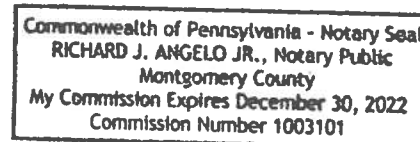
I, James Harris, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

James B Harris
Original Signature of Applicant

Subscribed and Sworn to before me this 2 day of

Oct 2020
[Signature]
Notary Public



(seal)

Applicant's initial JH

Applicant's initial

A handwritten signature in black ink, appearing to be 'JBA', written over a horizontal line.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9/16/2020

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 Virtual Manufacturer/Wholesaler

Intra-Sana Laboratories L.L.C. 7455 Arroyo Crossing # 220 Nature of License
Las Vegas, NV 89113

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Fares James Lawrence
Last Name First Name Middle Name
Jim

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Woodwell Street Unit D Las Vegas NV 89147
Present Residence Address-Street or RFD City State/Zip

8311 West Sunset Rd., Suite#150 Las Vegas NV 89113
Present Business Address City State/Zip

CEO March 2018-Present
Occupation Dates
Phone:
Residence 702
Business 702-980-8963

Fullerton, Orange County, CA

58 Male
Date of Birth Place of Birth (City, County, State) Sex

Hazel Brown White 200 medium 6'1"
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 JG

Page 1

MARITAL INFORMATION-Continued

A. Current Marriage N/A

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
Enid Alicea	5/11/2014	6/9/2011	Divorce	Las Vegas, Clark, NV
Kerstin Robbins	12/18/2009	8/29/1987	Divorce	Orange, Orange, CA

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Enid Alicea	Dolphin Ct	Henderson	NV	89074	702-
Kerstin Robbins	1 Brown St.	Napa	CA	94559	949

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
Nicholas Fares	-	Lansdale, PA	- Newberry Springs Dr. Las Vegas, NV 89148

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 JA

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

Thomas Fares

Rogers Place, Burbank CA

Sales

Mother

Martha Cartmell

;

Elmbrook Dr., La Miranda, CA 90638

Editor

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
---------------	------------	---------	------------

Laura Fares

Kudu Pl. Ventura, CA 93003

Disabled

Spouse

James Horan

Kudu Pl. Ventura, CA 93003

Retired

Julie Fares

Shadow Oaks, Irvine, CA 92618

Teacher

Spouse

Michael Phillips

Shadow Oaks, Irvine CA 92618

Civil Government

Sean Fares

Sandalwood Ave, Fullerton CA 92835

Police Officer

Spouse

Denise Graubart

Sandalwood Ave, Fullerton CA 92835

Secretarial

Thomas Fares

Shadow Oaks, Irvine, CA 92618

Disabled

Spouse

Sarah Fares

LaHabra, CA

Sales

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	St. Phillip	Fullerton, CA	Yes ☒ No ☐
High School	Servite	Anaheim, CA	Yes ☒ No ☐
College University	San Jose State University	San Jose, CA	Yes ☒ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any Bachelors in Business Administrative FinanceCollege or university where obtained San Jose State University

Applicant's initial

JLC

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 Orange State CA Date registered 1980**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



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- 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
James Fares	12/2015	14-16008-abl	Las Vegas, Clark, NV	3/22/2016
James Fares/Nautilus Neurosciences			Delaware	Case Dismissed 10/2015

- 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:

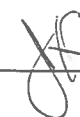
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

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
6/2016- current	Woodwell St.	Las Vegas	NV
1/2014-5/2016	6650 W. Warm Springs Rd	Las Vegas	NV
9/2013-12/2013	725 Hualapai	Las Vegas	NV
10/2012-9/2013	9404 Fointainblue	Las Vegas	NV
7/2012-9-2012	3726 Las Vegas Blvd South	Las Vegas	NV
9/2010-6/2012	3730 Las Vegas Blvd South	Las Vegas	NV
12/2009-8/2010	2727 Paradise Rd.	Las Vegas	NV
7/2001-11/2009	16 Spanish Bay Dr.	Newport Beach	CA
6/1996-7/2001	12 Glorietta Lane	Orinda	CA
3/1992-5/1996	22321 Windham Dr	Dana Point	CA

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
3/2018-current	Forte BioPharma 8311 West Sunset Rd, #150 Las Vegas, NV 89113	N/A
Title	Description of Duties	Name of Supervisor
CEO	Executive Management	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2010-4/2011	Nautilus Neurosciences Bedminster, NJ	opportunity closer to home
Title	Description of Duties	Name of Supervisor
Chairman and CEO	Executive Management	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/2007- present	Nuro Pharma Las Vegas, NV	N/A
Title	Description of Duties	Name of Supervisor
President and CEO	Product Development	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2005-5/2007	Questcor Pharmaceuticals, 3260 Whipple Rd, Union City, CA 94587	Another Opportunity
Title	Description of Duties	Name of Supervisor
President and DEO	Executive Management	Board of Directors

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2001-11/2003	Xcel Pharmaceuticals, 6363 Greenwich Dr. San Diego CA 92122	Illness
Title	Description of Duties	Name of Supervisor
Senior VP Commercial Operations	Sales and Marketing	John Cook

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/1991-2/2001	Athena/Elan 800 Gateway Blvd., San Francisco, CA 94080	Merger
Title	Description of Duties	Name of Supervisor
General Manager and VP	Sales and Marketing	Michael Coffee

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



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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 Inouye	Home	Hawkshead Cir.	San Ramon	CA 94583		29 years
Employer Consultant	Business	Hawkshead Cir.	San Ramon	CA 94583	925-628-3558	
Name Lee Gould	Home	West Erie Apt 2303,	Chicago,	IL 60654		18 years
Employer Gould and Parker Assoc.	Business	205 W Wacker,	Chicago,	IL 60606	312-229-1700	
Name Joseph Hendel	Home	Vest Thomas Rd.	Lansdale,	PA 19446		32 years
Employer Self employed realtor	Business	601 Bethlehem Pike,	Montgomeryville,	PA 18936	215-631-1931	
Name Michael Coffee	Home	Via Los Altos,	Tiburon,	CA 94608		30 years
Employer Adama Pharmaceuticals	Business	1900 Powell St., Ste 1000,	Emeryville,	CA 94608	510-450-3500	
Name George Lewis	Home	Arlington Ave,	Upper Arlington,	OH 43221		28 years
Employer Disabled	Business	N/A				

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



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 ☐
 Appeared before NV BOP for Forte BioPharma license

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:

#13 Appeared before NV BOP for Forte BioPharma license application

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 ☐

San Nico Fares Director of Marketing Forte BioPharma



Date of photograph 9/16/2020

Applicant's initial JS

STATE OF Nevada

ss.

COUNTY OF Clark

I, James Fares, 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,

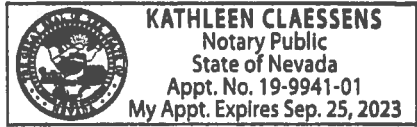
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

James Fares
Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of

September, 2020

Kathleen Claessens
Notary Public



(seal)

Applicant's initial JK

[illegible]

Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9/22/2020

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

Wholesaler

Name and Address of Establishment for Which License is Requested Intra-Sana Laboratories Nature of License 7455 Arroyo Crossing St., 220 Las Vegas, NV
89113

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name STEVENS First Name Kelly Middle Name ANN

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address, Street or RFD Holly Ct City Yardley State/Zip PA 19067

Present Business Address 8311 W. Sunset Rd City Las Vegas State/Zip NV 89113

Occupation VP/General Mgr Dates 9/2020 - Present

Phone: Residence 215- Business 702-980-8963

Date of Birth 54 Place of Birth (City, County, State) Meadowbrook, Montgomery, PA

Age 54 Social Security Number or ITIN F Sex F

Color of Eyes Hazel Color of Hair Light Brown Complexion Fair Weight 125 lbs Build Small Height 5'4"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? ☒ Yes ☐ No If alien, registration No N/A

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial KS

Page 1

A. **Current Marriage** 9/18/1993 Phila, PA
 Date City, County and State
 Spouse's full name (Maiden) TURONE Benito Stevens SS# or ITIN _____
 Date of Birth _____ Place of Birth Meadowbrook, PA
 Resident address Holly Ct. Yardley PA 19067
 Street City State Zip
 Telephone: Residence 215 _____ Business 888-588-7279
 Spouse's employer Park Casino Occupation Supervisor/Dealer
 Address of employer 2999 Street Rd Bensalem, PA 19020
 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
------	--------	------	-------	-----	-----------

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>Taylor Stevens</u>	<u>1, 1, 1</u>	<u>Meadowbrook, PA</u>	<u>Holly Ct. Yardley, PA</u>
<u>Shane Stevens</u>	<u>1, 1, 1</u>	<u>Abington, PA</u>	<u>Holly Ct. Yardley, PA</u>
<u>Cole Stevens</u>	<u>1, 1, 1</u>	<u>Abington, PA</u>	<u>Holly Ct. Yardley, PA</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 HS Page 2

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
John A. Stretch JR		Holly Ct. Yardley PA	Retired
Helen G. Stretch (Niemann)		Holly Ct. Yardley, PA	Retired
Guy Stevens		New York Ave. N Wildwood NJ	Retired
Alicia Stevens (Pavia)		deceased	

Name (Maiden)	Birth Date	Address	Occupation
John A. Stretch JR		Holly Ct. Yardley PA	Retired

Name (Maiden)	Birth Date	Address	Occupation
Helen G. Stretch (Niemann)		Holly Ct. Yardley, PA	Retired

Name (Maiden)	Birth Date	Address	Occupation
Guy Stevens		New York Ave. N Wildwood NJ	Retired

Name (Maiden)	Birth Date	Address	Occupation
Alicia Stevens (Pavia)		deceased	

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
John A. Stretch III		7 Kallow Hill Ln. Jamison, PA	LPN Nurse
Barbara (Chretien) Stretch		same	R.N.
Kyle Stretch		Bellinghamshire Pl. New Hope, PA	189386
Tennifer (Crompton) Stretch		same	computer Systems
Kevin Stretch		Parkside Ln. West Creek, NJ	Self-employed
Viktoriya (Gnatyuk) Stretch		same	Self-employed

Name (Maiden)	Birth Date	Address	Occupation
John A. Stretch III		7 Kallow Hill Ln. Jamison, PA	LPN Nurse

Name (Maiden)	Birth Date	Address	Occupation
Barbara (Chretien) Stretch		same	R.N.

Name (Maiden)	Birth Date	Address	Occupation
Kyle Stretch		Bellinghamshire Pl. New Hope, PA	189386

Name (Maiden)	Birth Date	Address	Occupation
Tennifer (Crompton) Stretch		same	computer Systems

Name (Maiden)	Birth Date	Address	Occupation
Kevin Stretch		Parkside Ln. West Creek, NJ	Self-employed

Name (Maiden)	Birth Date	Address	Occupation
Viktoriya (Gnatyuk) Stretch		same	Self-employed

Name (Maiden)	Birth Date	Address	Occupation
Viktoriya (Gnatyuk) Stretch		same	Self-employed

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	St. Martin of Tours Phila, PA	1972-1977	Yes ☒ No ☐
High School	Our Lady of Calvary Phila, PA	1977-1980	Yes ☒ No ☐
College	Archbishop Ryan Phila, PA	1980-1984	Yes ☒ No ☐
University	Drexel University Phila, PA	1984-1989	Yes ☒ No ☐
Other			Yes ☐ No ☒

Name of School	Location	Dates Attended	Graduate
Grammar School	St. Martin of Tours Phila, PA	1972-1977	Yes ☒ No ☐

Name of School	Location	Dates Attended	Graduate
High School	Our Lady of Calvary Phila, PA	1977-1980	Yes ☒ No ☐

Name of School	Location	Dates Attended	Graduate
College	Archbishop Ryan Phila, PA	1980-1984	Yes ☒ No ☐

Name of School	Location	Dates Attended	Graduate
University	Drexel University Phila, PA	1984-1989	Yes ☒ No ☐

Name of School	Location	Dates Attended	Graduate
Other			Yes ☐ No ☒

Type of degree obtained, if any BSCollege or university where obtained Drexel UniversityApplicant's initial KS

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

Applicant's initial

KS

- 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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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
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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
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1992 - 2002	90 Hogeland Rd	Southampton, PA	18966
2002 - 2020	Holly Ct	Yardley, PA	19067

Applicant's initial

KS

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
1/1990	DURA Pharmaceuticals San Diego, CA	company sold to Elian
Sales Rep/Manager	Promote medication to physicians	Mike O'Donnell
1/2000	Elian Pharmaceuticals San Diego, CA	Divisions sold to King
Regional Director	Manager to Sales Reps	Bob Keith
6/2003	King Pharmaceuticals Bridgewater, NJ	Downsizing
PT Training + Dev.	Lead Sales Training Team	Bob Murphy
5/2009	Axium Pharmaceuticals Chesterbrook, PA	Downsizing
National Sales Dir	Director of Sales Division	MARK Glickman
1/2015	Horizon Therapeutics Lake Forest, IL	Downsizing
SR VIR HorizonCare	Lead Patient Access Programs	DAN Camando
9/2020	Integra SARR Laboratories 8311 W. Sunset Blvd Las Vegas, NV	Current Employer
VP/GM	General Manager of Organization	Ed Kessig
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

HS

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>Patricia Duffy</u>	Home	<u>N. Hancock St</u>	<u>Phila, PA</u>	<u>19122</u>		<u>42 YRS</u>
Employer <u>USA Payroll</u>	Business	<u>458 3rd Ave</u>	<u>Cherry Hill, NJ</u>	<u>08002</u>	<u>856-665-5600</u>	
Name <u>Mindy Nubbenmeyer</u>	Home	<u>Meadow Glen Rd</u>	<u>Warminster, PA</u>	<u>18974</u>		<u>37 YRS</u>
Employer <u>Outpatient</u>	Business	<u>1 W. Germantown Dr</u>	<u>East Norriton, PA</u>	<u>19401</u>	<u>610-277-3202</u>	
Name <u>Stacey Gray</u>	Home	<u>20 Nant Creek</u>	<u>Deptford, NJ</u>	<u>08096</u>		<u>37 YRS</u>
Employer <u>Homemaker</u>	Business					
Name <u>Stacy Decker</u>	Home	<u>Constitution Dr</u>	<u>Southampton, NJ</u>	<u>08082</u>		<u>42 YRS</u>
Employer <u>Homemaker</u>	Business					
Name <u>Helen Wang</u>	Home	<u>N. Dream St.</u>	<u>PO Box 6044</u>			<u>5 YRS</u>
Employer <u>Brachman</u>	Business	<u>450 Plymouth Rd</u>	<u>Plymouth Meeting, PA</u>	<u>19442</u>	<u>610-447-8680</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

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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.

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Applicant's initial

KS

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 9/24/20

Applicant's initial KJ

COUNTY OF Bucks

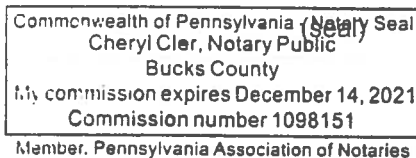
I, Kelly Ann Sterens, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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.

Kelly Ann Sterens
Original Signature of Applicant

Subscribed and Sworn to before me this 24th day of

September 2020
Cheryl Cier
Notary Public



Applicant's initial K/2

9/22/02

Page 1

A. **Current Marriage** 8/29/1987 Kensburg, New Jersey
 Spouse's full name (Maiden) JANE E. CASARZA City, County and State
 Date of Birth — Place of Birth Hoboken, NJ
 Resident address SCENIC WAY MIDDLETOWN NJ 07748
 Telephone: Residence 732- 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
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List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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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
MICHAEL KESSIG	11/11	RED BANK, NJ	FOREST AVE, MIDDLETOWN NJ
MEGAN KESSIG	11/11	RED BANK, NJ	SCENIC WAY, MIDDLETOWN NJ
MATTHEW KESSIG	11/11	RED BANK, NJ	SCENIC WAY, MIDDLETOWN NJ

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 SO

Name MA

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	Edward F. Kessig		Narrows Rd. SE NY 10308	
Mother	ROSEMARIE Kessig		ARMSTRONG AVE, SE, NY 10304	
Father-in-Law	GERARD CASAZZA		Commodore Ave, Kew-Forest, NY	
Mother-in-Law	CHARLOTTE CASAZZA		Commodore Ave, Kew-Forest, NY	

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	ELIZABETH Kessig	1-11-11	OCEANVIEW PL SE NY	RETIRED
	Michael Kock	1-11-11	OCEANVIEW PL SE NY	RETIRED
Spouse	CHRISTINE Kessig	1-11-11	JOHNSON AVE SE NY	RETIRED
	Richard TRAVERS	1-11-11	JOHNSON AVE SE NY	RETIRED
Spouse	MOYA Kessig	1-11-11	DRAPER, UT	RETIRED
	JAMES HOTTINGER	1-11-11	DRAPER, UT.	RETIRED
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	ST. Christopher's	STATEN ISLAND NY	1968-1976	Yes ☒ No ☐
High School	ST. PETERS H.S.	STATEN ISLAND NY	1976-1979	Yes ☒ No ☐
College University	ST. John's University	QUEENS NY	1979-1984	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any MBACollege or university where obtained ST. John's UniversityApplicant'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 _____ 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

- 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
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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
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8/87-6/95	37 UOLA AVE	Kearnsburg	NJ
6/95-8/01	4 SUMMERFIELD CT.	Belvidere	NJ
8/01 - Present	Scenic Way	Middletown	NJ

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.

6/2020	FORTE BIOSCIENCES 8311 W SUNSET RD CHICAGO, IL	UNSATISFACTORY WORK CULTURE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SVP COMMERCIAL OPERATIONS	SALES/MARKETING	ROBERT APPLE
Title	Description of Duties	Name of Supervisor
VP SALES	LIPDINE INC. SALT LAKE CITY, UT	CHL NOTIFICATION FROM FDA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/15 - 11/16	HEAD OF SALES	MEHUSH PATEL
Title	Description of Duties	Name of Supervisor
4/14 - 8/15	THROMBOGENICS ISLIP, NY	BETTER OPPORTUNITY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
HEAD OF US OPERATIONS	ALL COMMERCIAL ACTIVITIES	PATAK DE VRIES
Title	Description of Duties	Name of Supervisor
10/12 - 4/14	ALCO PHARMACEUTICALS PLAINFIELD, NJ	FINANCIAL IMPROVEMENT
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
HEAD OF COMMERCIAL/OPS	ALL COMMERCIAL ACTIVITIES	JAMIE FARRIS
Title	Description of Duties	Name of Supervisor
10/04 - 2/12	AUXILIUM PHARMACEUTICALS, MORGAN PA	TERMINATED
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SVP SALES	MANAGE SALES TEAM	ROGER GRAHAM
Title	Description of Duties	Name of Supervisor
2/02 - 10/04	INTHIXAPENTICS CLINTON, NY	BETTER OPPORTUNITY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
DIRECTOR OF SALES	RUN SALES TEAM	BIL CORDIUARI
Title	Description of Duties	Name of Supervisor
9/02 - 10/02	ELAN PHARMACEUTICALS	PROMOTION
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
DIRECTOR OF SALES	MANAGED SALES REPS	RON ROCCA
Title	Description of Duties	Name of Supervisor
7/94 10/02	MERRILL LYNCH	PROMOTION
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SUPERVISOR	FINANCIAL MANAGEMENT	CHARLES TOTY
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



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>Philip Crave</u>	Home	<u>Foxwood Run, Middletown NJ</u>				<u>20</u>
Employer <u>RETIRED</u>	Business					
Name <u>STEVEN BRENNEN</u>	Home	<u>Foxwood Run, Middletown, NJ</u>				<u>5 18</u>
Employer <u>BANK OF NY</u>	Business	<u>BANKING</u>				
Name <u>KEVIN O'HARE</u>	Home	<u>Foxwood Run, Middletown, NJ</u>				<u>20</u>
Employer <u>RETIRED</u>	Business	<u>BOND TRADER</u>				
Name <u>FRANK VAN HEMSTADT</u>	Home	<u>Foxwood Run, Middletown, NJ</u>				<u>20</u>
Employer <u>MAKER</u>	Business	<u>SHIPPING</u>				
Name <u>ROBERT SUDMAN</u>	Home	<u>OCEAN AVE, SEA BRIGHT, NJ</u>				<u>25</u>
Employer <u>RETIRED</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

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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.

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Applicant's initial



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 9/23/2020

Applicant's initial [Signature]

COUNTY OF

Clark

I, Edward Kessig, 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 23 day of

September 2020

[Signature]
Notary Public



Applicant's initial _____

[Signature] Page 9

4BBBB

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WAREHOUSE 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 Warehouse ☐ Ownership Change ☐ Name Change ☐ Location Change
 (Please provide current license number if making changes: WA _____)

☒ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☐ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Optum Frontier Therapies II, LLC

Physical Address: 6425 Santa Margarita St. Unit 120

Mailing Address: 6425 Santa Margarita St. Unit 120

City: Las Vegas State: NV Zip Code: 89118

Telephone: (702) 954-8666 Fax: (702) 634-5502

Toll Free Number: (855) 768-9727

E-mail: orxpharmlic@optum.com Website: http://www.frontiertherapies.optum.com

Facility Manager: Elissa Williams

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Manufacturer ☐ Chain Warehouse ☒ 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 NEVADA WAREHOUSE LICENSE

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

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

1)	N/A - New warehouse.	
	Name	Address
	Business	
2)		
	Name	Address
	Business	
3)		
	Name	Address
	Business	
4)		
	Name	Address
	Business	

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

APPLICATION FOR NEVADA WAREHOUSE 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 warehouse may be grounds for the revocation of this permit.

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



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

Karen Peterson, Secretary

Print Name of Authorized Person

02/12/2021

Date

Board Use Only

Received: _____

Amount: 500

CK # 65973971

APPLICATION FOR NEVADA WAREHOUSE LICENSE**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: UnitedHealth Group Incorporated

Mailing Address: 9900 Bren Road East

City: Minnetonka State: MN Zip: 55343

Telephone: (952) 936-1300 Fax: _____

Contact Person: Christine Feldman, e-mail address: christine.e.feldman@uhg.com

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. _____	%: _____
2. _____	%: _____
3. _____	%: _____
4. _____	%: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

*Date of Incorporation: 1/25/1977 (MN) [Converted to DE Corp 7/1/2015]

*Registration number issued: CIK 0000731766

*Stock Exchange: NYSE: UNH

Include with the application for a publicly traded corporation

List of officers and directors All officers and directors of UnitedHealth Group Incorporated are identified in the Form 10-K.

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

Mark I. Sedar

From: Joe Dodge
Sent: Monday, April 19, 2021 10:25 AM
To: Mark I. Sedar
Cc: Brett Kandt; Courtney K. Lee
Subject: RE: 6425 Santa Margarita St. Unit 120 3pl application

Hi Mark,

If they want to use space inside the wholesaler it would need to meet all of the requirements listed below.

NAC 639.637 Facilities: General requirements. ([NRS 639.070](#)) The facility of an authorized warehouse must:

1. Have adequate lighting of at least 25 foot-candles;
 2. Have an adequate area for the storage of prescription drugs and goods that facilitates access to those items;
 3. Be maintained in a clean, orderly condition;
 4. Be free from infestation by insects, rodents, birds or vermin;
 5. Be secure from entry by unauthorized persons; and
 6. Be equipped with an alarm system to detect entry into the facility after business hours.
- (Added to NAC by Bd. of Pharmacy, eff. 10-1-93)

NAC 639.638 Facilities: Security. ([NRS 639.070](#))

1. Access to the facility of an authorized warehouse must be limited to authorized persons and kept to a minimum. An authorized warehouse is liable for the acts of all authorized persons while they are at the facility.

2. A facility must be located in a discrete area and have a permanent or semipermanent barrier such as a wall, fence or other physical barrier that restricts unauthorized entry.

3. Except as otherwise provided in subsection 4:

(a) The portion of a facility used to store prescription drugs must be securely enclosed with a material made of steel that is at least 10 gauge in thickness with openings not more than 2 1/2 inches wide. The material must be mounted on steel posts which must be at least 1 inch in diameter and placed not more than 10 feet apart. If the material does not extend to the structural ceiling of the facility, the ceiling of the enclosed area must be constructed of material made of steel that is at least 10 gauge in thickness with openings not more than 2 1/2 inches wide. A mesh made of a lighter gauge may be used for the ceiling of a large enclosed area if the walls of the area are at least 14 feet high.

(b) The enclosed area of a facility that is used to store prescription drugs must be equipped with a security system that includes an alarm that transmits a signal to local law enforcement agencies or a private business that provides security services if an unauthorized person obtains access to the enclosed area.

4. The Executive Secretary may approve an alternate method of ensuring the security of a facility if he or she determines that the method will ensure that access to the facility is limited to authorized persons.

(Added to NAC by Bd. of Pharmacy, eff. 10-1-93)

NAC 639.639 Prescription drugs: Storage. ([NRS 639.070](#))

1. Each authorized warehouse shall store prescription drugs held in the facility in the manner prescribed in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of [NAC 639.670](#).

2. If there are no specific requirements concerning the temperature at which a prescription drug must be stored, the drug must be stored at a controlled room temperature as defined in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of [NAC 639.670](#).

3. Each authorized warehouse shall provide the appropriate manual, electromechanical or electrical equipment to record the temperature and humidity of the area where the prescription drugs are stored.

(Added to NAC by Bd. of Pharmacy, eff. 10-1-93; A by R035-06, 9-18-2008)

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.

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From: Mark I. Sedar <msedar@pharmacy.nv.gov>

Sent: Thursday, April 15, 2021 2:57 PM

To: Joe Dodge <j.dodge@pharmacy.nv.gov>

Cc: Brett Kandt <bkandt@pharmacy.nv.gov>; Courtney K. Lee <c.lee@pharmacy.nv.gov>

Subject: FW: 6425 Santa Margarita St. Unit 120 3pl application

Hi Joe,

I had a conversation with Jonathan Keel at Optum Frontier Therapies. Optum has recently applied for a warehouse facility licensure located at 6425 Santa Margarita Street. Can you take a look at Jonathon's email below and give me your thoughts?

Courtney, as we discussed on Tuesday, the law is not clear on the separate address question, and this is one of those instances.

Thank you,

Mark Sedar
Chief Operating Officer
Nevada State Board of
Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov



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From: Keel, Jonathan A <jonathan.keel@optum.com>
Sent: Thursday, April 15, 2021 2:16 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: 6425 Santa Margarita St. Unit 120 3pl application

Good afternoon Mr. Sedar,

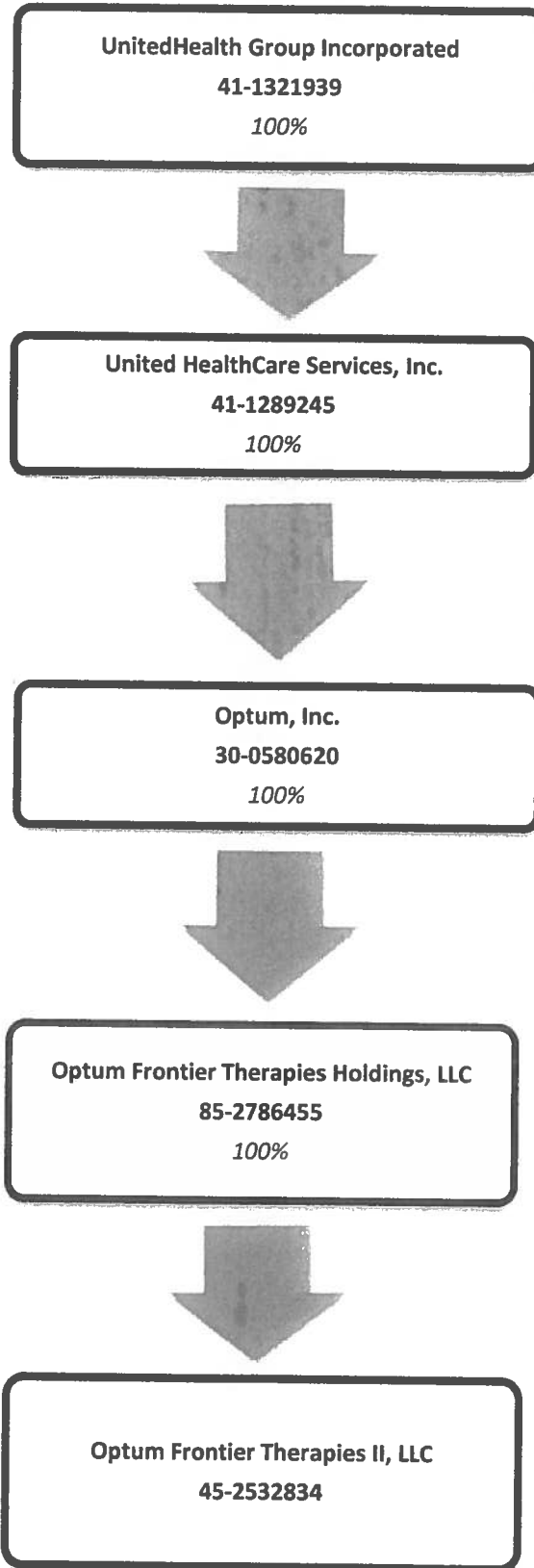
Per our phone conversation earlier this afternoon, I am reaching out to gain further insight as to the specific requirements needed for the separation of wholesale and warehouse (3pl) space. While reading about the facility security requirements statute, I was hoping to gain clarification on how the board interprets separation of space. I was wondering if something like a secured locked cage or a dedicated locked room in the wholesale space would suffice as separate facility space between wholesale and warehouse. I would greatly appreciate any further guidance on this matter.

Regards,

Jonathan Keel | Optum
Lead Pharmacist
Optum Frontier Therapies

Las Vegas, NV
 Cell: +1 702-
jonathan.keel@optum.com
www.frontiertherapies.optum.com

**Optum Frontier Therapies II, LLC
Organizational Chart**



Optum Frontier Therapies II, LLC

Officer and Ownership Information

Officers:

Name	Title	Address
Michael Zeglinski	CEO & President	McConnor Parkway Schaumburg, IL 60173
Jeffrey Grosklags	Executive Vice President	Optum Circle Eden Prairie, MN 55344
Peter Gill	Treasurer	Bren Road East Minnetonka, MN 55343
Karen Peterson	Secretary	McConnor Parkway Schaumburg, IL 60173
Timothy Langdon	Assistant Secretary	N. 118th St., Suite 300 Omaha, NE 68164
Heather Lang	Assistant Secretary	Bren Road East Minnetonka, MN 55343
David Oberg	Assistant Secretary	Main Street Irvine, CA 92614

The facility is wholly owned by:

Optum Frontier Therapies II, LLC

FEIN: 45-2532834

11000 Optum Circle

Eden Prairie, MN 55344

Disciplinary History

Optum Frontier Therapies II, LLC (f/k/a Optum Pharmacy 703, LLC)

Louisiana, 2016. Louisiana Board of a Pharmacy offered a Consent Agreement to BriovaRx of Nevada for dispensing 13 prescriptions between 2012 and 2015 without holding a Louisiana non-resident pharmacy permit. \$5,250 fine paid.

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing the citations out of an abundance of caution.

California, 2020. California Board of Pharmacy issued a letter of admonishment to Optum Pharmacy 703, LLC pharmacy in Las Vegas, NV for delay in therapy related to a 2019 refill request.

California, 2020. California Board of Pharmacy issued a fine to BriovaRx in Las Vegas, NV for unauthorized disclosure of prescriptions and medical information as a result of a prescription being delivered to an incorrect address and opened.

California, 2017. California Board of Pharmacy issued a citation and fine to the BriovaRx Las Vegas pharmacy for variation from prescription.

California, 2017. California Board of Pharmacy issued a citation and fine to the BriovaRx Nevada pharmacy for erroneously shipping an order for one member to another member thereby disclosing the member's information without authorization.

North Carolina, 2015. North Carolina Board of Pharmacy issued an informal Cease and Desist Order to the BriovaRx Pharmacy in Las Vegas, NV for shipping into the state of North Carolina without being registered with the NC Board of Pharmacy. The Board filed a complaint in State court to formalize the Order, and on March 1, 2017, a Final Consent Order was entered which permanently enjoined BriovaRx of Nevada, LLC from shipping a legend drug into North Carolina, or from aiding others in doing so, until they secure a registration from North Carolina. Optum Frontier Therapies II, LLC will be reapplying for a North Carolina license with this new business model.

Signature: _____



Karen Peterson, Secretary

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNITEDHEALTH GROUP INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH 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.



5777355 8300

SR# 20210464227

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. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202515301

Date: 02-15-21

ELISSA WILLIAMS, PHARM.D.

Tempo Street
Henderson, Nevada 89052
(702) 1

www.linkedin.com/in/elissa-williams-a82a5b204

SUMMARY

An accomplished and dedicated licensed pharmacy manager with a solid background in pharmaceutical operations, business management, process improvement, clinical therapy consultation, and procedure development. Comprehensive experience in chronic disease management, patient program development, and workflow adjustment. Proven aptitude for training and mentoring, client service, and high-volume 800+ prescription dispensing. A meticulous and results-driven leader who leverages highly developed organizational and interpersonal skills to drive program efficiency, improve performance metrics, and facilitate industry-leading customer care.

Procedure Compliance • Chronic and Genetic Condition Management • Specialty Pharmacy Care

EXPERIENCE

OPTUM FRONTIER THERAPIES, Las Vegas, Nevada
Staff Pharmacist, 4/2021 - CURRENT

- Platform coordination comprehension and proactive input into systems for patient and manufacturer needs up to and including: HUB, partnership platforms, front end/back end prescription intake/output, and inventory management
- Provide indirect responsibility for pharmacy staff to include pharmacy technicians, inventory personnel, and shipping clerks supporting both pharmacy and wholesale distribution orders
- Directs, coordinates and supervises all pharmacy and specialty distribution activities including drug preparation, dispensing, distribution and clinical pharmacy services
- Calls doctor's offices for questions and clarifications.
- Counsels customers on medications.
- Adhere to all pharmacy operations, practices and procedures to meet all licensing and standards requirements established by local, state and federal agencies as well as accrediting bodies
- Ensures compliance with all controlled substances related rules, regulations, company policies and maintains proper communication and coordination with other departments and staff
- Compliance to and education for all accreditation programs including VAWD, ACHC, and URAC
- Monitors for compliance with all HIPAA regulations, adherence to all State and Federal regulations and laws, accrediting bodies, adherence to all pharmacy accepted standards of practice, responsible for handling complaints and / or grievance programs
- Provide oversight of the safety; appropriateness, and effectiveness of the pharmaceutical care provide to patients (consumers) as it relates to specialty products dispensed
- Provides insight to platform improvement(s) and process improvement(s)

MAXOR NATIONAL PHARMACY SERVICES, LLC, Las Vegas, Nevada
Staff Pharmacist, 2020-2021

- Administered high-quality personal care and support to assist patients with chronic/genetic condition management.
- Utilized patient management program and provided in-depth patient support to start specialty drug therapy.
- Counseled patients to ensure compliance and optimal treatment outcomes and disease state management.
- Monitored drug therapy for contraindications, interactions, allergies, and appropriateness.
- Engaged in clinical specialty pharmacy counseling and reporting services.
- Answered patient questions with compassion and expertise.

WALGREENS, Las Vegas, Nevada
Pharmacy Manager, 2013-2020

- Reorganized pharmacy, improved workflow, and adjusted drug inventory/purchase overages in less than six months.
- Confirmed regulations and protocols for drug dispensing process and pharmacy compliance requirements.
- Recruited, onboarded, and trained technicians, pharmacy managers, and pharmacists in district.
- Executed best customer care and compassion, and led staff in positive patient interactions.
- Managed high volume of prescriptions, and achieved quality customer service results.
- Directed daily business operations, inventory management, and safe drug storage.
- Supervised five staff pharmacists, 12 technicians, and four intern pharmacists.
- Delegated tasks and responsibilities as appropriate for development of staff.
- Oversaw tier five pharmacy and filled 650-1,000 prescriptions daily.
- Monitored recordkeeping and continuous quality improvement.
- Earned 2020 district customer care award.

Staff Pharmacist, 2008-2013

- Directed and guided team members to complete procedure/policy adherence and exceed company initiatives.
- Dispensed medication and counseled patients with high level of efficiency and accuracy.
- Monitored and led patient therapy and achieved optimal therapeutic outcomes.
- Earned and fulfilled lead staff pharmacist role and assisted pharmacy manager.

ADDITIONAL EXPERIENCE

Intern Pharmacist, 2007-2008. Trained and worked in pharmacy and earned pharmacy license.

EDUCATION

ROSEMAN UNIVERSITY OF HEALTH SCIENCES, Henderson, Nevada
Pharm.D., 2008

UNIVERSITY OF NEVADA, Las Vegas, Nevada
B.S., Biological Sciences, 2004

CERTIFICATIONS

American Heart Association BLS Certification

American Pharmacists Association Immunization Program Certification

LICENSURE

Nevada State Board of Pharmacy Licensed Pharmacist

COMPUTER SKILLS

Intercom Plus, CPR+, MS Office Suite

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

Form 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2019

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number: 1-10864

UNITEDHEALTH GROUP*

UnitedHealth Group Incorporated
 (Exact name of registrant as specified in its charter)

Delaware
 (State or other jurisdiction of
 incorporation or organization) 41-1321939
 (I.R.S. Employer
 Identification No.)

UnitedHealth Group Center
 9900 Bren Road East
 Minnetonka, Minnesota 55343
 (Address of principal executive
 offices) (Zip Code)
 (952) 936-1300
 (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, \$0.01 par value	UNH	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit and post 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. (Check one)

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 ☒

The aggregate market value of voting stock held by non-affiliates of the registrant as of June 28, 2019 was \$229,868,010,278 (based on the last reported sale price of \$244.01 per share on June 28, 2019, on the New York Stock Exchange), excluding only shares of voting stock held beneficially by directors, executive officers and subsidiaries of the registrant.

As of January 31, 2020, there were 948,573,372 shares of the registrant's Common Stock, \$0.01 par value per share, issued and outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

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
EM surrendered his DEA registration for cause. EM no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.	NA	Revoked for a period of 5 years; fined \$5,000 and \$812.50 for attorney's fees and costs.	N/A
RP allowed non-practitioner/non-licensed staff to possess or prescribe dangerous drugs to patients	N/A	Fined \$2,000, \$1,500 for attorney's fees and costs, and establish new policies and procedures.	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – March 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
and allowed non-licensed staff to obtain, access, possess and store dangerous drugs and/or administer drugs with whom RP had not established a bona fide therapeutic relationship and for whom RP had neither diagnosed or determined a dangerous drug was medically necessary.			
EM: The NSBME imposed discipline on EM's License No. PA1209 to practice medicine for violations of NRS Chapter 630 related to prescribing opioid medication.	N/A	EM's CS registration is suspended; the suspension is stayed and EM is placed on probation for a period of one year. EM fined \$2,500; \$1,000 attorney's fees and costs, and establish policies and procedures to ensure that any controlled substance prescription complies with all applicable regulations.	N/A
IF: NSBME entered an order in Case No. 20-38677, and imposed discipline on IF'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.	N/A	IF fined \$2,500; \$1,000 in attorney's fees and costs; and establish policies and procedures to ensure any controlled substance prescription issued for the treatment of chronic pain complies with all applicable regulations.	N/A
PK: The Florida State Board of Medical Examiners entered an order in Case No. 20-1903-552, and PK's License No. ME0093253 to practice medicine in Florida was suspended on the basis that Respondent "is unable to practice medicine with	N/A	Revoked. PK may not petition for reinstatement of his certificate or registration for a period of 1 year.	N/A

ANNUAL DISCIPLINE CASES			
Reporting Period: January 2021 – March 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
reasonable skill and safety.” On November 17, 2020, PK requested that his License No. 14422 from the Nevada State Board of Medical Examiners be placed on inactive status. PK surrendered his DEA Certificate of Registration No. FK5849419 for cause on November 19, 2020.			

5A

FILED

OCT 02 2020

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

VIDUR S. MAHADEVA, MD,
Certificate of Registration No. CS11174,

Respondent.

CASE NO. 20-111-CS-N

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Vidur S. Mahadeva, MD, held a Nevada controlled substance registration, Certificate No. CS11174, issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

2. On July 22, 2020, the U.S. Drug Enforcement Administration (DEA) issued an Order to Show Cause and Immediate Suspension of Respondent's DEA Certificate of Registration No. BM7876800 (DEA Suspension for Cause) pursuant to 21 U.S.C. § 824(d).

3. The DEA Suspension for Cause alleged, and pled with particularity facts in support thereof, that Respondent has committed acts that would render registration inconsistent with the public interest, that Respondent regularly prescribed controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.381, and that Respondent failed to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4).

4. On or about August 4, 2020, Board staff notified Respondent that the DEA Suspension for Cause operates as an immediate suspension of his Nevada controlled substance registration, Certificate of Registration No. CS11174, pursuant to NRS 639.2107.

APPLICABLE LAW

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

6. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

7. The suspension of a registration by the Drug Enforcement Administration operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

8. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

FIRST CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

9. By regularly prescribing controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.381, and failing to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4), Respondent has committed an act that would render his Nevada controlled substance registration inconsistent

with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

SECOND CAUSE OF ACTION

Violations of Federal and State Controlled Substances Acts

10. By regularly prescribing controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.381, and failing to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4), Respondent is subject to discipline pursuant to NRS 639.210(11) and/or (12).

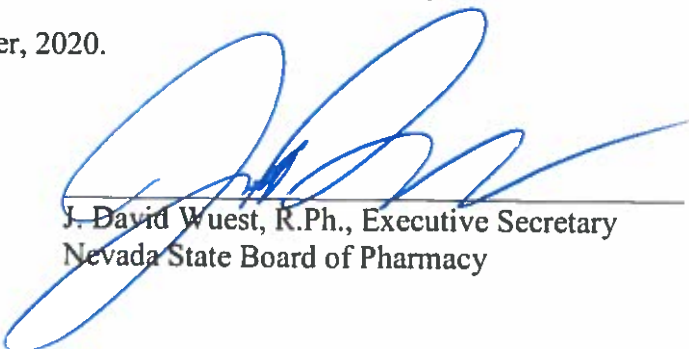
THIRD CAUSE OF ACTION

Suspension of DEA Registration

11. The suspension of Respondent's Nevada controlled substance registration, Certificate No. CS11174, pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 2nd day of October, 2020.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

FILED

OCT 28 2020

NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****VIDUR S. MAHADEVA, M.D.,
Certificate of Registration No. CS11174,****Respondent.**

Case No. 20-111-CS-N

ANSWER AND NOTICE OF DEFENSE

Respondent above-named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. I intend to defend against the accusation brought by the Board of Pharmacy;
2. I object to the Notice of Intended Action and Accusation on the basis that it does not adequately inform me of the charges in sufficient specificity to defend them. There are no facts given concerning dates, patients or any other particulars. The statement "failing to comply with applicable federal and state laws relating to controlled substances" is vague to the point of being meaningless.
3. To the extent that this is reciprocal discipline under NRS 639.2107, I am vigorously contesting the Drug Enforcement Administration proceedings to revoke my registration. I have obtained an expert opinion to contradict that of the DEA and I firmly

believe that the evidence will exonerate me and show that I practiced above the standard of care in pain management with sound academic principles and was never a danger to the public. Further, I met all of the statutory and regulatory guidelines for the prescription of scheduled substances.

4. The hearing for the DEA administrative proceedings is scheduled for February 8, 2021. Exhibit 1, Order Granting the Respondent's Continuance and Modifying the Prehearing Ruling in the DEA matter. I request that the Board of Pharmacy continue the hearing date until after the decision of the DEA Administrative Law Judge, which may render moot the accusation against me if I prevail.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING ANSWER AND NOTICE OF DEFENSE, AND ALL FACTS THEREIN STATED, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATED this 28th day of October, 2020.


 VIDUR S. MAHADEVA, M.D.


 CARL M. HEBERT, ESQ.
 SBN 250
 2215 Stone View Drive
 Sparks, NV 89436
 775-772-5556
carl@cmhebertlaw.com

Counsel for respondent

CERTIFICATE OF SERVICE

I certify that I am an employee of CARL M. HEBERT, ESQ., and that on October 28, 2020, I

 X hand-delivered

 mailed, postage pre-paid U.S. Postal Service in Reno, Nevada

 e-mailed

 telefaxed, followed by mailing on the next business day,

 served through use of the court's electronic filing system pursuant Nevada EFCR 9(c),

a copy of the attached

ANSWER AND NOTICE OF DEFENSE OF RESPONDENT VIDUR MAHADEVA, M.D.

addressed to:

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Ste 206
Reno, NV 89521
775-850-1440



An employee of Carl M. Hebert, Esq.

EXHIBIT 1

EXHIBIT 1

UNITED STATES DEPARTMENT OF JUSTICE

Drug Enforcement Administration

In the Matter of

Vidur Mahadeva, M.D.

Docket No. 20-26

**ORDER GRANTING THE RESPONDENT'S CONTINUANCE AND
MODIFYING THE PREHEARING RULING**

This is an immediate suspension order case. A status conference was conducted on October 26, 2020, with counsel both parties present via video teleconference (VTC), to notify the parties of certain concerns the tribunal has concerning a potential drafting issue that pervades much of the Order to Show Cause and Immediate Suspension Order (OSC/ISO). This order is issued consistent with the foregoing.

The Controlled Substance Act (CSA) authorizes the Agency to impose a sanction upon a finding that a registrant "has committed such acts as would render his registration under [21 U.S.C. § 823] inconsistent with the public interest as determined under such section." 21 U.S.C. § 824(a)(4). Thus, for the Government to satisfy its *prima facie* burden, it must allege facts that, if sustained, would actually demonstrate that the registrant committed such acts as would render his registration inconsistent with the public interest. *See id.* However, in a subset of allegations in the OSC/ISO, the Government's allegations center on conclusions and/or observations rendered by its purported expert, and which arguably are not actions, conduct, or omissions attributable to the Respondent. The plain language of each of these points not to conduct or omissions made by the Respondent, but rather to the alleged fact that (at some unspecified point in time) the Government's expert concluded that certain matters were true. Thus, even sustaining this subset of allegations would not establish potential actionable conduct within the CSA, but only conclusions or opinions by a Government-contracted physician. This raises potential proof problems for the Government, for the Respondent in seeking to meet those allegations, and ultimately for the Agency and this tribunal. The Administrative Procedure Act

(APA)¹ and the Agency's own regulations² require the Agency to provide a respondent with notice of those acts which the Agency intends to rely upon in seeking a sanction so as to provide a full and fair opportunity to challenge the factual and legal basis for the Agency's action. *See CBS Wholesale Distribs.*, 74 Fed. Reg. 36746, 36749 (2009). In light of the tribunal's noticed concerns over this potential legal issue, the Government, to the extent it elects to do so, has until **2:00 p.m. Eastern Time (ET) on November 2, 2020** to respond.

Additionally, during the status conference, the Respondent, based on complications associated with the preparation of his purported expert witness, as well as the commencement of state pharmacy board administrative procedures, requested additional time for certain filing deadlines and a continuance for the merits hearing. The Government interposed no specific objection.³ Having considered the Respondent's requests, in light of his concerns, and, in particular, given that the request is unopposed, the Respondent's unopposed continuance is hereby **GRANTED**.

It is further **ORDERED** that the Prehearing Ruling is modified such that supplemental prehearing statements are due no later than **2:00 p.m. ET on November 9, 2020**. Both parties must ensure that the tribunal has two hardcopy versions of all proposed exhibits intended to be offered at the hearing no later than **2:00 p.m. ET on November 9, 2020**. To the extent that either party seeks any relief by motion, it must do so no later than **2:00 p.m. ET on November 12, 2020**. Any responsive filings to motions must be received no later than **2:00 p.m. ET on November 17, 2020**. Finally, the hearing on the merits in this matter will commence at **11:00 a.m. ET on February 8, 2021** and continue through **February 12, 2021**,⁴ with counsel and their respective witnesses participating via VTC.

Dated: October 27, 2020

John J. Mulrooney, II
JOHN J. MULROONEY, II
Chief Administrative Law Judge

¹ 5 U.S.C. § 554(b)(3).

² 21 C.F.R. § 1301.37(c).

³ The Government expressed some discomfiture about enlarging the time the Respondent was seeking to prepare his expert witness testimony while adhering to the previously-scheduled hearing commencement date.

⁴ Both sides can anticipate that additional delays will not lightly be granted.

CERTIFICATE OF SERVICE

This is to certify that the undersigned, on October 27, 2020, caused a copy of the foregoing to be delivered to the following recipients: (1) Katherine L. Steele, Esq., Counsel for the Government, via email to the DEA Government Mailbox at dea.registration.litigation@usdoj.gov; and (2) Carl M. Hebert, Esq., Counsel for the Respondent, at carl@cmhebertlaw.com.

Chakia Robinson

Chakia Robinson,
Secretary to Chief Judge Mulrooney

FILED**MAR 10 2021**NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****VIDUR S. MAHADEVA, MD,
Certificate of Registration No. CS11174,****Respondent.****CASE NO. 20-111-CS-N****FIRST AMENDED
NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Vidur S. Mahadeva, MD, held a Nevada controlled substance registration, Certificate No. CS11174, issued by the Board.

FACTUAL ALLEGATIONS

2. On July 22, 2020, the U.S. Drug Enforcement Administration (DEA) issued an Order to Show Cause and Immediate Suspension of Respondent's DEA Certificate of Registration No. BM7876800 (DEA Suspension for Cause) pursuant to 21 U.S.C. § 824(d).

3. The DEA Suspension for Cause alleged, and pled with particularity facts in support thereof, that Respondent has committed acts that would render registration inconsistent with the public interest, that Respondent regularly prescribed controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.381, and that Respondent failed to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4).

4. On or about August 4, 2020, Board staff notified Respondent that the DEA Suspension for Cause operates as an immediate suspension of his Nevada controlled substance registration, Certificate of Registration No. CS11174, pursuant to NRS 639.2107.

5. On or about October 2, 2020, Board Staff properly served Respondent with the Notice of Intended Action and Accusation on file in this matter together with the Statement to Respondent and Notice of Hearing.

6. On or about October 28, 2020, Respondent filed an Answer and Notice of Defense to the original Accusation and requested a stay of administrative proceedings until final disposition of *In the Matter of Vidur Mahadeva, MD*, DEA Administrative Docket No. 20-26. Pursuant to NAC 639.120(1) this matter was continued.

7. On November 17, 2020, Board staff assisted DEA special agents executing a search warrant at Respondent's practice at 556 Vine Street, Reno NV. The search revealed that Respondent was in possession of controlled substances, specifically diazepam and cocaine hydrochloride, in violation of the DEA Suspension for Cause and corresponding suspension of Certificate of Registration No. CS11174. The DEA special agents impounded the controlled substances.

8. The investigation also revealed that Respondent was dispensing controlled substances and/or dangerous drugs for Nevada patients without a valid dispensing practitioner registration, and on January 16, 2019, dispensed trazodone to an undercover DEA special agent. Board staff impounded the dangerous drugs.

9. The investigation also revealed that the controlled substances and dangerous drugs were not kept in a locked storage area with access restricted to authorized persons, and that Respondent failed to properly store, segregate and/or dispose of adulterated and/or expired drugs.

10. On February 9, 2021, Respondent surrendered his DEA Certificate of Registration No. BM7876800 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

11. 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.

APPLICABLE LAW

12. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

13. No person may possess or dispense a controlled substance without specific authority to do so. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226; NRS 453.321; NRS 453.377; NRS 453.381; NRS 639.100; NRS 639.23505; NAC 639.742.

14. No person may furnish or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.215; NRS 454.221; NRS 454.321; NRS 454.356; NRS 639.100; NRS 639.23505; NAC 639.742.

15. All controlled substances and dangerous drugs in the possession of a dispensing practitioner must be kept in a locked storage area with access restricted to authorized persons. NAC 639.742; NAC.639.745.

16. 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).

17. 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).

18. 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).

19. The suspension of a registration by the Drug Enforcement Administration operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

20. 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).

21. 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).

22. 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).

FIRST CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By regularly prescribing controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.381, and failing to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4), and further by possessing and/or dispensing controlled substances in violation of the DEA Suspension for Cause and corresponding suspension of Certificate of Registration No. CS11174, in further violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03(a)(1), NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 639.100, NRS 639.23505, and/or NAC 639.742, Respondent has committed an act that would render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

SECOND CAUSE OF ACTION

Violations of Federal and State Controlled Substances Acts

24. By regularly prescribing controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), 21 CFR § 1306.04(a) and NRS 453.381, failing to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4), and further by possessing and/or dispensing controlled substances in violation of the DEA Suspension for Cause and corresponding suspension of Certificate of Registration No. CS11174, in further violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03(a)(1), NRS 453.226, NRS 453.321, NRS 453.377, and/or NRS 453.381, Respondent is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(11) and/or (12).

THIRD CAUSE OF ACTION

Suspension/Surrender of DEA Registration for Cause

25. By surrendering his DEA Certificate of Registration No. BM7876800 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. CS11174 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

26. The suspension of Respondent's Nevada controlled substance registration, Certificate No. CS11174, pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

FOURTH CAUSE OF ACTION

Violations of State Law - Unlawful Dispensing

27. By furnishing and/or dispensing controlled substances and/or dangerous drugs to Nevada patients without a valid dispensing practitioner registration, Respondent violated NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 454.215, NRS 454.221, NRS 454.321, NRS 454.356, NRS 639.100, NRS 639.23505 and/or NAC 639.742, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FIFTH CAUSE OF ACTION

Violations of State Law - Failure to Properly Store and Secure Drugs

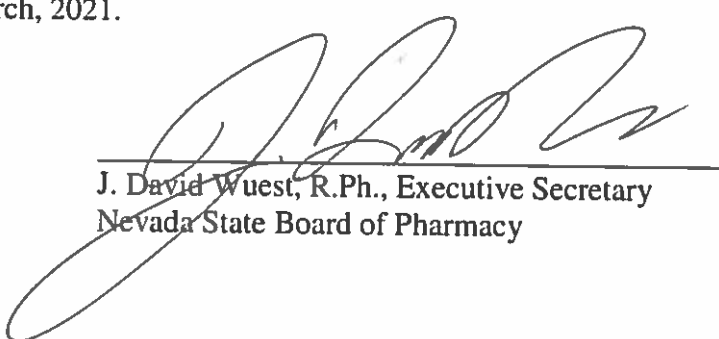
28. By permitting unrestricted and unsecured access to the stock of dangerous drugs at his practice and failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs, Respondent violated NRS 639.282(1)(d), NAC 639.601(1), NAC 639.742 and/or NAC.639.745, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

SIXTH CAUSE OF ACTION**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

29. By his actions as alleged in the first through fifth causes of action, Respondent has 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).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 10th day of March, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-111-CS-N

Petitioner,

v.

**VIDUR S. MAHADEVA, MD,
Certificate of Registration No. CS11174,**

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 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

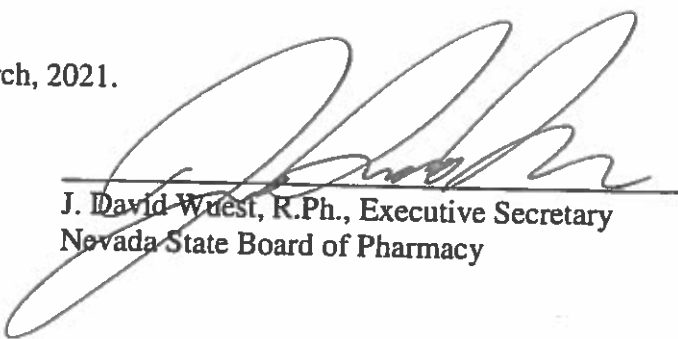
IV.

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 16th day of March, 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.****Vidur S. Mahadeva, MD,
Certificate of Registration No. CS11174,****Respondent.****CASE NO. 20-111-CS-N****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

VIDUR S. MAHADEVA, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of March, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Vidur S. Mahadeva, MD
556 Vine Street
Reno, NV 89503

Vidur S. Mahadeva, MD
1255 S. Wells Ave
Reno, NV 89502



SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

Case No. 20-001-CS-N

**VIDUR S. MAHADEVA, M.D.,
Certificate of Registration No. CS11174,**

Respondent.

**ANSWER AND NOTICE OF DEFENSE TO FIRST AMENDED
NOTICE OF INTENDED ACTION AND ACCUSATION**

Respondent above-named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy on March 10, 2021, declares:

1. I intend to defend against the accusation brought by the Board of Pharmacy;
2. I object to the First Amended Notice of Intended Action and Accusation on the basis that it does not adequately inform me of the charges in sufficient specificity to defend them. There are no facts given concerning dates, patients or any other particulars. The statement "failing to comply with applicable federal and state laws relating to controlled substances" is vague to the point of being meaningless.
3. To the extent that this is reciprocal discipline under NRS 639.2107, I contest these deregistration proceedings. I have obtained an expert opinion to contradict that of the DEA and I firmly believe that the evidence will exonerate me and show that I practiced

above the standard of care in pain management with sound academic principles and was never a danger to the public. Further, I met all of the statutory and regulatory guidelines for the prescription of scheduled substances.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING ANSWER AND NOTICE OF DEFENSE, AND ALL FACTS THEREIN STATED, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATED this 31st day of March, 2021.


VIDUR S. MAHADEVA, M.D.


CARL M. HEBERT, ESQ.
SBN 250
2215 Stone View Drive
Sparks, NV 89436
775-772-5556
carl@cmhebertlaw.com

Counsel for respondent

CERTIFICATE OF SERVICE

I certify that I am an employee of CARL M. HEBERT, ESQ., and that on March 31, 2021, I

 X hand-delivered

 mailed, postage pre-paid U.S. Postal Service in Reno, Nevada

 e-mailed

 telefaxed, followed by mailing on the next business day,

 served through use of the court's electronic filing system pursuant Nevada EFCR

9(c),

a copy of the attached

**ANSWER AND NOTICE OF DEFENSE OF RESPONDENT VIDUR MAHADEVA, M.D.
TO THE FIRST AMENDED NOTICE OF ACTION AND ACCUSATION**

addressed to:

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Ste 206
Reno, NV 89521
775-850-1440



An employee of Carl M. Hebert, Esq.

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).

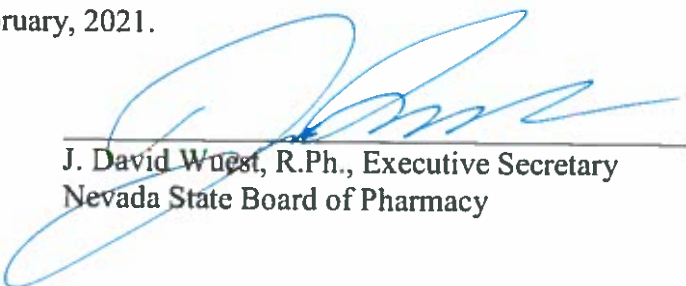
SIXTH CAUSE OF ACTION

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,**

**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

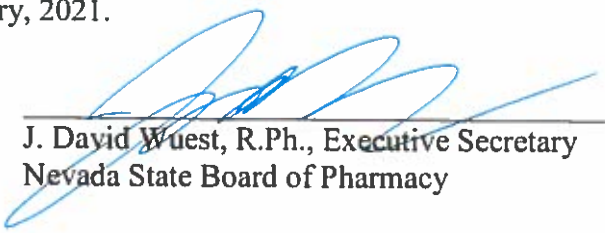
IV.

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:

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	)	CASE NO. 21-001-CS-S
PHARMACY,	)	
	)	
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.

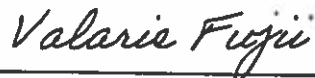
E. That Dr. Silver has practiced medicine in good standing with no issues for over fifty (50) years. Moreover, he has a current, valid, active medical license with no pending discipline with the Nevada State Board of Medical Examiners at the time of this answer.

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

Case No. 20-4041-1

Against

FILED

FRANK P. SILVER, M.D.,

DEC - 4 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 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

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 Reno, Nevada 89521
 (775) 686-2559

upon him and the Board.

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, if the Board approves this Agreement, and all conditions, then 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.

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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.

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1 d. This Agreement shall be reported to the appropriate entities and parties as
2 required by law, including, but not limited to, the National Practitioner Data Bank.

3 e. Respondent shall receive a Public Letter of Reprimand.

4 f. Any other claims arising from the following Board Investigation #15-
5 15840, from which involved Respondent's association with Bledsoe/VIP Faces from 2015-2018,
6 shall be dismissed with prejudice.

7 g. Respondent shall take three (3) hours of continuing medical education
8 (CME) related to best practices for injectable fillers within the next three (3) months from the date
9 of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours
10 of CME shall be in addition to any CME requirements that are regularly imposed upon
11 Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board
12 prior to their completion.

13 h. Respondent shall remain in his specialty of gynecology and infertility and
14 with his pre-existing and established patients provide injectable fillers upon request; Respondent
15 shall not engage in any medical spa related activities with any unlicensed individuals or entities.

16 6. Release From Liability. In execution of this Agreement, Respondent understands
17 and agrees that the State of Nevada, the Board, and each of its members, staff, counsel,
18 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents
19 are immune from civil liability for any decision or action taken in good faith in response to
20 information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of
21 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,
22 committees, panels, hearing officers, consultants and agents from any and all manner of actions,
23 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and
24 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against
25 any or all of the persons, government agencies or entities named in this paragraph arising out of,
26 or by reason of, this investigation, this Agreement or the administration of the case referenced
27 herein.

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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.

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 (775) 688-2559

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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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 I. Fujii, Esq.
 Attorneys for Respondent

DATED this 28 day of November, 2020.

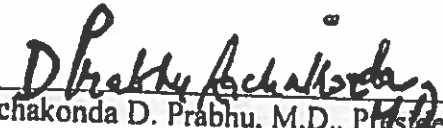
 M.D.
 Frank P. Silver, M.D., Respondent

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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



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.

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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

1 training to perform the task safely and properly; (b) the medical assistant is not required to be
2 certified or licensed to perform that task; (c) the medical assistant is employed by the delegating
3 practitioner or the medical assistant and the delegating practitioner are employed by the same
4 employer; and (d) the employer of the medical assistant has complied with the requirements of
5 subsection 2 as they relate to the task.

6 8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a
7 medical assistant, except in a specific case of emergency in a rural area.²

8 9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a
9 medical assistant is delegated a task which involves an “invasive procedure,”³ the delegating
10 practitioner must be immediately available to exercise oversight in person while the medical
11 assistant performs the task.

12 10. The term “medical director” is not recognized or defined under any Nevada law or
13 regulation pertaining to the professional conduct and responsibility of licensed medical
14 professionals, and no law authorizes so-called “medical directors” to violate or circumvent the
15 aforementioned statutes and regulations of the Medical Practice Act.

16 11. Accordingly, pursuant to NRS 630.400(1)(d), NRS 630.305(1)(e), and
17 NRS 630.0129, and NAC 630.800 to NAC 630.840:

18 a. If a practitioner, whether by serving as a so-called “medical director” or by
19 some other relationship or circumstance, aids, assists, employs or advises, directly or
20 indirectly, any unlicensed person to engage in the practice of medicine, then the practitioner
21 may lawfully do so only by delegating tasks to an adequately supervised, competent and properly
22 trained medical assistant.

23
24 ² Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b)
25 the delegating practitioner is physically located a significant distance from the location where the task is to be
26 performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention;
27 (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the
28 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

1 McKesson utilizing Respondent's DEA number, but did not know exactly how much Bledsoe was
2 ordering for VIP Faces' use or her own personal use.

3 34. Bledsoe routinely injected clients with Botox, and Juvederm without Respondent's
4 medical supervision, and without Respondent's medical orders or instructions. Bledsoe also
5 injected B-12 vitamin for clients after approval by Respondent. VIP Faces held itself out to the
6 public as a "medical spa" "specializing" in injectable cosmetic procedures and "medical" weight-
7 loss.

8 35. Respondent was not a manager, agent, officer or employee of VIP Faces.

9 36. Respondent had no ownership or member interest in VIP Faces, but he had a
10 contractual authority, pursuant to the aforementioned Agreement. Respondent had a statutory duty
11 to manage the medical-related affairs of VIP Faces in compliance with the Medical Practice Act.

12 37. Neither Bledsoe nor other independent contractors of VIP Faces were employed by
13 Respondent during the time Respondent served as Medical Director of VIP Faces.

14 38. At all times relevant to the facts alleged herein, neither Bledsoe, nor her
15 independent contractors of VIP Faces were licensed by any Nevada professional licensing board
16 pursuant to NRS chapters 630 to 637, inclusive, 639 or 640 or licensed to practice medicine in the
17 State of Nevada.

18 39. Other than Respondent as Medical Director no person in any way affiliated with
19 VIP Faces held a medical license issued by the Nevada Medical Board.

20 40. Bledsoe was neither a Nevada licensed cosmetologist nor a Nevada licensed
21 esthetician.

22 41. During Respondent's supervision as Medical Director pursuant to the Agreement,
23 VIP Faces' records failed to indicate that Respondent adequately supervised, contacted or
24 consulted Bledsoe.

25 42. Respondent has been licensed in active status (License No. PD00433) by the
26 Pharmacy Board since September 12, 2013, to dispense prescription drugs at the following
27 location: 1900 E. Desert Inn Road, Suite B, Las Vegas, Nevada 89169.

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1 43. Respondent prescribed prescription-strength Botox; the aforementioned drugs and
2 hypodermic devices are available only by prescription, and are dangerous drugs as defined by
3 NRS 454.201. However, Respondent failed to supervise the amounts ordered and received by VIP
4 Faces, as Bledsoe solely controlled their possession.

5 44. As a result, Respondent, negligently through his lack of supervision, provided the
6 aforementioned dangerous drugs and hypodermic devices in the sole possession, custody and
7 control to Bledsoe.

8 45. During Respondent's agreement as Medical Director of VIP Faces, Bledsoe
9 provided medical treatment, and/or prescriptions, and/or administered dangerous drugs, and/or
10 utilized hypodermic devices, to VIP Faces' patients.

11 46. During Respondent's supervision pursuant to the Agreement, the conduct by
12 Bledsoe constitutes the practice of medicine in Nevada.

13 47. During Respondent's supervision pursuant to the Agreement on the date of
14 inspection, VIP Faces' medical records contained no entries for patient history, notes, examination
15 findings, procedures performed, or therapeutic procedures performed by Respondent, unless the
16 patient was referred by VIP Faces for weight loss or other gynecological procedures.

17 48. During Respondent's supervision pursuant to the Agreement, Bledsoe at her
18 discretion, ordered Botox and Juvederm prescribed by Respondent for utilization at VIP Faces
19 without adequate supervision by Respondent.

20 49. Botox and Juvederm were stored in a secure, locked room or cabinet to which
21 the Respondent and Bledsoe had access to. Respondent did not supervise Bledsoe's access to
22 these dangerous drugs and/or hypodermic devices.

23 50. Botox is introduced hypodermically, that is, subcutaneously.

24 51. During Respondent's supervision as Medical Director pursuant to the Agreement,
25 Bledsoe injected the aforementioned dangerous drugs and utilized hypodermic devices without a
26 dispensing license as required by the Pharmacy Board.

27 52. During Respondent's supervision as Medical Director pursuant to the Agreement,
28 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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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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

2

**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.

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.

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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.

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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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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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OFFICE OF THE GENERAL COUNSEL
 Nevada State Board of Medical Examiners
 9600 Gateway Drive
 Reno, Nevada 89521
 (775) 688-2559

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
 Frank P. Silver, M.D., Respondent

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

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, by and through counsel, Richard A. Schonfeld, Esq., David Z. Chesnoff, Esq., and Valarie I. Fujii, 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 February 28, 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 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).
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 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).

6. Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing which may be sufficient to establish a factual basis for the violations alleged therein, *to wit*, that:

A. 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) and NRS 630.306(1)(b)(3);

B. Respondent at times failed to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit*, cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316; and

C. Respondent engaged in conduct contrary to the public interest as defined in NAC 639.945(1).

7. Respondent has not any professional affiliation nor engaged in professional practice with VIP Faces for over three years.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.241(1) and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation,

the Board and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, stipulate to the following:

A. Respondent shall pay a fine of Three-Thousand Dollars (\$3000.00) 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) days of the effective date of this Order;

B. 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) days of the effective date of this Order;

C. Respondent shall establish policies and procedures within his practice to ensure that:

i. A bona fide relationship between the patient and the practitioner ordering a cosmetic injectable exists before the medication is ordered or administered;

ii. The practitioner who examines the patient and orders a cosmetic injectable 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 a cosmetic injectable called for in an order is 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 cosmetic injectables are kept in a locked storage area with access restricted to authorized persons.

D. Respondent shall comply with all federal and state statutes and regulations regarding cosmetic injectables.

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 June 2, 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 shall be heard by the Board. The terms 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 May, 2021

Signed this ____ day of May, 2021

FRANK P. SILVER, MD,
Certificate of Registration Nos.
CS04120 and PD00433

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND
CONTENT this ____ day of May, 2021

APPROVED AS TO FORM AND
CONTENT this ____ day of May, 2021

RICHARD A. SCHONFELD, ESQ.
DAVID Z. CHESNOFF, ESQ.
Counsel for Respondent

VALARIE I. FUJII, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, in Case No. 21-001-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 June, 2021.

Helen Park, President
Nevada State Board of Pharmacy



U.S. Department of Justice
Drug Enforcement Administration

Office of the Administrator

Springfield, VA 22152

July 22, 2020

IN THE MATTER OF

Vidur S. Mahadeva, M.D.
556 Vine St.
Reno, Nevada 89503

DEA Certificate of Registration BM7876800

**ORDER TO SHOW CAUSE AND
IMMEDIATE SUSPENSION OF REGISTRATION**

PURSUANT to Sections 303 and 304 of the Controlled Substances Act, Title 21,
United States Code, Sections 823 and 824,

NOTICE is hereby given to inform you of the immediate suspension of Drug Enforcement Administration ("DEA") Certificate of Registration ("COR") BM7876800, pursuant to 21 U.S.C. § 824(d), because your continued registration constitutes "an imminent danger to the public health or safety." Notice is also given to afford you an opportunity to show cause before DEA at the DEA Hearing Facility located at 1550 Crystal Drive, Suite 901, Arlington, VA 22202, on October 27, 2020, or on such a subsequent date designated by the Administrative Law Judge (if you request such a hearing), as to why DEA should not revoke your registration pursuant to 21 U.S.C. § 824(a)(4), and deny any pending applications for renewal or modification of such registration, and deny any applications for additional DEA registrations, because your continued registration is inconsistent with the public interest, as that term is defined in 21 U.S.C. § 823(f).

As detailed below, this order states DEA's basis for this Order to Show Cause and Immediate Suspension of Registration, including a *non-exhaustive summary* of facts and law at issue, as well as citations to laws and regulations that you have violated (*see* 21 C.F.R. §§ 1301.36(e) and 1301.37(c), which DEA construes *in pari materia*). In order to preserve your rights in this proceeding, you may appear in these revocation proceedings by filing a notice of appearance or request for hearing in the manner prescribed by regulations within 30 days from the receipt of this Order.

BACKGROUND

1. You are registered with DEA as a practitioner with authority in Schedules II–V pursuant to DEA COR Number BM7876800. Your registered address is 556 Vine Street, Reno, NV 89503. Your registration expires by its own terms on January 31, 2023.
2. You are presently licensed in the State of Nevada as a physician with license number 11257. Your state medical license expires by its own terms on July 1, 2021.
3. Your DEA COR should be revoked and any pending application should be denied because you have committed such acts as would render your registration inconsistent with the public interest, as that term is defined under the Controlled Substances Act. *See* 21 U.S.C. § 823(f); 21 U.S.C. § 824(a)(4). DEA’s investigation revealed that you have regularly prescribed controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), and that you have also failed to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. § 823(f)(4).

LEGAL REQUIREMENTS

4. A prescription for a controlled substance is legitimate only if “issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.” 21 C.F.R. § 1306.04(a); *see, e.g., MacKay v. DEA*, 664 F.3d 808, 816 (10th Cir. 2011) (applying state law to determine if a prescription complied with 21 C.F.R. § 1306.04(a)); *Marcia L. Sills, M.D.*, 82 Fed. Reg. 36,423-01, 36,443–44 (2017) (discussing 21 C.F.R. § 1306.04(a)). Additionally, “[c]areless or negligent handling of controlled substances creates the opportunity for diversion and [can] justify revocation or denial.” *Paul J. Caragine, Jr.*, 63 Fed. Reg. 51,592, 51,601 (1998).
5. In addition to complying with the above-cited federal statutes and regulations, as a Nevada practitioner, you are also required to comply with applicable Nevada state law. Nevada law authorizes a practitioner to prescribe controlled substances “only for a legitimate medical purpose and in the usual course of his or her professional practice.” NEV. REV. STAT. § 453.381. Additionally, the Nevada State Board of Medical Examiners has adopted the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* (“Model Policy”), published by the Federation of State Medical Boards of the United States. *See* NEV. ADMIN. CODE § 630.187; *see also* NEV. ADMIN. CODE § 630.185 (stating that section 630.187 is among the statutes that “set forth the standards of practice established by the Board”). The Model Policy explains that a practitioner should do the following before prescribing controlled substances:
 - a. Conduct an “initial assessment and evaluation [that] include[s] a systems review and relevant physical examination” and identifies “objective markers of disease or diagnostic markers”;

- b. "Assess[] . . . the nature and intensity of the [patient's] pain, past and current treatments for the pain, any underlying or co-occurring disorders and conditions, and the effect of the pain on the patient's physical and psychological functioning";
- c. "[D]ocument the presence of one or more recognized medical indications and absence of psychosocial contraindications for prescribing an opioid analgesic";
- d. "Assess[] . . . the patient's personal and family history of alcohol or drug abuse and relative risk for substance use disorder," as well as "the patient's personal and family history of mental health disorders";
- e. Develop a treatment plan that "provide[s] clear-cut, individualized objectives to guide the choice of therapies for both the clinician and the patient," and revisit that plan regularly;
- f. Obtain informed consent by discussing the risks and benefits of the treatment plan and counseling the patient "on the potential risks and anticipated benefits" of opioids including but not limited to dependence, substance use disorder, overdose and death"; and
- g. "[R]egularly review the patient's progress, including any new information about the etiology of the pain or the patient's overall health and level of function." This includes monitoring the patient's pain and function as well as the patient's compliance with the treatment plan.

IMPROPER PRESCRIBING OF CONTROLLED SUBSTANCES

- 6. From at least September 15, 2016, to at least March 7, 2020, you issued numerous prescriptions for Schedule II–IV controlled substances to four patients in violation of federal and state law. DEA retained an independent medical expert to review the prescriptions that you issued to these four patients. As discussed in more detail below, DEA's expert concluded that each prescription was issued outside the usual course of professional practice and not for a legitimate medical purpose. Specifically, DEA's expert concluded that you failed to fulfill the basic, minimum requirements pertaining to the prescribing of controlled substances with each patient by failing to do the following: (1) perform appropriate physical examinations; (2) perform appropriate mental status examinations; (3) evaluate your patients' risk factors for the controlled substances prescribed; (4) obtain appropriate medical histories; (5) develop treatment plans; (6) establish opioid exit plans; (7) establish legitimate medical diagnoses to support the controlled substances prescribed; and (8) appropriately monitor your patients' medication compliance.
- 7. Additionally, DEA's expert concluded that you repeatedly prescribed dangerous combinations of controlled substances to these patients and increased their dosages of controlled substances without a legitimate medical justification. DEA's expert also concluded that your prescribing was dangerous and reckless, and it put your patients at grave risk for adverse health consequences, including respiratory depression, overdose, or

death. As discussed in greater detail below, your prescribing of controlled substances reflects an extreme departure from the minimum standard of care in the State of Nevada.

Patient M.H.

8. On at least four separate occasions between April 27, 2017, and March 7, 2020, you prescribed each of the following controlled substances to Patient M.H.:
 - a. 60-90 tablets of alprazolam 2 mg (a Schedule IV benzodiazepine);
 - b. 30-60 tablets of methadone 10 mg (a Schedule II opioid); and
 - c. 120-150 tablets of oxycodone (a Schedule II opioid), at dosages ranging from 10 mg to 15 mg.
9. Additionally, on at least four separate occasions between May 31, 2017, and November 8, 2019, you prescribed each of the following controlled substances to Patient M.H.:
 - a. 60-90 tablets of alprazolam 2 mg (a Schedule IV benzodiazepine);
 - b. 60 tablets of methadone 10 mg (a Schedule II opioid);
 - c. 120-150 tablets of oxycodone (a Schedule II opioid), at dosages ranging from 10 mg to 20 mg; and
 - d. Hydrocodone/chlorpheniramine (a Schedule II opioid).
10. Finally, on at least three separate occasions between December 5, 2019, and February 5, 2020,¹ you prescribed each of the following controlled substances to Patient M.H.:
 - a. 90 tablets of alprazolam 2 mg (a Schedule IV benzodiazepine);
 - b. 30-60 tablets of methadone 10 mg (a Schedule II opioid);
 - c. 150 tablets of oxycodone 10 mg (a Schedule II opioid); and
 - d. 10-45 tablets of buprenorphine 8 mg (a Schedule III opioid).

¹ On one of these occasions, February 5, 2020, you prescribed alprazolam five days after you prescribed the other three controlled substances.

11. Based on a review of your electronic medical records for Patient M.H., DEA's expert concluded that each prescription was issued outside the usual course of professional practice in Nevada and not for a legitimate medical purpose. In addition to the concerns outlined above (*see supra* ¶¶ 6-7), DEA's expert noted the following deviations below the standard of care in your treatment of Patient M.H.:

- a. On April 27, 2017, Patient M.H. returned to your office after being incarcerated for approximately 18 months. You prescribed Patient M.H. methadone and oxycodone in dosages that exceeded 100 morphine milligram equivalents ("MMEs"),² even though this patient appeared to be opiate naïve, according to urine drug screen results and the Nevada Prescription Monitoring Program. DEA's expert opined that prescribing more than 100 MMEs to an opiate naïve patient was excessive, reckless, and dangerous. Moreover, you prescribed Patient M.H. a Schedule IV benzodiazepine (alprazolam) in addition to two opioids. The Food and Drug Administration ("FDA") requires a black box warning for benzodiazepines, which states: "WARNING: RISKS FROM CONCOMITANT USE WITH OPIOIDS." The warning continues: "Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death." DEA's expert opined that this drug combination was dangerous, and it greatly increased Patient M.H.'s risk of adverse health consequences, such as respiratory depression, overdose, or death.
- b. You frequently increased Patient M.H.'s medication dosage without a legitimate medical justification. For example, on December 27, 2018, you doubled Patient M.H.'s methadone prescription, although your medical records indicate that Patient M.H.'s pain was "controlled," and this patient rated their pain level as a one or two out of ten.
- c. You frequently prescribed multiple opioids to Patient M.H. without explaining why each opioid was indicated. For example, on December 5, 2019, your medical records state that Patient M.H. was "well controlled on current regiment with no increase in pain," yet you prescribed buprenorphine to Patient M.H. because Patient M.H. requested it, even though Patient M.H. was already receiving two opioids (methadone and oxycodone). On the next visit, on January 6, 2020, Patient M.H. requested a higher dosage of buprenorphine. Evidently on this basis alone you increased Patient M.H.'s dosage, while continuing to prescribe Patient M.H. methadone and oxycodone. DEA's expert noted that you did not document a legitimate medical purpose for prescribing this combination of opioids or for the increase in buprenorphine.

² DEA's expert calculated morphine equivalents according to the CDC's guidelines. *See Calculating Total Daily Dosage of Opioids for Safer Dosage*, available at https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf (last visited June 15, 2020).

12. For the foregoing reasons, and in view of the minimal standards that govern the practice of medicine in the State of Nevada, the prescriptions issued to Patient M.H. were not issued “for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.” Therefore, these prescriptions violated 21 C.F.R. § 1306.04(a) and NEV. REV. STAT. § 453.381. These prescriptions also violated the standards of practice set forth by the Nevada State Board of Medical Examiners. *See, e.g.,* NEV. ADMIN. CODE § 630.187.

Patient D.S.

13. On at least 14 separate occasions between December 3, 2018, and January 6, 2020, you prescribed each of the following controlled substances to Patient D.S.:
- a. 30 tablets of morphine sulfate extended release 15 mg (a Schedule II opioid);
 - b. 150 tablets of oxycodone 10 mg (a Schedule II opioid);
 - c. 60 tablets of alprazolam 1 mg (a Schedule IV benzodiazepine); and
 - d. 60 tablets of carisoprodol 350 mg (a Schedule IV muscle relaxant).
14. Additionally, on February 5, 2020, and March 5, 2020, you prescribed each of the following controlled substances to Patient D.S.:
- a. 30 tablets of morphine sulfate extended release 15 mg (a Schedule II opioid);
 - b. 150 tablets of oxycodone 10 mg (a Schedule II opioid); and
 - c. 60 tablets of alprazolam 1 mg (a Schedule IV benzodiazepine).
15. Based on a review of your electronic medical records for Patient D.S., DEA’s expert concluded that each prescription was issued outside the usual course of professional practice in Nevada and not for a legitimate medical purpose. In addition to the concerns outlined above (*see supra* ¶ 6), DEA’s expert noted the following deviations below the standard of care in your treatment of Patient D.S.:
- a. You prescribed Patient D.S. a highly-addictive drug cocktail, otherwise known as the “Holy Trinity,” which is commonly associated with abuse/diversion. This drug cocktail is very dangerous because it consists of three central nervous system depressants: an opioid, a benzodiazepine, and a muscle relaxant. DEA’s expert opined that this drug cocktail should rarely, if ever, be prescribed. If it is prescribed, the patient must be closely monitored, and all of the following circumstances must be present in accordance with the standard of care in Nevada: (1) there must be a legitimate medical justification for prescribing each controlled substance; (2) non-controlled alternatives must have been tried; and (3) the physician must have discussed the risks and benefits of prescribing this drug cocktail with the patient, and determined that the benefits outweigh the significant risks. Your medical records do not indicate

that any of these circumstances were present, or that you carefully monitored Patient D.S. while Patient D.S. was taking this dangerous drug cocktail. For example, your medical records do not show that you conducted regular urine drug screens on this patient.

- b. Moreover, your medical records do not document a diagnosis that would support prescribing alprazolam to Patient D.S. Your medical records indicate that Patient D.S. suffers from insomnia, but you prescribed alprazolam with instructions that it be taken twice a day, which is inconsistent with an insomnia diagnosis. Your progress note from September 6, 2018 (more than two years after you began prescribing alprazolam to Patient D.S.), records a diagnosis of “GAD [generalized anxiety disorder] F41.1,” but there is no support for this diagnosis in your records. Additionally, there is no discussion of whether non-controlled drugs or other therapies were tried for anxiety or insomnia.
 - c. Your medical records do not document any legitimate medical justification for prescribing carisprodol, a Schedule IV muscle relaxant.
16. For the foregoing reasons, and in view of the minimal standards that govern the practice of medicine in the State of Nevada, the prescriptions issued to Patient D.S. were not issued “for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.” Therefore, these prescriptions violated 21 C.F.R. § 1306.04(a) and NEV. REV. STAT. § 453.381. These prescriptions also violated the standards of practice set forth by the Nevada State Board of Medical Examiners. *See, e.g.*, NEV. ADMIN. CODE § 630.187.

Patient C.L.

17. On at least five separate occasions between September 15, 2016, and December 19, 2017,³ you prescribed each of the following controlled substances to Patient C.L.:
- a. 60-180 tablets of methadone 10 mg (a Schedule II opioid);
 - b. 90 tablets of oxycodone 20-30 mg (a Schedule II opioid); and
 - c. 30-60 tablets of alprazolam 1 mg (a Schedule IV benzodiazepine).
18. Additionally, on at least four additional occasions between October 4, 2019, and January 6, 2020, you prescribed each of the following controlled substances to Patient C.L.:
- a. 90 tablets of oxycodone 30 mg (a Schedule II opioid), and
 - b. 60 tablets of alprazolam 2 mg (a Schedule IV benzodiazepine).

³ On one of these occasions, December 19, 2017, you prescribed alprazolam three days after you prescribed the other three controlled substances.

19. Based on a review of your electronic medical records for Patient C.L., DEA's expert concluded that each prescription was issued outside the usual course of professional practice in Nevada and not for a legitimate medical purpose. In addition to the concerns outlined above (*see supra* ¶¶ 6-7), DEA's expert noted the following deviations below the standard of care in your treatment of Patient C.L.:

- a. On September 15, 2016, you doubled Patient C.L.'s dosage of methadone, in addition to prescribing Patient C.L. a second opioid, oxycodone. DEA's expert noted that there was no justification in your medical records for doubling Patient C.L.'s methadone dosage or for prescribing Patient C.L. two opioids. DEA's expert opined that the practice of prescribing two medications for the same indication without clarifying when each medication should be used is referred to as "therapeutic duplication," and it was especially problematic in this case because you prescribed benzodiazepines to Patient C.L. in addition to two opioids. As discussed in more detail above (*see supra* ¶ 11.a.), the FDA has warned against combining benzodiazepines and opioids. Additionally, DEA's expert opined that this drug combination greatly increased Patient C.L.'s risk of adverse health consequences, such as respiratory depression, overdose, or death.
- b. You increased Patient C.L.'s medication dosages on at least three additional occasions (specifically, on October 14, 2016; December 9, 2016; and February 28, 2017) without documenting a legitimate medical purpose for these increases in your medical records. On two of these occasions, your medical records indicate that Patient C.L. requested these increases. DEA's expert opined that it is a red flag of drug abuse and/or diversion for a patient to request an increase in dosage of controlled substances, and that you failed to address or resolve this red flag.
- c. You regularly noted in your medical records that Patient C.L. had diminished breath sounds and worsening chronic obstructive pulmonary disease. DEA's expert noted that it was dangerous to continue to prescribe Patient C.L. two respiratory depressants—opioids and benzodiazepines—in light of these symptoms. DEA's expert noted that you immediately should have begun to wean Patient C.L. off, or to significantly lower dosages, of both of these controlled substances upon presentation of these symptoms to reduce the risks of overdose and death. Instead, you continued to prescribe this combination of controlled substances to Patient C.L. for years.
- d. You prescribed alprazolam to Patient C.L. approximately monthly for more than three years without developing a diagnosis to support prescribing this medication. Your medical records indicate that Patient C.L. has generalized anxiety disorder and panic disorder, but there is not adequate support for these diagnoses in your medical records. In fact, your records frequently state that Patient C.L. has "[n]o depressed or anxious affect."

20. For the foregoing reasons, and in view of the minimal standards that govern the practice of medicine in the State of Nevada, the prescriptions issued to Patient C.L. were not issued "for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." Therefore, these prescriptions violated 21 C.F.R. § 1306.04(a)

and NEV. REV. STAT. § 453.381. These prescriptions also violated the standards of practice set forth by the Nevada State Board of Medical Examiners. *See, e.g.*, NEV. ADMIN. CODE § 630.187.

Patient C.M.

21. You issued eight prescriptions to Patient C.M., a DEA Special Agent acting in an undercover capacity, on four separate occasions between December 18, 2018, and August 21, 2019. On December 18, 2018, you prescribed each of the following controlled substances to Patient C.M.:
 - a. 60 tablets of lorazepam 1 mg (a Schedule IV benzodiazepine); and
 - b. 60 tablets of hydrocodone/acetaminophen 10/325 mg (a Schedule II opioid).
22. Additionally, on three separate occasions between January 16, 2019, and August 21, 2019, you prescribed each of the following controlled substances to Patient C.M.:
 - a. 60 tablets of alprazolam 1 mg (a Schedule IV benzodiazepine); and
 - b. 120 tablets of hydrocodone/acetaminophen 10/325 mg (a Schedule II opioid).
23. All of your office visits with Patient C.M. were recorded. Based on a review of the complete recordings and transcripts of these interactions, DEA's expert concluded that each prescription issued to Patient C.M. was issued outside the usual course of professional practice in Nevada and not for a legitimate medical purpose. In addition to the concerns outlined above (*see supra* ¶¶ 6-7), DEA's expert noted the following deviations below the standard of care in your treatment of Patient C.M.:
 - a. There was no legitimate medical justification for either of the controlled substances that you prescribed to Patient C.M., or for the combination of controlled substances that you prescribed to Patient C.M. You prescribed hydrocodone for back pain, but the cursory physical examinations that you performed on Patient C.M. did not support this diagnosis. Patient C.M. repeatedly reported low pain levels—or no pain at all—during your examinations.
 - b. You doubled Patient C.M.'s hydrocodone dosage on the second visit on January 16, 2019,⁴ without a legitimate medical justification, and without any indication that Patient C.M.'s pain levels had increased from the previous visit.

⁴ It is not evident upon initial examination that you doubled Patient C.M.'s dosage on January 16, 2019, because both the December 18, 2018 prescription (written as a two-week supply) and the January 16, 2019 prescription (written as a 30-day supply) provide the patient with four tablets per day. However, prior to issuing the December 18, 2018 prescription, you stated that you intended this prescription to provide a 30-day supply, although you were "writing it in such a way that it looks like two weeks for the authorities." Therefore, you clearly intended the December 18, 2018 prescription to supply Patient C.M. with two tablets per day.

- c. You never obtained past medical records or ordered X-rays or other imaging to verify Patient C.M.'s subjective pain complaint. Patient C.M. reported having gotten X-rays taken previously, and Patient C.M. informed you that Patient C.M. did not believe the X-rays showed any deformities. You did not follow up on these apparently normal X-rays.
 - d. You prescribed Schedule IV benzodiazepines to Patient C.M. (lorazepam on the first visit, and alprazolam on the subsequent visits), but you did not adequately explore Patient C.M.'s anxiety complaint, or develop a legitimate diagnosis to support prescribing these controlled substances. Additionally, you prescribed Patient C.M. a large quantity of alprazolam that was disproportionate to Patient C.M.'s complaint. For example, on January 16, 2019, Patient C.M. reported having anxiety "a couple of times a week." However, you prescribed Patient C.M. a thirty-day supply of up to two 1 mg tablets per day.
 - e. You did not adequately warn Patient C.M. of the dangers of concurrent use of opioids and benzodiazepines, which are both central nervous system depressants. As discussed in more detail above (*see supra* ¶ 11.a.), the FDA has warned against combining benzodiazepines and opioids. Additionally, DEA's expert opined that this drug combination greatly increased Patient C.M.'s risk of adverse health consequences, such as respiratory depression, overdose, or death. Because you did not warn Patient C.M. of the risks of combining benzodiazepines and opioids, you did not obtain informed consent for prescribing these drugs. In fact, during Patient C.M.'s visit on April 30, 2019, you said, "[t]hese medicines the way you're taking them are extremely safe as long as you don't combine them with alcohol." This statement was dangerously misleading, and it directly contradicted the FDA's warning.
 - f. You obtained little to no information about Patient C.M.'s mental health history and Patient C.M.'s current and past drug and alcohol use. This was especially dangerous because you prescribed Patient C.M. a combination of benzodiazepines and opioids, which are both respiratory depressants that can exacerbate mental health problems, and can be extremely dangerous if combined with alcohol or other drugs.
24. For the foregoing reasons, and in view of the minimal standards that govern the practice of medicine in the State of Nevada, the eight prescriptions issued to Patient C.M. were not issued "for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." Therefore, these prescriptions violated 21 C.F.R. § 1306.04(a) and NEV. REV. STAT. § 453.381. These prescriptions also violated the standards of practice set forth by the Nevada State Board of Medical Examiners. *See, e.g.,* NEV. ADMIN. CODE § 630.187.

IN view of the foregoing, and pursuant to 21 U.S.C. §§ 823(f) and 824(a)(4), it is my preliminary finding that your continued registration is inconsistent with the public interest. It is my preliminary finding that on numerous occasions you issued prescriptions outside the usual course of professional practice and not for a legitimate medical purpose, which is inconsistent with the public interest. It is also my preliminary finding, based on the facts and circumstances described above and in light of the rampant and deadly problem of prescription controlled

substance abuse, that your continued registration during the pendency of these proceedings would constitute "an imminent danger to the public health or safety" because of the substantial likelihood of an imminent threat that death, serious bodily harm or abuse of controlled substances will occur in the absence of this suspension. Under the facts and circumstances described herein, it is my conclusion that your continued registration while these proceedings are pending constitutes "an imminent danger to the public health or safety." *See* 21 U.S.C. § 824(d). Accordingly, pursuant to the provisions of 21 U.S.C. § 824(d) and 21 C.F.R. § 1301.36(e), and the authority granted me under 28 C.F.R. § 0.100, DEA COR BM7876800 is hereby suspended effective immediately. Such suspension shall remain in effect until a final determination is reached in these proceedings.

PURSUANT to 21 U.S.C. § 824(f) and 21 C.F.R. § 1301.36(f), the Special Agents and Diversion Investigators of DEA who serve this Order to Show Cause and Immediate Suspension of Registration are authorized to place under seal or to remove for safekeeping all controlled substances that you possess pursuant to the registration which I have herein suspended. The said Agents and Investigators are also directed to take into their possession your DEA COR BM7876800 and any unused order forms and prescription pads.

THE following procedures are available to you in this matter:

1. Within 30 days after the date of receipt of this Order to Show Cause and Immediate Suspension of Registration, you may file with DEA a written request for a hearing in the form set forth in 21 C.F.R. § 1316.47. *See* 21 C.F.R. § 1301.43(a). If you fail to file such a request, the hearing shall be cancelled in accordance with paragraph 3, below.
2. Within 30 days after the date of receipt of this Order to Show Cause and Immediate Suspension of Registration, you may file with DEA a waiver of hearing together with a written statement regarding your respective position on the matters of fact and law involved. *See* 21 C.F.R. § 1301.43(c).
3. Should you decline to file a request for a hearing, or should you request a hearing and then fail to appear at the designated hearing, you shall be deemed to have waived the right to a hearing and DEA may cancel such hearing, and I may enter my final order in this matter without a hearing based upon the evidence presented to me. *See* 21 C.F.R. §§ 1301.43(d) and 1301.43(e).

Requests for hearing should be filed by email with the Office of Administrative Law Judges at the following address: ECF-DEA@usdoj.gov, with a copy simultaneously provided to the Government at the following address: DEA.Registration.Litigation@usdoj.gov. Correspondence concerning this matter, including requests referenced in paragraphs 1 and 2 above, should be addressed to the Hearing Clerk, Office of Administrative Law Judges, Drug Enforcement Administration, 8701 Morrisette Drive, Springfield, VA 22152. Matters are deemed filed upon receipt by the Hearing Clerk. *See* 21 C.F.R. § 1316.45. A copy of the same shall also be served separately on Government counsel, Katherine Steele, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation, 8701 Morrisette Drive, Springfield, VA 22152. Matters are deemed filed upon receipt by the Hearing Clerk. *See* 21 C.F.R. § 1316.45.



Timothy J. Shea
Acting Administrator
Drug Enforcement Administration

cc: Hearing Clerk, Office of Administrative Law Judges
Katherine L. Steele, Counsel for the Government

REQUEST FOR HEARING

Any person desiring a hearing with regard to an Order to Show Cause must, within thirty (30) days from receipt of the Order to Show Cause, file a request for a hearing in the following format:

[DATE]

DEA Headquarters
Office of the Administrative Law Judges
Hearing Clerk
8701 Morrisette Drive
Springfield, Virginia 22152

Dear Madam:

The undersigned, [Name of person], hereby requests a hearing in the matter of [Identification of the proceeding].

- (A) [State with particularity the interest of the person in the proceeding.]
- (B) [State with particularity of the objections or issues, if any concerning which the person desires to be heard.]
- (C) [State briefly the position of the person with regard to the particular objections or issues.]
- (D) [Name (either registrant, applicant, or attorney), address (including street address, city, state, and zip code), and telephone number (including area code) of person to whom all subsequent notices or mailings in this proceeding should be sent.]

Respectfully yours,

[Signature of registrant, applicant
or attorney]

Note: Pursuant to 21 CFR 1316.47(b), the Administrative Law Judge, upon request and showing of good cause, may grant a reasonable extension of time allowing for response to an Order to Show Cause.



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

(775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

August 4, 2020

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: Mahadeva@unr.edu

Vidur S. Mahadeva, MD
556 Vine Street
Reno, NV 89503

Re: Suspension of Certificate of Registration No. CS11174

Dear Dr. Mahadeva:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Department of Justice that your DEA Certificate of Registration No. BM7876800 was suspended for cause on July 22, 2020 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your DEA suspension operates as an immediate suspension of your Nevada controlled substance registration, Certificate of Registration No. CS11174. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

A handwritten signature in blue ink, appearing to be "Brett Kandt".

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

U. S. Department of Justice - Drug Enforcement Administration

**SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION****DEA USE ONLY**

File No.

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 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	
VIDUR MAHADEVA MD		556 VINE STREET RENO, NV 89502	
DEA REGISTRATION NO. BM7876800			
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL Vidur Mahadeva MD		DATE 2/9/2021	

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE Carl M. DiBeret	TITLE ATTORNEY 2/9/21
NAME AND DATE	TITLE

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.

EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

5. Corporate compliance or quality control officer, CVS Pharmacy, Inc., One CVS Drive, Woonsocket, R.I. 02895.

SUMMARY OF TESTIMONY ADDITIONAL WITNESSES

1. **Diane L. Chau, M.D.** She is the respondent's medical expert. A summary of her opinion is stated below, along with an accompanying letter. Dr. Chau's qualifications are attached to this supplemental prehearing statement.

Summary of testimony.

Expert Report of Diane Lynn Chau MD, FACP

Statement of Opinions:

1. Dr. Vidur Mahadeva followed standards of care in pain management and opiate prescribing practices within guidance of the Federation of State Medical Boards (FSMB).

Basis:

Medicine is an art, which can vary widely depending on patient, conditions, preferences which are also noted within the FSMB guidance. Styles of clinical practice vary, however the core components and goals of care reviewed in the cases did not deviate from common standards of pain management.

The prescription of opiates and other controlled substances in NV also requires that a pharmacist review the appropriateness of the prescriptions prior to dispensing the controlled substances to any patient.

Supporting Facts:

The FSMB states very clearly, "The focus of the Guidelines that follow is on the general overall safe and evidence-based prescribing of opioids and treatment of chronic, non-

cancer pain with the specific limitation and restriction that these Guidelines **do not operate to create any specific standard of care**, which standard must depend upon fact-specific totality of circumstances surrounding specific quality-of-care events. The Guidelines recognize that there is not just one appropriate strategy to accomplish the goals of these Guidelines. **Effective means of achieving the goals of these Guidelines vary widely depending on the type and causes of the patient's pain, the preferences of the clinician and the patient, the resources available at the time of care, and other concurrent issues beyond the scope** of these Guidelines.

Statement of Opinions:

2. A presumption that all aspects of a physician's treatment can be captured in documentation is not valid, nor is it valid to state that if certain aspects of a patient's treatment was not captured in a document then it did not happen.

Basis:

Many people have heard this mantra "if it wasn't documented, it didn't happen." This is often interpreted as a requirement to log every action to prove later that it was actually done. However, that interpretation is impractical to consistently implement with 100% accuracy, and generally inconsistent as a standard of common clinical practice. It would be a physical impossibility to document everything that takes place, whether that be the patient's words, the nurse's words or my words. Thus, there are often late entries, or corrections, and cut/paste failed to edit errors common with electronic medical records. The medical record may not capture actual patient care and it is not uncommon to have violated a documentation standard (because a provider didn't record that the patient was

examined in a specific area of the body) but have upheld the hands-on patient care standard.

Supporting Facts:

Literature reports of errors in the health record data integrity, and patient/physician discussions failure to be captured in documentation.

“The emergence of EHR-related errors results in data being lost or incorrectly entered, displayed, or transmitted, leading to loss of information integrity”[Impact of Electronic Health Record Systems on Information Integrity: Quality and Safety Implications 2013 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3797550/>]

It is well known that **the overall sensitivity of chart abstraction for documented necessary care was only 70%.** <https://pubmed.ncbi.nlm.nih.gov/10856412/> Chart abstraction underestimates the quality of care for common outpatient general medical conditions.

Statement of Opinions:

3. Dr. Vidur Mahadeva conducted appropriate physical examination and objective markers of disease in his assessment based on the cases reviewed.

Basis:

Dr. Mahadeva conducted valid patient physician relevant examinations for the patients reviewed to form this opinion within the FSMB 2017 Guidance.

Contrary to Dr. Munzing’s opinions that all initial evaluations of anxiety must include thyroid testing and other extensive evaluation/testing, this practice is not supported in the

literature. This is not indicated and would be extremely wasteful healthcare utilization without any evidence basis.

Supporting Facts

“The nature and extent of the **evaluation depends on the type of pain and the context** in which it occurs.” And “For every patient, the initial assessment and evaluation should include a system review **and relevant physical** examination, as well as objective markers of disease or diagnostic **markers as indicated**. “[FSMB 2017 Guidance]]

It is well known and published in objective research that there are no associations between high levels of depression and hypothyroidism or between high levels of anxiety and hyperthyroidism. [Psychiatric symptoms and diagnoses in thyroid disorders: a cross-sectional study, 2005 <https://pubmed.ncbi.nlm.nih.gov/24937789/>]

There was no difference in the mean TSH (Thyroid lab test used in thyroid screening) level between individuals with depression and healthy controls. [Association between subclinical hypothyroidism and depression: an updated systematic review and meta-analysis, 2019 <https://pubmed.ncbi.nlm.nih.gov/30621645/>]

Statement of Opinions:

4. Anxiety disorders standard of care still includes long term benzodiazepine use although this is not the ideal for first line treatment, Dr. Mahadeva’s practice is still common standards of community practice in the treatment and use of benzodiazepines.

Basis:

I agree with Dr. Munzing that ideally first line medications in the treatment of generalized disorders include alternative agents, however standards of primary care practice still include use of long-term benzodiazepines.

Supporting Facts:

In a 2018 research study reviewing 64 primary care practices, it is noted that Benzodiazepines were used by 22.6% of participants with anxiety disorders in the primary care sample. A large majority of benzodiazepine users (88.4%) met were long-term users, as defined by utilization for more than 12 weeks including regular and as-needed.

[\[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039319/\]](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039319/)

Statement of Opinions:

5. Dr. Vidur Mahadeva in the usual course of his practice in the cases D.S; C.L; and M.H was within the usual course of practice and his prescriptions were for legitimate purposes.

Basis:

Although not textbook, nor cook-book style medical practice, Dr. Mahadeva complied with the practice of medicine as set by the NV state medical board in its adoption of FSMB 2017 guidelines. There were no adverse patient outcomes noted in this review. There were no poor-quality patient related outcomes in the cases reviewed, such as deaths, injury, or other adverse events.

Supporting Facts:

“these Guidelines do not operate to create any specific standard of care; which standard must depend upon fact-specific totality of circumstances surrounding specific quality-of-care events. The Guidelines recognize that there is not just one appropriate strategy to accomplish the goals of these Guidelines.” [FSMB 2017]

In specific cases such as CL, I completely disagree with Dr. Munzing in his opinions regarding Morphine Equivalents, and specifically that use of Methadone with a second opiate in 2016 is therapeutic duplication or not within standards of care. As I have lectured and written about Methadone, it is standard to use Methadone with other opiates especially in opiate titration as Methadone has a nonlinear relationship to other opiates making the entirety of Dr. Munzing’s morphine equianalgesic calculations completely erroneous. Conversion recommendations from other opiates to Methadone may require dual opiate usage. I would quote my own article as a reference along with the national guidance on Methadone conversions.

https://www.pbm.va.gov/PBM/clinicalguidance/clinicalrecommendations/Methadone_Dosing_Recommendations_for_the_Treatment_of_Chronic_Pain_July_2016.pdf

I also disagree with Dr. Munzing in his opinions regarding his declaration that there are no indications or legitimate use of SOMA (carisoprodol). Soma has legitimate medical uses and has per the FDA indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adult for which Dr. Mahadeva was within legitimate practice in using it to treat a painful musculoskeletal condition.

[https://www.accessdata.fda.gov/drugsatfda_docs/label/2009/011792s043lbl.pdf]

Statement of Opinion:

6. Dr. Vidur Mahadeva issued patient C.M. prescriptions within a clinician's usual course of practice and for legitimate medical purposes to which he as the clinician was led to believe.

Basis:

Dr. Mahadeva prescribed opiates for back pain as he was led to believe C.M had back pain. Dr. Mahadeva's idiosyncratic style of communication and engagement did not negate from the clinical facts recorded that he did conduct within the context of his global patient assessment an appropriately relevant valid examination to support his treatment plans which included prescriptions. Imaging studies in the evaluation of back pain are not considered appropriate nor a good standard of care practice. He did provide risks of medications. Clinicians do work in conjunction with other members of the healthcare team including pharmacists who review and provide risks of medications. In Nevada, it is the duty of pharmacists to refuse an improper prescription.

Supporting Facts:

21 C.F.R. 1306.04, which states that a pharmacist has a "corresponding responsibility" with the practitioner to limit prescriptions for controlled substances to what is medically necessary, and NRS 453.381(4), which states that a pharmacist "shall not" fill a prescription if the pharmacist believes that the prescription was not issued in the usual course of the practice of the physician. This clearly demonstrates other members of the healthcare team during the usual course of their practices as part of the clinical care team

agreed that the prescriptions, doses, and amounts prescribed were in the usual course of clinical practice standards.

Low back pain is one of the most common reasons for an outpatient visit. Dr. Vidur Mahadeva's evaluation for low back pain included appropriate focused medical history looking for red flags and in finding none, he ordered no imaging studies nor are imaging studies relevant. Imaging studies in the evaluation of low back pain are not supported in the medical literature or clinical practice. Numerous studies and current quality standards do not incorporate nor recommend routine imaging studies including routine X-rays in back pain assessment. The National Committee for Quality Assurance (NCQA) exists to improve the quality of health care across the United States for all clinical practices and states on their website: "Evidence shows that unnecessary or routine imaging (X-ray, MRI, CT scans) for low back pain is not associated with improved outcomes. It also exposes patients to unnecessary harms such as radiation and further unnecessary treatment."

[<https://www.ncqa.org/hedis/measures/use-of-imaging-studies-for-low-back-pain/>]

Exhibits:

The exhibits used will be progress notes of treatment, radiology reports, consultation reports, laboratory and pathology reports and other portions of the medical records from the treatment provided by Dr. Vidur Mahadeva in the cases referenced. The FSMB guidelines. References provided in links above. Cases: D.S.; C.L; M.H; C.M.

Qualifications:

I am a physician licensed to practice medicine in the State of California, Nevada, Texas, & Hawaii. I hold an undergraduate degree (B.A. in Biology) from Boston University and graduated from Drexel University College of Medicine in Philadelphia, PA class of 1994. I have completed 3 years of internal medicine training and 2 years of geriatric medicine subspecialty training. I am an internal medicine physician with training and board certification in Geriatric Medicine, Hospice & Palliative medicine and have been in clinical practice since 1997 including the treatment of pain and non-pain symptoms in thousands of patient encounters. My academic experiences include services for the University of Nevada School of Medicine, Reno as Division Chief in Geriatrics, Fellowship Program Director for Hospice & Palliative Medicine, Fellowship Program Director for Geriatric and am currently an Adjunct Associate Professor for the University of Nevada Las Vegas, School of Medicine and the University of California San Diego. I have an extensive history of academic medicine spanning 2 decades, with publications (including "Opiates and elderly: Use and side effects" and "Methadone in end-of-life pain management.") I have been Principal Investigator in opiate related research (Opiate Induced Constipation), and have formally provided education/training for thousands of medical providers through training programs, lecturers, seminars for over 25 years (physicians, residents, students, nurses, physical therapists, pharmacists in pain management). I have also served as the Fellowship Program Director for Geriatric Medicine trainees and Associate Professor for the University of California, San Diego where I recently served as Project Director overseeing a 4-year government funded training grant ending 2019 that included an Opiate Safety Initiative and have given many invited guest lectures in Pain Management.

I am currently a practicing hospitalist for the Veteran Affairs, a regional medical director for a California health plan, and sit on numerous advisory boards, committees, and Board of Directors including the American Geriatrics Society.

A copy of my curriculum vitae is attached. I am familiar with the standards of care for prescribing controlled substances in Nevada including the Federal State Medical Boards 2017 Model Policy for the Use of Opioid Analgesics in the Treatment of Chronic Pain.

COMPENSATION I charge \$400.00/hour to review records. For deposition testimony my fee is \$800.00/hour for trial testimony, the fee is \$1200.00/hour plus travel

The expert opinions stated above are given to a reasonable degree of medical certainty.

LETTER FROM DIANE L. CHAU, M.D.

To whom these matters concern:

I have been asked by attorney Carl Hebert at Hebert Law to review and respond in my professional opinion as an independent medical expert regarding the care rendered by Dr. Vidur Mahadeva and specifically to answer the question:

“Were the drugs prescribed by Dr. Mahadeva medically necessary within the boundaries of the Guidelines and in the usual course of his professional practice?”

I have reviewed:

The accusation by the DEA in a charging document for Dr. Vidur Mahadeva titled “Order to Show Cause and Immediate Suspension of Registration,” dated July 22, 2020 and have noted om section titled “Background,” at § 3, the notice states: “DEA’s investigation revealed that you have regularly prescribed controlled substances to patients outside of

the usual course of the professional practice of medicine in Nevada, in violation of 21 U.S.C. § 823(f)(2), and that you have also failed to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C. §823(f)(4)."

In essence, the charge is that Dr. Mahadeva's possession of a registration should be revoked because it is not in the "public interest," in that he failed to follow federal and state law in prescribing controlled substances. Subsection 823(f)(4).

I have reviewed the federal regulation: "(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." 21 C.F.R. § 1306.04(a) as defined by Nevada law. NRS 453.381 and I was provided a summary of the Nevada regulation, NAC 630.185, issued by the Nevada State Board of Medical Examiners, specifically NAC 630.187:

"1. The Board hereby adopts by reference the *Guidelines for the Chronic Use of Opioid Analgesics*, April 2017, published by the Federation of State Medical Boards of the United States, Inc., and any subsequent revision of the publication that has been approved by the Board for use in this State. ...

2. The most recent publication of the *Guidelines for the Chronic Use of Opioid Analgesics* ... at the Internet address <http://www.fsmb.org>."

In addition, records from 4 patients were reviewed from September 15, 2016 to March 7, 2020 and I have concluded that Dr. Vidur Mahadeva in my professional opinion has

practiced in the usual course of professional practice within acceptable standards of the community and demonstrated intent for legitimate medical purpose within the art of his medical practice. Within my expert review of his cases and using the Guidelines for the Chronic Use of Opioid Analgesics, April 2017 along with other peer reviewed publications, in the context of his practice style, Dr. Vidur Mahadeva met the minimum community practice standards while incorporating FSMB Guidelines for opiate usage.

Finally, I also conclude that Dr. Mahadeva's had legitimate medical justification based upon the clinical context of the patient presentations to prescribe the combination-controlled substances. Dr. Mahadeva was not dangerous nor reckless. In fact, there are no patients' records demonstrating any negative outcomes such as death, hospitalizations, or injury related to actual prescriptions in the 4 cases reviewed (M.H., D.S., C.L., and C.M.). The evidence-based literature and objective references, along with my expert review based upon decades of expertise as a clinician, educator, project director, medical director and published author/speaker in pain management, chronic management are the basis of my opinion.

Please see attached details of my opinions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Diane Chau', with a stylized, flowing script.

Diane Chau MD 11/5/20

ACADEMIC PERSONAL DATA

Name: Last, First, Middle	Chau, Diane
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ACADEMIC BIOGRAPHY/BIBLIOGRAPHY FORM

Name: Last, First, Middle	Chau, Diane
-------------------------------------	--------------------

Section I: Employment History and Education

Previous Applicable Employment

Period of employment From: To:	Institution, firm or organization	Location	Rank, title, or position
8/1997 – 8/1998	Mac Gregor Medical Associates	Houston, TX	Physician Faculty
7/1998 – 7/2000	Kaiser NW Permanente	Vancouver, WA	Physician Faculty
9/1998 – 7/2000	Oregon Health Sciences University	Portland, OR	Clinical Preceptor of Medicine
9/1998 – 7/2000	University of Washington	Seattle, WA	Clinical Instructor of Family Medicine
9/2002 – 7/2012	Veteran Affairs Medical Center	Reno, NV	Physician Faculty
1/2003 – 7/2012	University of Nevada	Reno, NV	Assoc Prof, Fellowship Program Director, Chief Division
7/2012 – 7/2017 10/2017 -present 1/2015 -7/2017 3/2013 - 2019	Veteran Affairs Medical Center San Diego PACE UCSD School of Medicine	San Diego, CA Long Beach, CA San Diego, CA San Diego, CA	Medical Director Per Diem Medical Director (PT) HS Associate Clinical Professor (volunteer)
8/2017 - present	Molina Healthcare	Long Beach, CA	Medical Director (FT)

Education

School, college, university, or hospital (internship, residency, or fellowship)	Dates of attendance	Location	Major subject or field	Degrees or certificates	Date received
Boston University	9/1987 - 5/1992	Boston, MA	Biology	BA	5/1992
Harvard University	6/1990 - 5/1992	Boston, MA	Dental/Medical Basic Sciences	Transfer to MD program	
Drexel University	6/1992 - 5/1994	Philadelphia, PA	Medicine	MD	5/1994
Drexel University Hospitals	7/1994 - 6/1995	Philadelphia, PA	Internal Medicine	Internship	6/1995
University of Hawaii	7/1995 - 6/1997	Honolulu, HI	Internal Medicine	Residency	6/1997
University of California, San Diego	8/2000 - 7/2002	San Diego, CA	Geriatrics	Fellowship	7/2002
University of California, San Diego	7/2001 - 6/2002	San Diego, CA	Clinical Research Enhancement through Supplemental Training	CREST	
Stanford University	9/2003	Palo Alto, CA	Geriatrics in Primary Care	Continuing Medical Education 120 hours	10/2003
University of Nevada, Reno	9/2007 – 12/2007	Reno, NV	Management	Certificate of Advanced Management	2007
American College of Health Care Executives	2/2009 - 2/2010	Las Vegas, NV	Leadership	Continuing Medical Education 48 hours	2/2010

Please indicate areas of sub-specialization or board certification, if any. Also include a list of special licenses or permits and the dates received.

Diplomate, American Board of Internal Medicine, 1997 candidate number 177882
 Certificate of Added Qualifications, Geriatric Medicine, 2001, 2011 candidate number 177882
 Diplomate, American Board of Hospice and Palliative Medicine, 2002 candidate number 2259, 2008
 American Board of Medical Specialty, Hospice and Palliative Medicine
 Diplomate, National Board of Medical Examiners, 1994
 California State Medical Board License, 2000 – present
 Nevada State Medical Board License, 2002 – present
 Hawaii State Medical Board License, 1995 - present

International Society for Clinical Densitometry and the American College of Endocrinology Certified Bone Densitometrist 2001 - 2006

Section II: Professional Data

Please list your activities in each of the following eight categories. Please provide dates of awards or service.

a. University Service (Include service at the departmental, college, Academic Senate, campus wide, and systemwide levels.)

7/2012 - 2015	University of California, San Diego Geriatrics
Fellowship Steering Committee: interviews,	
rotation	review of curriculum, teaching residents on
7/2013 – 6/2015	UCSD Geriatrics Fellowship Program Director
2014 - 2015	UCSD Geriatrics Fellowship Program Clinical
Competency Committee and Program	
	Evaluations Committee
2014, 2015, 2016, 2017	UCSD Clinical Geriatrics Interprofessional
Symposium CME Event Course Director	
7/2015 - present	UCSD Geriatrics Workforce Enhancement
Scholars Program, Program Director,	
	Curriculum Committee, Evaluations Committee,
CME Director	
7/2015 - present	UCSD Program of All-Inclusive Care Fellowship,
SKAGGS School of Pharmacy, Project	
	Director, Curriculum Committee, Director

(b) Memberships (Include scholarly societies, professional boards, civic organizations, etc.)

1994 - 2013	American College of Physicians (ACP)
2000 - 2014	American Medical Directors Association
2000 - present	American Geriatrics Society (AGS)
2000, 2001	California Medical Association and American
Medical Association	
2002 - 2010	Gerontological Society of America
2003 - present	California Geriatrics Society Chapter of the AGS
(President 2012 – present)	
2006 – 2012, 2013 - present	American Directors of Geriatric Academic
Programs	
2007 - 2012	Nevada chapter of the ACP
2008 – 2013	American Academy of Hospice & Palliative

Medicine 2008 – 2012, 2014 - 2015 2008 - 2013	American Program Directors of Internal Medicine
2015 - 2017	American Society of Bone and Mineral Research
2012 - present	Alliance for Academic Internal Medicine
2015 - present	Council of State Affiliates Representative
Directors)	California Long Term Care Medicine (Board of

(c) Honors and Awards (Include the dates they were received.)

1992 - 1993	Albert Schweitzer Urban Health Fellow; Fellows
for Life, present 2001	
Fellows Award 2002	American Medical Directors Association, Future
Faculty Award 2003 – 2006, 2007 - 2010 2003	American Medical Directors Association, Junior HRSA Geriatric Academic Career Award
Star) 2007 - 2009	Sanford Center for Aging Grantee (2005 Senior
2008 - 2010	Hartford Geriatrics Leadership Scholar
Residents Grant 2009	Hartford Geriatrics Training for Specialty
2010	Sanford Center for Aging, Faculty Scholar in Aging
Aging Related Service 2011 - present	US Senate, Senator Harry Reid's Recognition for
	US News and World Report Top Doctors

(d) Contracts and Grants (Provide the following information for current contracts and grants.)

Title	Granting agency	Amount of total award (include indirect costs)	Time period of contract/grant	Role (e.g. PI, co-investigator, project leader, etc.) List co-PIs/corresponding share of total award (total must = 100%)

- (e) External Professional Activities (Examples include, but are not limited to, technical service to organizations and agencies, acting as a reviewer of journal or book manuscripts or contract and grant proposals, or professional committee service.)

Grant Reviewer

Grant Reviewer, United Kingdom Diabetes Organization, 2006
 HRSA Grant Reviewer, Geriatrics Training for Dentistry, Psychiatry, and Medicine, 2007
 HRSA Grant Chairperson, Oral Health Expansion, 2008
 HRSA Grant Reviewer, Facility Investment Program, 2009
 Boston Schweitzer Fellows Program Grants Reviewer, 2008-2009
 HRSA Grant Reviewer, Geriatric Academic Career Award, 2010
 HRSA Grant Chairperson, Primary Care Training, 2011
 Center for Medicare and Medicaid Innovation, Chairperson, Strong Start, 2012

Journal Reviewer

Annals of Nutrition and Metabolism, 2003
 Hartford Project Geriatric Medicine Exam Content Reviewer, Internal Medicine in Training Exams, 2003-2004
 Gerontology Society of America Annual Meeting, Abstract Reviewer, 2004, 2005, 2006, 2008, 2011
 American Board of Internal Medicine, Geriatric Medicine Relevance Reviewer, 2003 - 2010
 International Reviewer Panel, Medical Science Monitor, 2004
 Geriatrics Review Syllabus, 5th Edition Slides Reviewer, 2004
 Biochemistry and Cell Biology, 2005
 American Geriatrics Society, Public Education Materials Reviewer, 2006 – 2008
 Clinical Trials Journal, Dove Press, 2009
 Journal of the American Geriatrics Society, 2007, 2010, 2017, 2018
 Clinical Interventions in Aging Journal, Dove Press, 2010 – 2013
 Risk Management & Healthcare Policy Journal, 2010, 2012
 American Journal of Medicine, 2012
 Research & Palliative Care Journal, 2012
 Libertas Academic Journal: Clinical Medicine Insights: Geriatrics, 2013
 American Geriatrics Society, 2016

Presentations

2003

1. Geriatric Noon Lecture Series, VA Osteoporosis
2. Palliative Care Journal Club, What is Palliative Care?
3. Lectures for Nevada Geriatrics Education Annual Symposia, Polypharmacy
4. Fourth Annual Geriatrics in Primary Care Conference, University of Nevada, Pain Management in Palliative Care

2004

1. St. Mary's Palliative Care Symposium, Pain Management
2. Renown Medical Center Grand Rounds, Ethics of Pain Management
3. Louise Greenhouse Geriatrics Lecture, Nutritional Issues in the Elderly

2005

1. St. Mary's Palliative Care Spring Symposium, Pain Evaluation and Management
2. Renown Medical Center Grand Rounds, Opiates and How to Use Them
3. Louise Greenhouse Geriatrics Lecture, Constipation
4. 12th Annual Hospice Foundation of America-Living with Grief, Ethical Dilemmas at the End of Life, Methadone Management in EOL.

2006

1. St. Mary's Palliative Care Symposium, Rapid Opiate Escalation Workshop
2. Nevada Center for Ethics and Health Policy, Pain Management Conference

2007

1. California Hospice Foundation Spring Conference, Opiates 101
2. Renown Regional Medical Center Grand Rounds, Opiates and Their Side Effects
3. California Hospice Fall Conference, Prognostication Made Simple

2009

1. California Assisted Living Association Spring Conference, Effective Strategies for Pain Management
2. UNSOM 40th Anniversary Multi-Specialty Updates CME Program, Pain Management in Older Adults
3. Stanford University's Geriatrics GRECC on Prognostication

2010

1. Nevada Family Practice Annual Conference, Capacity & Decision Making
2. American Geriatrics Society Annual Scientific Meeting, Moderator RO4 Consortium on E-learning Special Interest Group
3. American Geriatrics Society Annual Scientific Meeting, Computer-Based Clinical Skills Workshop Speaker
4. Industry speaking for Novartis, Pfizer, Topics: Osteoporosis, Pharmacoeconomics, Pain Management, Dementia
5. University of Nevada Geriatrics Core Conferences, Grand Rounds – numerous, monthly

2011

- Frances Foundation, Pain Management Speaker, Multiple Hospitals

2012

1. Renown Medical Center Grand Rounds: Decisional Capacity
2. University of Nevada School of Medicine Core Conferences: Decisional Capacity
3. Weekly lectures and core presentations in Geriatrics and HPM conferences: Osteoporosis Updates, Transitional Care, Dementia, Delirium, Pain Management

2013

1. UCSD Topics and Advances in Internal Medicine CME Conference, February
2. UCSD Geriatrics Fellowship Seminar, Geriatrics POD Model, July

2014

- UCSD Geriatrics Fellowship Journal Club

2015

1. Geriatrics Scholars Weekly Seminar lecturer topics: Communication, Demographics of Aging, Physiological Aging, Prognostication, Team building and Team Dynamics
2. UCSD Geriatrics Interprofessional Annual Symposia: What is Geriatrics

2016

- Geriatrics Scholars Weekly Seminar lecturer topics: Communication, Demographics of Aging, Physiological Aging, Prognostication, Team building and Team Dynamics
- Geriatrics Workforce Enhancement Program: serving the elderly and underserved through an interdisciplinary curriculum. Oral Presentation at Innovations in Medical Education, Los Angeles, CA
- Park, Paula; Bae, Sang Un; Chau, Diane; Watanabe, Jonathan. Serving the Underserved: Clinical Pharmacy in Low-income Senior Primary Care Clinics. Oral Presentation at West Coast Pharmacy Exchange, San Francisco, CA
- Tam H, Watanabe J, Chau D. A Review of the Recent Evidence: High Risk Medications in

the Older Adult Population in the United States. Poster session presented at California Pharmacist Association West Coast Exchange Pharmacy Conference, San Francisco, CA

- Moderator. UC San Diego 3rd Annual Clinical Geriatrics Interprofessional Symposium, San Diego, CA. December 3-4, 2016
- Broder KW. Chau DL Wound Care in Geriatric Homeless. 2016 American Geriatrics Society Annual Scientific Meeting. [Platform Presentation], Long Beach, CA. May 20, 2016.
- Park, Paula; Chau, Diane; Broder, Kevin; Talavera, Gregory; Hinojosa, Alejandro; Tam, Sammi; Watanabe, Jonathan. GWEP: serving the elderly and underserved through an interdisciplinary curriculum. Oral Presentation at Innovations in Medical Education, Los Angeles, CA, 02/2016

2017

- Watanabe JH, Chi PB, Chau, DL. Anxiety and Depression Symptoms and Every Night Sleep Medication Use in Older Adults in the United States. Academy of Managed Care Pharmacy Nexus Conference. Grapevine, TX.
- Watanabe JH, Chau DL. Older Adults, High Risk Meds, and Polypharmacy. Scripps Mercy Hospital Grand Rounds. San Diego, CA
- Symposium Co-Chair: Using Cross-Cultural and International Experiences in Designing and Implementing Future Elder Care Plans. Presentation: A Brief Review of Elder Care in the US and Europe Over the Last Century. The 21st IAGG World Congress of Gerontology and Geriatrics conference. San Francisco, CA.
- Chau DL Moderator. February 11th, 2017. 3rd Annual UC San Diego Falls Prevention Workshop. Las Vegas, NV.
- Chau D, Sverdlovsky VA "Geriatrics team approach and Quality Improvement Initiatives in Wound Care" December 2, 2017. 4th Annual UC San Diego Wound Care Workshop. Las Vegas, NV.
- Chau DL. Watanabe JH, Sverdlovsky VA, Veneracion M, Naderi B. Preparation for collaboration, UCSD GWEP Challenges, Opportunities and Solutions. Geriatric Workforce Enhancement Program (GWEP) Culture of Care Networking Conference. University of California Irvine GWEP. Anaheim, CA. December 8th, 2017.

2018

- Navigating the intersection of health and social services through information sharing and coordinated care. Community Information Exchange Summit. San Diego, CA
- Chau DL, Naderi B, Watanabe JH. Moderator. Beers Criteria, High Risk Medications, Polypharmacy: Medication Therapy Considerations in Older Adults. UC San Diego GWEP Scholar Educational Lecture Series. San Diego, CA. March 2018.

Moderator/Panelist

- Moderator Geriatric Homeless Special Interest Group. 2016 American Geriatrics Society Annual Scientific Meeting. [Platform Presentation], Long Beach, CA. May 20, 2016
- Moderator. December 3-4, 2016. 3rd Annual UC San Diego Geriatrics Interprofessional Symposium.
- Moderator. February 11th, 2017. 3rd Annual UC San Diego Falls Prevention Workshop. Las Vegas, NV.
- Moderator. UC San Diego GWEP 4th Annual Wound Care Workshop. Las Vegas, NV. December 2, 2017.
- Moderator. 4th Annual UC San Diego Clinical Geriatrics Interprofessional Symposium. Las Vegas, NV January 20-21, 2018.
- Moderator. UCSD Interprofessional Geriatrics Fall Symposium. March 17, 2018.
- Speaker/Panelist. Health Plans and health care--the intersection. Community Information Exchange Summit, San Diego CA. April 16, 2018
- Moderator Geriatric Homeless Special Interest Group. 2018 American Geriatrics Society Annual Scientific Meeting. [Platform Presentation], Orlando FL. May 3 2018

Professional Committee Service

American Geriatrics Society, 2000 - present
Board of Directors, April 2017 - 2020

2008

(2003 – 2007) AGS, 2013 - present

California Chapter AGS, 2003 – present

2003-2004

American College of Physicians, 1994 – 2017

Committee, 2007-2012

California Medical Association and American Medical Association Delegate & Alternate Delegate, 2000, 2001

Delegate to HOD, June 2002

Constitution and Bylaws Alternate, 2002

Sanford Center for Aging 2004, 2005, 2008 Planning Committee, Director Search Committee

American Directors of Geriatric Academic Programs, 2006 – 2012, 2013 - 2015

Nominations Committee, 2009

Joint Commission Ethics Advisory Panel, 2006 - 2007

American Program Directors of Internal Medicine, 2008 – 2012

Publication Committee, 2009, 2010

State of Washington, Dept of Health Medical Quality Assurance Commission, 2009, 2010 Physician Expert Reviewer

American Medical Directors Association, Geriatrics Competency Work Group, 2010 – 2012

Alliance for Academic Internal Medicine (AAIM), Diversity and Inclusion Committee, 2014 – 2017

AAIM, Associate Editor, Academic Insight 2015 – 2017

Medical Society Consortium on Climate Change and Health, 2018 –Steering Committee

Member – Public Education Committee, 2003 –

Member – Council of State Affiliates Committee

Board of Directors Member & Co-Founder –

President, California Chapter AGS, 2012 - present

Member – Education Committee, 2001-2002 &

Chair – Fellows in Training Section, 2001-2002

Fellow since 2007

Nevada Chapter Resolutions Committee, Awards

AMA Alternate to Delegate, December 2001, AMA

Reference Committee on Amendments to

(f) Other Activities (List those that do not fit into categories a – f above, such as community service).

2002 - 2004 Senior Advisory Board, Washoe County Northern Nevada, Member

2002 Lectures at senior centers throughout San Diego County for lay public on osteoporosis awareness

2003 - 2005 Developed Promenade Geriatrics Immersion Program, training physicians by having them live within a senior housing community to learn about elders' lives and how to avoid ageism.

1997 - 2008 Boston University Alumni, Admissions Volunteer

2005 - 2012 University of Nevada School of Medicine (UNSOM), American Geriatrics Society Student Chapter, Faculty Coordinator

2005 Sanford Center for Aging Scholarship Committee

2006 Graduate Student Association, UNR Research Grant Judging Panel

2008, 2009 University of Nevada Regional Science Fair Judge

2010 - 2011 Special Advocates for Elders, Washoe County Board of Directors, Member

2012 UCSD Internal Medicine Residency Gait and Falls Assessment Workshop

2012 UCSD Internal Medicine Residency Dementia/Delirium/Depression Workshop

2013 - 2015 Curriculum Development: UCSD Geriatrics Fellowship Program Transitions of Care

Rotation and 2015 - present Education Center/GWEP: homeless geriatrics, Latino	Overall Program (3 fellows) Curriculum Development: UCSD Geriatrics geriatrics, and technology/tele rural health curriculum for the Geriatrics Scholars and Geriatric 2015 - present PACE fellow (9 scholars, 1 fellow, over 120 annual training CME hours)
2017 - present	San Diego Health Connect Health Information Exchange Board of Directors, member
2018 - present	San Diego 211, Advisory Board of Directors, member

Section III - Bibliography

• **PRIMARY PUBLISHED OR CREATIVE WORK**

• **Original Articles**

- Chau DL, Shumaker N, Plodkowski RA. Complications of Diabetes in Elderly. Geriatric Times. 2003. Vol 4(2):11-14.
- Chau DL, Shull J, Mason N. End of Life Pain: Pharmacological and Psychosocial Perspectives. Psychiatric Times, Vol XXII, No 11, pg 16-18, October 2005.
- Chau DL, Mason N. Methadone in End of Life. Journal of Opioid Management. Volume 1, Number 5, November/December. 244-248: 2005.
- Chau DL. No One Dies From Prostate Cancer? Arch Intern Med 2006;166:1525-1525.
- Chau, Diane; Cho, Lwin M; Jani, Prashant; St. Jeor, Sachiko T Individualizing recommendations for weight management in the elderly. Current Opinion in Clinical Nutrition & Metabolic Care. 11(1):27-31, January 2008.
- Chau DL, Walker V, Pai L, et al. 2008. Opiates and elderly: Use and side effects. Clin Interv Aging, 3(2) 273-8.
- Plodkowski RA, Nguyen Q, Sundaram U, Nguyen L, Chau DL, St. Jeor S. Bupropion and Naltrexone: A review of their use individually and in combination for the treatment of obesity. Expert Opinion on Pharmacotherapy. 2009: 10(6), 1069-1081.
- Christianne Bishop. Diane Chau. What Is Our Ethical Duty to Malingerers? Ethical and Legal Issues in Long-Term Care. Annals of Long-Term Care. November (2011) 36-40. Coauthor is trainee.

• **Invited Articles, Review Articles**

- Chau DL, Edelman SV. Clinical Management of Diabetes in the Elderly. Clinical Diabetes 19(4):172-176, 2001.
- Chau DL, Edelman SV. Osteoporosis and Diabetes. Clinical Diabetes 20 (3):153-158, 2002.

- Chau DL, Chandran M, Edelman SV. Bone Disease in Diabetes. Curr Diab Rep. Feb;3(1):37-42, 2003.
- Chau DL, Goldstein Fuchs, Edelman SV. Osteoporosis Among Patients with Diabetes. Diabetes Spectrum 16:176-182, 2003.
- AT Fulton, JR Kropf, AM Corcoran, D Chau, EH Castillo. Palliative Care for Patients with Dementia in Long-Term Care. Clin Geriatr Med 27(2011) 153-170.
- NH Kim, GE Hoyek, D Chau. Long-Term Care of the Aging Population with Intellectual and Developmental Disabilities. Clin Geriatr Med 27(2011) 291-300. Co-authors are trainees.

• **Books and Book Chapters**

- Chau DL, Cho LM. Pain Management in the Elderly. Family Practice Recertification. September 2007; Vol.29, Number 9. 19-26.
- Chau D. Blanchette P. Donepudi S. Dopf R. Assessing Decisional Capacity in Older Adults. Chapter 10. Section 3. Case Based Geriatrics. Victor Hirth Editor. McGrawHill. 2010.
- Chau D and Osborne TF (Eds.). Critical Topics in an Aging Society – Using Technology to Improve Care of Older Adults. New York, NY: Springer 2017
- Chau D and Gass AP (Eds.). Homeless Older Populations – A Practical Guide for the Interdisciplinary Care Team. New York, NY: Springer. 2018
- Chau D (Ed.). Using Technology to Improve the Care of Older Adults. New York, NY: Springer. 2017
- Pal AK, Chau D, Kalender-Rich JL. Transitions of Care and Technology Integration. In: *Critical Topics in an Aging Society – Using Technology to Improve Care of Older Adults*. Chau DL and Osborne TF (Eds.). New York, NY: Springer 2017
- Reynolds A, Osborne T, Waggoner J, Melton R, Motarjemi R, Chau D. Advances in Health Education. In: *Critical Topics in an Aging Society – Using Technology to Improve Care of Older Adults*. Chau DL and Osborne TF (Eds.). New York, NY: Springer 2017
- Aminbakhsh R, Strong RA, Chau D, Vafadaran A, Faroughi E. Infectious Diseases in Homeless Geriatrics Population: Part I: Viral. In: *Homeless Older Populations – A Practical Guide for the Interdisciplinary Care Team*. Chau DL and Gass AP (Eds.). New York, NY: Springer. 2018
- Aminbakhsh R, Gibson T, Chau D, Melvyn A, Nebelsick-Tagg M, Vafadaran A, Faroughi E. Infectious Diseases in Homeless Geriatrics Population: Part II: Bacterial Infections, Tuberculosis, and Arthropods Infestation. In: *Homeless Older Populations – A Practical Guide for the Interdisciplinary Care Team*. Chau DL and Gass AP (Eds.). New York, NY: Springer. 2018
- Conright K, Simonis R, Waqar MA, Chau D. End of Life Considerations in Homelessness and Aging. In: *Homeless Older Populations – A Practical Guide for the Interdisciplinary Care Team*. Chau DL and Gass AP (Eds.). New York, NY: Springer. 2018

- **OTHER WORK**

- **Abstracts**

- Chau DL, Mulvihill MM, et al. Bone Loss in Latinas with Prior Gestational Diabetes. Journal of Investigative Medicine, Vol 50; No 1, Jan 2002 (383) 71A. Poster presentation at the National Osteoporosis Foundation Meeting Honolulu, HI March 6-9, 2002. Abstract.
- Chau DL, G. Lin, Garfin S. Demographics of Patients Seeking Kyphoplasty for Vertebral Compression Fractures. Vol 50(4) S1-S204, April 2002. P44 Journal of the American Geriatrics Society. Abstract.
- Chau DL, Shapiro P, Shumaker N. Pilot Immersion Program for Internal Medicine Residents to Experience Elderly Aging in Independent Senior Community. A64. Journal of the American Geriatrics Society, Vol 53. No 4 Supplement S1-S244. April 2005.
- K. Phyu, D. Chau, N. Shumaker, and S. Donepudi. Drug-drug Interaction with Methadone. 5th Annual Chicago Supportive Oncology Conference. Journal of Supportive Oncology. Abstract PA-19. October 1-3, 2009. 202.
- Plodkowski R, Chau D, Krenkel J, Sundaram U, Jahangir S, and St. Jeor S. Gastric Bypass Surgery Negatively Impacts Bone Health by Increasing Bone Turnover in Human Subjects. Accepted for poster presentation at The Obesity Society Annual Scientific Sessions. Phoenix, AZ. October 5, 2008. (#606-P)
- Jahangir S, Krenkel J, Plodkowski R, Chau D, Sundaram U, St. Jeor S. Preservation of Fat Free Mass In Overweight Patients Experiencing Significant Weight Loss. Accepted for poster presentation at The Obesity Society Annual Scientific Sessions. Phoenix, AZ. October 5, 2008. (#623-P)
- Plodkowski R, Chau D, Andal J, Hovenic T, Sundaram U, and Effect of Thiazolidinedione Administration on Bone Turnover Markers in Human Subjects with Type 2 Diabetes. Diabetes. 2008; Vol. 57, sup 1.A599. Published in abstract book for the American Diabetes Association 68th Scientific Sessions. San Francisco, CA. June 6, 2008.
- Hovenic TA, Andal J, Chau D, Sundaram U, and Plodkowski R. Effects of Thiazolidinedione Administration on Bone Turnover Markers in Human Subjects with Type 2 Diabetes. Journal of Investigative Medicine. 2008; Vol. 56. 217. Oral presentation at the American Federation for Medical Research Western Regional Meeting. Carmel, CA. February 2, 2008.
- DJoseph, SDonepudi, WYang, DChau. Colon Cancer Screening Disparities in Nevada. NPHA. 2009.
<http://www.nphaonline.org/documents/conf%2009%20docs/NPHA%2009%20Breakout%20Session%20Abstracts.pdf>
- P. Swager, P. Charles, D. Chau, and S. Donepudi. Creative Approaches to Provider Education for Healthy Aging: Translating Retention of Information to Potential Outcomes. Gerontological Society of America. Abstract. November 2009 Meeting. Atlanta.
- Shumaker S. Chau D. Interdisciplinary Team (IDT) Approach to Teaching Geriatric Pain Management in a Long Term Care Setting. AGHE. Abstract. March 2010 Meeting. Reno, NV.
- Chau D. May P. Teaching Geriatrics to Surgery Trainees using Case Based and Web based education. AGHE. Abstract. March 2010. Reno, NV.

- Broder KW, Bodor R, Michael A, Duba T, Minsch E, Chau D. Clinical Video Telehealth to the Home for Multidisciplinary Evaluation of Spinal Cord Injured Veterans. [Platform Presentation]. ATA 2015 – American Telemedicine Association 20th Annual Telemedicine Meeting & Trade Show, Los Angeles, CA. May 5, 2015
- Broder KW, Chau DL, Yourman LC, Bodor R. Skilled Nursing Facility/Plastic Surgery Interdisciplinary Team Approach: Utilizing Inter-Professional Collaboration and Innovative Telemedicine Technologies to Provide Comprehensive Wound Care Across the Healthcare Continuum. [Poster Presentation]. AMDA 2015 Annual Conference – The Society for Post-Acute and Long-Term Care Medicine. Louisville, KY. March 19-22, 2015.
- Broder KW, Aminbakhsh R, Chau DL, Bodor R. Use of Porcine Urinary Bladder Wound Matrix in Nursing Home Patients – A Non-Surgical Option to Heal a Large Stage IV Pressure Ulcer and a Limb Threatening Extremity Wound. [Poster Presentation]. AMDA 2015 Annual Conference – The Society for Post-Acute and Long-Term Care Medicine. Louisville, KY. March 19-22, 2015.
- Broder KW, Bodor R, Michael A, Minsch E, Chau D, Gaid NA, Alvarez-Divo F. Clinical Video Telehealth to the Home for Multidisciplinary Evaluation of Chronic Wounds in Spinal Cord Injured Veterans. [Abstract Accepted]. 2015 Fall Symposium on Advanced Wound Care and Wound Healing Society Meeting, Las Vegas, NV. September 26-28, 2015
- Broder KW, Bodor R, Chau D, Gaid NA, Alvarez-Divo F. The Use of Dehydrated Human Amnion/Chorion Membrane in Nursing Home Patients with Chronic Wounds. [Abstract Accepted]. 2015 Fall Symposium on Advanced Wound Care and Wound Healing Society Meeting, Las Vegas, NV. September 26-28, 2015
- Tam H, Torres M, Escamilla K, Park P, Chau D, Broder KW. A Stealth Killer- Avoiding Classic, and New Triggers for Autonomic Dysreflexia in Spinal Cord Injury Patients. Poster Presentation at UC San Diego Clinical Geriatrics Interprofessional Symposium, San Diego, CA. October 23-25, 2015
- Tam, H. San Diego Geriatrics Workforce Enhancement Program Improving Elderly Care. SSPPS 2016 Winter Newsletter.
- Park, Paula; Chau, Diane; Broder, Kevin; Talavera, Gregory; Hinojosa, Alejandro; Tam, Sammi; Watanabe, Jonathan. GWEP: serving the elderly and underserved through an interdisciplinary curriculum. Oral Presentation at Innovations in Medical Education, Los Angeles, CA, 02/2016
- Park, Paula; Bae, Sang Un; Chau, Diane; Watanabe, Jonathan. Serving the Underserved: Clinical Pharmacy in Low-income Senior Primary Care Clinics. Oral Presentation at West Coast Pharmacy Exchange, San Francisco, CA, 04/2016
- Park, Paula; Chau, Diane; Watanabe, Jonathan. San Diego GWEP, the interdisciplinary program designed to serve the elderly and underserved. Considering submission, California Pharmacists Journal. 05/2016
- Tam H, Watanabe J, Chau D. A Review of the Recent Evidence: High Risk Medications in the Older Adult Population in the United States. Poster session presented at: California Pharmacist Association West Coast Exchange Pharmacy Conference; 2016 April 29-30; San Francisco, CA.
- Park, Paula. SSPPS Fellow and Faculty Present at Innovations Medical Education Conference 2016. SSPPS 2016 Spring Newsletter.

- Park, Paula; Franco, Juan; Torres, Melanie; Chau, Diane. San Diego Geriatric Workforce Enhancement Program (SDGWEP) at San Diego PACE. Abstract submitted to National PACE Association, San Francisco, CA, 10/2016

- **Additional Products of Scholarly Activities**

- Chau D. Clinical Geriatrics Interprofessional Symposium. ROLE: Developed and implemented. GOAL: Offers lectures to the healthcare community, but also solicits geriatrics-related abstracts from students and trainees. I am the course director for this two-day continuing education event for medical, nursing, and other health professions. The involvement also requires intensive curricular content, community engagement, and overall programmatic development/oversight. 2014
- Broder K, Chau D, Boder R. Geriatrics Wound Care. ROLE: Co-Investigator. GOAL: To collaborate on an existing ECHO CAN Telehealth Education grant on a geriatric wound care project. STATUS: completed during last review period, data collection and analysis. Preparation and draft of grant proposal. Date: 2014.
- Park PE, Chau DL, Watanabe JH. Empowering the interdisciplinary care team for improving care in seniors via clinical pharmacy: The San Diego Geriatrics Workforce Enhancement Program. California Pharmacist. April 2017
- Watanabe JH, Chau DL, Hirsch JD. Federal and patient spending on the ten highest spend medications in Medicare Part D from 2011 to 2015. Journal of the American Geriatrics Society. In-press.

- **WORK IN PROGRESS**

- Watanabe JH, Chau DL, Hirsch JD. Federal and patient spending on the ten highest spend medications in Medicare Part D from 2011 to 2015. Journal of the American Geriatrics Society. (In-press)

*

Selected publications marked with an [*] can be found at the following link to sample chapter reprinted

Sample Chapter from Item C.1:

<http://www.telhealthandmedtoday.com/a-comprehensive-overview-of-home-telehealth/>
<https://www.barnesandnoble.com/w/homeless-older-populations-diane-chau/1132541831?ean=9780826170156>
 ean HYPERLINK "https://www.barnesandnoble.com/w/homeless-older-populations-diane-chau/1132541831?ean=9780826170156"
<https://www.barnesandnoble.com/w/using-technology-to-improve-care-of-older-adults-diane-chau/1126233411?ean=9780826142429>
<https://www.ncbi.nlm.nih.gov/pubmed/29972589>

<https://www.ncbi.nlm.nih.gov/pubmed/31383056>

I have provided the information contained in this Biography and Bibliography Form or have reviewed it for accuracy.

	5.22.18
Signature	Date



Downstairs

To: (Name, Title, Address, etc.)

Office:

File #:

File Title:

Date:

Type Of Action:

Property Seized: ☐

Returned To Owner: ☐

Other: ☐

Received By (Signature)

Witnessed By (Signature)

Witnessed by (Signature)
Name and Title (Print)

Name and Title (Print)

Name and Title (Print)

Dark Zaeley - Grants & Project Analyst

②



Nevada State Board of Pharmacy

431 W. Plumb Lane • Reno, NV 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Upstairs

Receipt For Property

To: (Name, Title, Address, etc.)

Mahadeva

Office: _____

File #: _____

File Title: _____

Date: _____

Type Of Action:

Property Seized: ☐

Returned To Owner: ☐

Other: ☐

Amount/Quantity	Description Of Items	Purpose
1 box	Oxy test kit	
1 box	Cure cells	
1 box	Ip. Bromide & Ab	
1	ALC	
2	lido patch	
3	Ab. Sol. Sol. + 2 extra	
1 bag	Lorazepam asp.	
2	polyethylene glycol	
1	Naproxen	
1 Rx	poly eth gly	
1 bag	Abi HFA	
1 bag	20 patient RXs	
1	numerous baggies & blister pack w/ meds	
3	Ventolin HFA	
4	4 nystatin oral Rx	
1	Sumatrip. nasal	
1	Spiriva Rx	
4	Asthma tabs	
1	myrbetria	
3	Liprotropin	
1	pradaya	
2	sucrafate	
1	Bisdelle	
2	Dexilant	

Received By (Signature)

Darla Zarley

Name and Title (Print)

Darla Zarley, Grant & Project Analyst

Witnessed By (Signature)

Name and Title (Print)



Nevada State Board of Pharmacy

431 W. Plumb Lane • Reno, NV 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Upstairs

Receipt For Property

To: (Name, Title, Address, etc.)

mahadeva

Office: _____

File #: _____

File Title: _____

Date: _____

Type Of Action:

Property Seized: ☐

Returned To Owner: ☐

Other: ☐

Amount/Quantity	Description Of Items	Purpose
<i>4</i>	<i>Xarelto</i>	
<i>2</i>	<i>Lipos</i>	
<i>1</i>	<i>Tibup. 800</i>	
<i>1</i>	<i>van. b. faxine</i>	
<i>1</i>	<i>Tiro</i>	
<i>1</i>	<i>colchicine</i>	
<i>1</i>	<i>Leva. In sol</i>	
<i>1</i>	<i>vasograin</i>	
<i>2</i>	<i>Futrasone</i>	
<i>3</i>	<i>Breo</i>	
<i>1</i>	<i>Ventolin HFA</i>	
<i>1 box</i>	<i>Ceftinax</i>	
<i>1 box</i>	<i>tramadolone iny</i>	
<i>1 box</i>	<i>Ketorolac</i>	
<i>1 box</i>	<i>prometh iny</i>	
<i>1 box</i>	<i>Cyancobal</i>	
<i>1</i>	<i>Sildenafil</i>	
<i>1</i>	<i>Albates</i>	
<i>1</i>	<i>DMSO</i>	
<i>1</i>	<i>lisinopril</i>	
<i>1</i>	<i>sol/Vel 400/100</i>	
<i>1</i>	<i>clepo medrol</i>	
<i>1 baggie</i>	<i>Sutabo injectables</i>	
<i>6004</i>	<i>methylprednisolone</i>	

Received By (Signature)

Dark Zarley

Name and Title (Print)

Dark Zarley, Grant & Project Analyst

Witnessed By (Signature)

[Signature]

Name and Title (Print)



431 W. Plumb Lane • Reno, NV 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Upstairs

Receipt For Property

[illegible]



Nevada State Board of Pharmacy

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Upstairs 2

Receipt For Property

To: (Name, Title, Address, etc.)

Mahadevi

Office: _____

File #: _____

File Title: _____

Date: _____

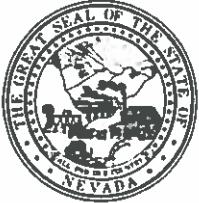
Type Of Action:

Property Seized: ☐

Returned To Owner: ☐

Other: ☐

Amount/Quantity	Description Of Items	Purpose
2	Advair	
1 box	lidocaine	
1 box	Ketorolac	
1 box	Cyanocob. + baggie	
1 baggie	Augment.	
2	Sildenafil	
1 baggie	pt RX -	
2	Calpol	
2	Brew	
4	Alb. HFA	
6	Symb	
1	Asmaxe	
8	Vento HFA	
1 baggie	Spiriva - baggie	
2	Colchicine	
2	Atropine suff.	
1 box	Ketorolac tram.	
2	Insulin	
2	Salbutamol	
1	methylpred	
3	Sertraline	
1 baggie	motilium	
1 baggie	domperidone	
3	Ipratropium brom.	
Received By (Signature)		Witnessed By (Signature)
Name and Title (Print)		Name and Title (Print)
Darda Zarely, Grant & Project Analyst		



Nevada State Board of Pharmacy

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

Exam Room M

Receipt For Property

To: (Name, Title, Address, etc.)

Mahadeva

Office: _____

File #: _____

File Title: _____

Date: _____

Type Of Action:

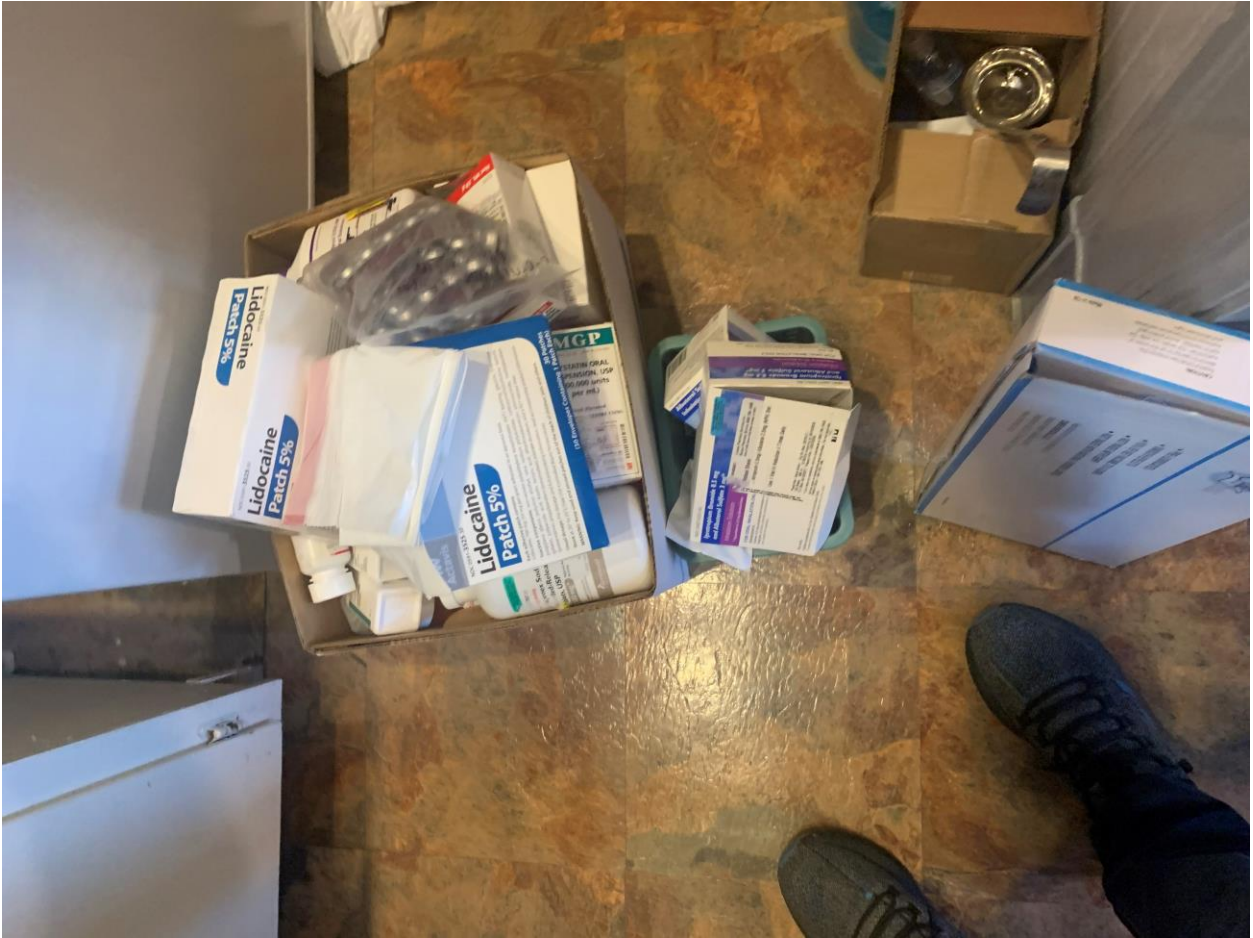
Property Seized: ☐

Returned To Owner: ☐

Other: ☐

Amount/Quantity	Description Of Items	Purpose
1 box	ceftriaxone	
1 box	sterile H ₂ O	
1 baggie	random injectables	
17 vials	acetycysteine	
1 vial	lidocaine	
1 box	lidocaine - 24	
2	catheters	
4	Bred-Safe outside	
Exam Room J		
1	Pennsaid	
1	Ascend Cream	
1	Albuterol	
Office	room	
1	Incruse	
Received By (Signature)		
Name and Title (Print)		
Daria Zarley, Grant & Project Analyst		
Witnessed By (Signature)		
Name and Title (Print)		













Dear Mr. Wuest:

Thank you for your registered mail received by me on March 21, 2021. We would like to make it clear that while we do not intend to contest surrendering our license and we are withdrawing our application for dispensing, for the record we would like to explain the extenuating circumstances created by the Covid-19 pandemic that led to the state of apparent disorganization of the prescription medications photographed prior to impounding by the DEA.

For more than a decade at our Wells Avenue location, we kept all medications under lock and key in a medication room with biometric locks and video surveillance. These medications were not dispensed for full treatment regimens but rather to treat acute presentations and verify diagnoses for conditions like hypertensive emergencies (bringing blood pressure down in office emergently) migraine headaches (abortive agents to treat and confirm diagnoses as migrainous), persistent angina (dispense aspirin, oxygen, nitrates, etc.) and other acute conditions that initiating therapy in office to negate the need for ER transfer/prior to ER transfer and confirm the diagnoses. When we first started our offices in 2009, laws were in place for redistribution of medications legally if they were sealed, obtained from reliable sources, and more than six months prior to expiry. We received donations from colleagues retiring from practice, hospice patient families who passed prior to using their medications, and the VA ER where I was working simultaneously while getting the clinic off the ground. In the intervening years, the states that passed these laws including Nevada did not make adequate arrangements for monitoring or supporting this type of reuse of appropriate medicines and we stopped this practice and moved all our medications to the basement in the new office which was sealed and no employee entry allowed in anticipation of safe disposal. Since the pandemic began, no employees came to the office as we switched to a telemedicine model, seeing patients initially via teleconference to triage them, permanently closing our waiting room, and seeing patients that could not be treated safely by telemedicine in cleaned and positive pressure ventilated rooms once a week with me as a sole provider in full PPE so as not to risk the lives of our staff. Despite the risks, we never stopped serving our patient population even through the darkest days. At the time of the DEA collection of meds, the office was run with no employees on site, and employees were never allowed into the basement. Exactly at that time, we were challenged by households that had 100% of family members with active cases of Covid-19. For a short time, the extraordinary measures detailed in our published

work in the San Diego Independent Scholars Magazine (enclosed) were implemented to anticipate the likely drugs needed for an entire treatment course. Sending Covid-19 positive patients repeatedly to a public pharmacy as the disease progressed was dangerous, inefficient, and would put more lives at risk. Thus, the advent of the covid-19 "go bag" and the justification for getting all probable necessary medications into the household with multiple virtual visits several times a day to instruct how and when to use the medications. Thus, the hundreds of dollar store medications also spread about our closed offices including diphenhydramine, acetaminophen, guaifenesin, along with donated albuterol MDI's, and samples of Azithromycin aggregated to full treatment courses when sending a member of a contaminated household to a pharmacy was dangerous.

My staff correctly suggested we dispose of all medications and we were planning to do so at the soonest. However, during the height of the pandemic, drug shortages began as patients began having problems obtaining anti-seizure medications, antibiotics, medications for allergic reactions, etc. due to shortages of various prescription medications. Patients who were unable to obtain their seizure medications began having seizures while waiting for medications. At the height of the drug shortages, I made the decision that destroying all the medications would limit our options should the shortages become worse potentially creating havoc and leading our patients winding up in local ERs when the ERs were already being overwhelmed by Covid-19 cases. The decision not to dispose of all outdated medications was taken because of the uncertainty of supply chains at the height of the pandemic. I determined that having the option to give an outdated medication was better than nothing in a worst-case scenario depending on how bad things got and how overwhelmed the system could become. The plan was to dispose of all drugs when the picture became clearer and, in the meantime, store the medications in anticipation of disposing them en masse when the pandemic numbers stabilized and it became clear the extraordinary measures would likely not be necessary. We applied for a dispensing license as we wanted to follow all applicable laws whenever possible during the crisis, not because we desired a long-term dispensing capability. Indeed, we understood we would get back our inhalers and antibiotics if we submitted this application and only then did we apply. As we are in the process of permanently closing our doors, this is moot.

I am ready to answer any and all questions during the hearing, but I would like to address some specific points raised in the accusation for the record. To wit:

1). Prescribing or dispensing a drug without a medical reason. We maintain that a legitimate medical reason based on history and physical findings was made in every case. My medical decision-making in the setting of my clinic was exactly the same as the medical decision-making I used while working at Renown, Veteran's Administration Primary care settings, VA ER settings, and rural settings in Fallon as a hospitalist and Medical Director of Highland Manor where I worked concurrently during the initial years of my clinic. The algorithms and criteria for prescribing were identical and were a reflection of what I had learned in these other settings through the years. 100% of the diagnosis, procedures, and therapies given in our clinic were done previously in the other settings under the supervision of the various administrations involved. There was nothing new or novel about what we did in the clinic, but rather the exact same logic and medical decision making was employed. However, it is important to note that these standards changed over time and we did our best to keep abreast of these changes and adapt to the changing environment by doing more continuing medical education than was required, maintaining ABIM board certification, and participating in educational events and conferences suggested by the NSBME. At the time we ceased narcotic based pain management, less than 1% of our census was receiving scheduled substances. I had been working steadily to rid our practice from chronic pain management without abandoning patients that had been on these drugs often for decades before they became our patients. Addicts were regularly discharged from our practice, but those who had become dependent on medications were treated with compassion and a remedial approach whenever possible. Patients who used chronic opioids for years to facilitate their employment and activities of daily living were caught in a terrible bind. Started by the medical establishment years before they became my patients, these patients living with chronic pain were often treated like criminals for their dependency. Dependency and addiction are different entities. A type one diabetic will die without regular insulin. Are type one diabetics therefore addicted to Insulin? Similarly, without lifelong blood pressure medications, my risk of a heart attack is 5x the baseline and I have severe chest discomfort. Am I addicted to my blood pressure medication? It boils down to a functional definition: If a given therapy enhances the quality and/or quantity of my life and facilitates improved functioning I would expect to be dependent (not addicted) to that therapy. However, if a given therapy

makes me dysfunctional or is used as an escape from reality and my responsibilities, its use likely represents addiction. Increasingly, this distinction is being made by people with no medical education and a few weeks or months of training. After 12 years of college and 20 years of experience, I find these distinctions are not black and white and I am no longer capable of making them despite decades of doing so. Pain is inherently subjective and there is no meter or diagnostic tool that can confirm or deny its existence. I don't mind giving up this increasingly dangerous and high liability responsibility, I welcome it. It makes no sense to fight for a right to prescribe controlled substances that I don't intend to exercise, and for this reason I am not contesting revocation of my DEA license. To the best of my ability, every prescription I wrote was for a legitimate medical reason.

2). Sampling Trazadone to a DEA agent. I am uncertain as to why sampling a patient complaining of insomnia a safe, non-narcotic, non-addictive, anti-depressant is considered cause for an allegation of wrongdoing. Indeed, I could've easily given the patient a sample of Belsorma given by drug manufacturers instead. This scheduled drug was being pushed by the pharmaceutical industry and sampled heavily at the time. However, this drug has a much higher abuse potential, much more likely to become addictive, and had a much more dangerous side effect profile. On the other hand, Trazadone was the drug of choice for preoperative insomnia at the Mayo Clinic when I was training because it led to sleep with much less risk. Trazadone is an older heterocyclic drug with less potential for addiction, abuse, interaction with general anesthetic or harm than any other prescription soporific of which I am aware. As it is generic and dirt cheap, there is no incentive to promote it. Other controlled drugs promoted and given free by the handful to doctors to hand out as free samples such Ambien, Sonata, Lunesta, Belsorma are infinitely more dangerous and don't raise an eyebrow as they are shoveled by big Pharma into the hands of the public. That this low cost, off patent, non-addictive, and extremely inexpensive (\$4 for 30 tablets) is an issue is puzzling. Why should it be surprising when a DEA agent complaining of insomnia is given a single tablet to try to see if it could be a solution prior to starting therapy with that agent? Throughout my training we had sample rooms of every type of medication available to give patients to find solutions, remove obstacles, and test therapies. If noncompliance due to cost or other barriers was suspected, we were encouraged to give enough samples for the patient to realize compliance was in his or her best interest. In certain medical conditions, for example venereal disease in an adolescent or young person, DOT or directly

observe therapy of the full treatment course was medically indicated. Gonorrhea can be treated with a two-week course of doxycycline or with 1 g of directly observed therapy in the office. The literature suggests the second option as the best one for groups that have shown noncompliance—teenagers and sexually active people under 25. In the case of the DEA agent complaining of severe insomnia, having him take a sleeping pill and then drive home could easily have resulted in a car accident. Telling him to go home and try it to see if it's effective was the logical manner of determining the efficacy of this therapy prior to him committing to it. It is unclear to me why this action is considered malfeasance. Similarly, when a DEA agent visits a doctor over two years and states that every non-narcotic therapy given failed and that intermittent use of lower strength narcotics for episodic pain from lifting heavy bags is well controlled, why would a doctor refuse to prescribe this reasonable request? Pain is inherently subjective. Any experienced MD can confirm some patients with the most horrible structural damage on x-ray have no pain, and patients with little or no radiographic changes can be in enormous pain. In all my medical training, we were never trained to identify patients who were purposely fabricating detailed histories of working for the TSA over two years, handling heavy bags, having episodic pain during heavy periods of work, and requesting reasonable amounts of medications for episodic pain after trying every non-narcotic solution and finding them ineffective? Is it such a stretch for a compassionate physician to attempt solving a patient's problem with a reasonable solution when everything else has reportedly failed? Do we really want a world where doctors can only treat pain if it's proven to the satisfaction of regulatory authorities? Doctors take detailed histories and physicals to collect data for a diagnosis. If that data is false but is consistently repeated for months to years, what chance does a physician have of achieving the correct diagnosis if he/she is being lied to consistently with a believable story?

I am happy to answer any and all questions honestly and directly, I have little left to lose. Professionally, we are closing a practice serving nearly 8,000 patients it took a dozen years to build, and another dozen years of education to gain the knowledge and authority to establish. While I am forever grateful to have had the opportunity to impact thousands of lives with lifesaving and life altering diagnoses and therapies, I never anticipated that my life's work would end ignominiously.

It is my hope to alter this potential epitaph by resuming employment in a closely supervised setting with the department of corrections or the Veterans Administration and I am applying for such positions right now. I am grateful these employers are considering my application favorably and I am hopeful that these actions will be interpreted as remedial, redemptive, and rehabilitative in my remaining years, giving me the opportunity to regain the confidence of the regulatory authorities before my ultimate retirement from medicine in the not-too-distant future.

My reasons for wanting to address the board are not to try and save my practice or to reinstate my license to prescribe controlled substances, but to at least leave a record of my side of the story and document that the lives we saved and improved over the last 13 years and during the pandemic are in stark contrast to the allegations that ended our clinic.

Please see enclosed my last publication from December 2020 detailing the reasons extraordinary measures were needed for extraordinary times.

Sincerely,

Vidur Mahadeva, M.D.

May 26, 2021

“Go bag” for COVID-19

by Vidur Mahadeva, MD

In my final year of medical school, I attended a lecture by an ER physician who proposed a mental exercise for all of the soon-to-be doctors in the room. He asked us to think about the medicines we would use to treat the largest variety of conditions we would likely encounter on a desert island, sort of a “Gilligan’s Island” scenario from a medical standpoint. While I began thinking of the best prescription drugs money could buy, our attending started the list of five with the humble Benadryl, a.k.a. diphenhydramine. This is a surprisingly versatile drug you can buy at a dollar store that amazingly can treat allergic reactions, insect bites, insomnia, nausea, dystonia, used as anesthesia, and therefore analgesia.

I have often thought since then what if we apply the same logic to different conditions and diagnoses? What would a “go bag” of medications look like for treating a heart attack? What would it look like for treating community acquired pneumonia? What would it look like if you were treating COVID-19?

Two decades later, by the spring of 2020, this was no longer a hypothetical question. Patients were presenting to our clinic or calling when they were told by their employers to go home because they had tested positive, to stay in quarantine and to seek medical attention should their symptoms worsen. In our patient community, this meant a large share of Spanish-speaking patients often working in food handling, food preparation, and the hotel and casino industry along with other service industries likely to be labeled as “essential.” Despite minimum wage pay and little or no insurance, these people were also risking their lives every day along with first responders, and the whole medical team.

The first few bags went out in a hurry, sometimes only with diagnostic equipment for taking temperature, blood pressure, oxygen saturation and otherwise check vital signs to monitor patients in their homes. The kits were either picked up by a COVID-negative non-symptomatic family member, delivered without contact, or left in a combination-locked dropbox for pick up outside our clinic.

In early August, we were contacted by a 40 year old Spanish-speaking woman, living with her adult brother and mother, all three testing positive for COVID-19, all with varying symptoms of fever, chills, nausea, vomiting, diarrhea, shortness of breath, productive cough, body aches, anxiety, fear, and insomnia from the psychosocial aspects of the disease. We decided to take on the case because we had successfully treated individual family members by setting them up with a similar ‘to go’ kit mentioned above.

Along with prescription drugs including azithromycin (antibiotic), dexamethasone (steroid), albuterol metered dosed asthma inhalers, over-the-counter diphenhydramine, acetaminophen, and guaifenesin (cough syrup), patients were given strict instructions to check in every eight hours with vital signs until “they were out of the woods.” The plan was to check on them two or three times per day via video conferencing or for them to contact us for a fever over 101°F, oxygen saturation less than 92%, along with high and low blood pressure and heart rate parameters.

Voltaire once said, “Medicine is the art of entertaining the patient, as the body heals itself.” Entertainment aside, simple medications given at the right time alleviated enough symptoms to build confidence that what we were doing was working. In this case the best medicine was the least medicine, along with the knowledge and security of knowing things were being monitored and worst-case scenarios anticipated with contingency plans in place if needed.

By the third day, it became clear that the younger patients were getting better with merely the use of the inexpensive OTC medications. Their symptoms were controlled, each day they felt stronger, and they gradually fell off our radar as we turned our attention to our original patient’s mother, a pleasant but clearly suffering woman in her mid-60s from the get-go at higher risk of complications.

From the video, we could see that she was breathing faster and from the oxygen saturations we realized that pulmonary symptoms were beginning. Coughing or breathing heavily into a microphone is probably underrated as a diagnostic tool. Clearly, it’s not a stethoscope, but it’s much better than nothing. Based on treatment guidelines of viral pneumonia, low doses of steroids from the bag were started and carefully monitored. The albuterol inhaler usually used for asthma came in handy. Oxygen saturations improved almost immediately. Later, when a productive cough began, the antibiotic was implemented some four days into the illness about the time one would expect an atypical bacterial co-infection. As the patient improved, monitoring was reduced from three times a day to two times a day then ultimately via text until the patient had completely stabilized from a respiratory standpoint.

In September 2020, for the first time in my medical career, I met patients in person, a full four weeks after I began treating them virtually. It was a good time to obtain all of the past medical history and fill in the blanks. While all the patients had some lingering symptoms to remind them of the assault they had suffered, the mother in her mid-60s clearly had signs of vasculitis and treatment was started with good results. Extensive laboratory tests and a physical exam confirmed she was no longer in danger of respiratory failure. However, like many Covid-19 patients, post-infectious symptoms would drag on for several weeks and would require monitoring and ongoing treatment.

While our original “go bag” was designed for one patient, it ended up treating three. The three simple diagnostic tools in the bag probably cost more to sterilize than to replace. They will serve again as telemedicine will undoubtedly be used again not only with this family but also likely with every family in the not-too-distant future.

For me this was an eye-opening experience that we would not have dared without the unique challenges posed by COVID-19. For just the price of a meal in a moderately priced restaurant, we delivered a transparent plastic TSA-compliant zip top bag filled with everything we needed to treat successfully during the acute period. Healthcare delivery clearly doesn’t have to be as industrialized and expensive as we have made it. COVID-19 opened the door to innovate just a crack and we seized the opportunity. Our team has been gratified by the results. Perhaps in the future further innovation can be driven by the rule changes that COVID-19 necessitated, or even better, because the innovations just make sense.

The author. Vidur Mahadeva, MD, is board-certified in internal medicine and trained in family medicine as well, with a practice serving the under-insured and uninsured in Reno, Nevada, since 2008. He is an Associate Professor of Internal Medicine at Touro University, Las Vegas.

This essay was sent to SDIS in September 2020.

Reprinted from *COVID-19: getting through with wit and grit*, published by the San Diego Independent Scholars. (<https://sdscholars.org>) © Vidur Mahadeva

5C

This Agenda Item has been continued to a future meeting.

5D

This Agenda Item has been continued to a future meeting.

5E

This Agenda Item has been continued to a future meeting.

5F



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DIRECT COMPOUNDING AND
OUTSOURCING, LLC,
Pharmacy License No. PH04006,

SCOT SILBER, RPH,
Certificate of Registration No. 08362,

MICHAEL THOMAS, PT
Certificate of Registration No. PT05905,

KRYSTAL HERNANDEZ, PT
Certificate of Registration No. PT10671,

Respondents.

CASE NO. 19-070-PH-S
19-070-RPH-S
19-070-PT-A-S
19-070-PT-B-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, R.Ph., in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Direct Compounding and Outsourcing, LLC ("Direct") held a Nevada Pharmacy License No. PH04006; Respondent Scot Silber ("Silber") held a Nevada Pharmacist Certificate of Registration No. 08362; Respondent Michael Thomas ("Thomas") held a Nevada Pharmaceutical Technician Registration No. PT05905; and Krystal Hernandez ("Hernandez") held a Nevada Pharmaceutical Technician Registration No. PT10671, all issued by the Board.

DISCIPLINARY HISTORY

2. In April 2004, the Board entered an Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 03-016-RPH-S*, for violations resulting in the mislabeling of

dosage directions on a prescription label for Roxanol Liquid, a Schedule II opioid analgesic. The patient ingested an unknown quantity of the medication and was subsequently hospitalized. The Board ordered Silber to pay a fine of \$500.00.

3. In October 2012, the Board entered a Stipulation and Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 11-090-RPH-S*, for violations resulting in a dispensing error. Silber misread a prescription and compounded 20 mg/cc morphine sulfate with **2,500 mcg/cc baclofen** rather than the 20 mg/cc morphine sulfate with **250.0 mcg/cc baclofen** as prescribed. The compound was administered to the patient who was subsequently hospitalized for baclofen toxicity. The Board placed Silber on probation for two years and imposed a \$2,500 fine.

FACTUAL ALLEGATIONS

4. Respondent Direct is located on 1850 Whitney Mesa Boulevard, #180, Henderson, Nevada 89014. On April 4, 2019, pharmacist T.B., was terminated as managing pharmacist of Direct. Direct did not notify the Board about the change in managing pharmacist.

5. Respondent Silber was hired as the managing pharmacist of Direct beginning on or about April 22, 2019.

6. Respondents Thomas and Hernandez were employed by Direct during the times alleged.

7. On or about April 4, 2019, Thomas was contacted by Ellie Gerber ("Gerber"), one of the managing members/owners of Direct, to meet the locksmith at Direct to re-key the pharmacy door. Thomas was given three (3) sets of keys to Direct's pharmacy by the locksmith. Hernandez received a key to Direct on April 8, 2019.

8. Between April 4 and April 22, 2019, Thomas and/or Hernandez had unauthorized access to Direct's controlled substances and dangerous drugs inventory without a pharmacist present.

APPLICABLE LAW

9. Each pharmacy must be managed by a registered pharmacist in compliance with NRS 639.220. Failure to place a registered pharmacist in charge of a pharmacy is a criminal offense. NRS 639.284.

10. The security of a pharmacy premises and inventory must be maintained in conformance with federal and state law. NAC 639.470; NAC 639.520; 21 CFR § 1301.71.

11. A managing pharmacist is responsible for violations committed by the pharmacy's employees. NRS 639.220(1); NAC 639.702.

12. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230(5); NAC 639.702; NAC 639.945(2).

13. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. The Board may suspend or revoke a license or registration pursuant to NRS 639.210(11) if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs.

15. The Board may suspend or revoke a license or registration pursuant to NRS 639.210(12) if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy.

16. The Board may suspend or revoke a license or registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

FIRST CAUSE OF ACTION

Violations of Law and Unprofessional Conduct (Respondent Silber)

17. As the managing pharmacist of Direct, Silber permitted Thomas and Hernandez unlawful access to Direct's premises, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.220(1), NAC 639.470, NAC 639.520, NAC 639.702, and/or 21 CFR § 1301.71, performed his duties in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11), (12), (15), and/or NRS 639.255.

SECOND CAUSE OF ACTION

Violations of Law and Unprofessional Conduct (Respondents Thomas and Hernandez)

18. By knowingly accessing Direct's premises without a pharmacist present, Thomas and Hernandez violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.520, performed their duties as pharmaceutical technicians in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4) and (12), and/or NRS 639.255.

THIRD CAUSE OF ACTION

Failure to Place Managing Pharmacist in Charge (Respondent Direct)

19. By failing to place a managing pharmacist in charge of the pharmacy April 4 and April 22, 2019, and failing to timely notify the Board of a change in managing pharmacists, Direct violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.220 and/or NRS 639.284(1), and is subject to discipline pursuant to NRS 639.210(12), and/or NRS 639.255.

FOURTH CAUSE OF ACTION

Failure to Maintain Security of the Pharmacy Premises and (Respondent Direct)

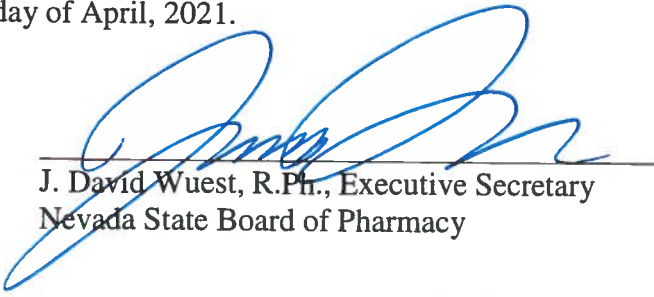
20. By failing to maintain the security of the pharmacy premises and inventory and granting unlawful access to Thomas and Hernandez to Direct, Direct violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.470, NAC 639.520, and/or 21 CFR § 1301.71, and is subject to discipline pursuant to NRS 639.210(11) and (12), and/or NRS 639.255.

FIFTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Direct)

21. As the owners/operators of Direct at the time of each of the violations alleged herein, Direct is responsible for the violations, including those of its employees, pursuant to NRS 639.230(5), NAC 639.702, and/or NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 30th day of April, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

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, and to submit an 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, then 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. 19-070-PH-S

Petitioner,

v.

**DIRECT COMPOUNDING AND
OUTSOURCING, LLC,
Pharmacy License No. PH04006,**

**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, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

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

or

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

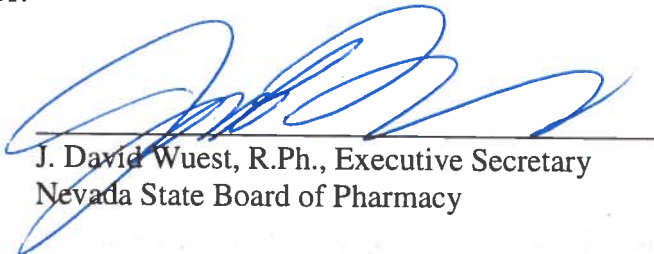
IV.

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 30th day of April, 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 3rd day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Scot Silber, RPh
3155 Hazy Hills Ave
Henderson, NV 89052

Michael Thomas, PT
4260 NEWCASTLE RD
LAS VEGAS, NV, 89103

Krystal Hernandez, PT
9160 Whatley St.
Las Vegas, NV, 89148

Direct Compounding & Outsourcing
1850 WHITNEY MESA BLVD #180
HENDERSON NV 89014



SHIRLEY HUNTING

FILED

MAY 26 2021

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DIRECT COMPOUNDING AND
OUTSOURCING, LLC
Pharmacy License No. PH04006,

SCOT SILBER, RPH,
Certificate of Registration No. 08362,

MICHAEL THOMAS, PT
Certificate of Registration No. PT05905,

KRYSTAL HERNANDEZ, PT
Certificate of Registration No. PT10671,

Respondents.

CASE NOS. 19-070-PH-S
19-070-RPH-S
19-070-PT-A-S
19-070-PT-B-S

**ANSWER AND NOTICE OF DEFENSE
TO NOTICE OF INTENDED ACTION
AND ACCUSATION**

Pursuant to NRS § 639.244, Respondents Direct Compounding and Outsourcing, LLC ("Direct Compounding") and Scot M. Silber, R.Ph. ("Mr. Silber") (together, "Respondents"),¹ hereby respond as follows to the allegations contained in Petitioner's Notice of Intended Action and Accusation dated April 30, 2021 (the "Accusation"). Respondents submit this Answer and Notice of Defense to Notice of Intended Action and Accusation (the "Answer") in supplementation to the following: (1) Statement of Ellie Gerber ("Ms. Gerber") dated April 24, 2019; (2) Statement of Scot Silber dated April 22, 2019; and (3) Statement of Michael Thomas of similar date.²

¹ Counsel for Respondents does not independently represent either Respondents Michael Thomas ("Mr. Thomas") or Krystal Hernandez ("Ms. Hernandez"). Counsel is prepared, however, to address the allegations of the Accusation as made against both Mr. Thomas and Ms. Hernandez in the context of their respective employment with Direct Compounding during the timeframes relevant to the Accusation.

² Direct Compounding is aware that Ms. Hernandez also submitted a statement to the Board. However, as neither Direct Compounding nor Mr. Silber possess a copy of Ms. Hernandez's statement, Respondents nevertheless request that the Board also consider this Answer in supplementation of Ms. Hernandez's statement.

This Answer is based upon the pleadings and records on file in this matter, the Answer, Affirmative Defenses and Mitigating Circumstances set forth below, the Declaration of Ellie Gerber attached hereto and incorporated herein by this reference as Exhibit A, the Declaration of Scot M. Silber, R.Ph. attached hereto and incorporated herein by this reference as Exhibit B, and the presentation and evidence made to the Board pursuant to NRS §§ 233B.121 – 233B.127 and other operation of law.

A hearing on the Accusation is presently set before the Nevada State Board of Pharmacy (the “Board”) on its June 2, 2021 Agenda.

ANSWER

A. Statement of Completeness and Clarity

Respondents have no objection to the Accusation as being incomplete or failing to state clearly the charges against Respondents.

B. Response to Allegations

Respondents, for and as their Answer to the Accusation, admit, deny and allege as follows:

I. RESPONDENTS’ RESPONSE TO THE BOARD STAFF’S ALLEGATIONS

JURISDICTION

1. Respondents admit that the Board has jurisdiction over this matter, and further admit that the Board’s allegations regarding Direct Compounding’s Nevada Pharmacy License No. and Mr. Silber’s Nevada Pharmacist Certificate of Registration No. are accurate. To the best of Respondents’ knowledge, the Board’s allegations regarding the Pharmaceutical Technician Registration Nos. for Mr. Thomas and Ms. Hernandez are also accurate.

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DISCIPLINARY HISTORY

2. Mr. Silber admits the general factual recitation set forth in Paragraph 2 of the Accusation, but further states that the referenced Board Order of April 2004 speaks for itself. Mr. Silber further asserts that he timely complied with and satisfied the Board's imposition of the referenced fine. Direct Compounding is without sufficient knowledge to know the truth or falsity of the allegations of Paragraph 2 of the Accusation as the referenced facts predate Direct Compounding's formation date (June 12, 2017).

3. Mr. Silber admits the general factual recitation set forth in Paragraph 3 of the Accusation, but further states that the referenced Board Stipulation and Order of October 2012 speaks for itself. Mr. Silber further asserts that he timely complied with and satisfied the Board's imposition of the referenced probation and fine. Direct Compounding is without sufficient knowledge to know the truth or falsity of the allegations of Paragraph 3 of the Accusation as the referenced facts predate Direct Compounding's formation date (June 12, 2017).

FACTUAL ALLEGATIONS

4. Respondents admit that Direct Compounding is located at the referenced address. Direct Compounding further admits that pharmacist T.B. was terminated on or about April 4, 2019. Direct Compounding disputes that it did not notify the Board regarding the termination of pharmacist T.B., as explained in Affirmative Defense and Mitigating Circumstances Nos. 16 and 17. Mr. Silber is without sufficient knowledge to know the truth or falsity of the allegations of Paragraph 4 of the Accusation, and therefore denies the same.

5. Respondents admit Paragraph 5 of the Accusation.

6. Respondents admit Paragraph 6 of the Accusation.

7. Direct Compounding disputes that Ellie Gerber ("Ms. Gerber") contacted Mr. Thomas on or about April 4, 2019 about meeting a locksmith at the offices of Direct

Compounding; nevertheless, Direct Compounding admits that, on or about the referenced dates, Mr. Thomas was so-requested to meet a locksmith at the offices of Direct Compounding. Direct Compounding further admits that Mr. Thomas received three (3) sets of keys to the offices of Direct Compounding from said locksmith, and that Ms. Hernandez received one (1) set of said keys from Mr. Thomas on or about April 8, 2019. Mr. Silber is without sufficient knowledge to know the truth or falsity of the allegations of Paragraph 7 of the Accusation, and therefore denies the same.

8. Direct Compounding disputes the allegations of Paragraph 8 of the Accusation as explained in Affirmative Defense and Mitigating Circumstances Nos. 15, 18, 19, 20, and 21. Nevertheless, Direct Compounding admits that, during certain dates within the April 4 – 22, 2019 timeframe, Mr. Thomas and Ms. Hernandez were able to access Direct Compounding's offices when a pharmacist was not present, and that such access included the potential for access to Direct Compounding's minimal inventory of a single controlled substance (testosterone). Mr. Silber is generally without sufficient knowledge to know the truth or falsity of the allegations of Paragraph 8 of the Accusation, and therefore denies the same as further explained in Affirmative Defense and Mitigating Circumstances Nos. 10, 21, and 25.

APPLICABLE LAW

9. Respondents state that Paragraph 9 of the Accusation sets forth an accurate summation of the legal requirements of NRS §§ 639.220 and 639.284, but said paragraph does not set forth the complete language of either statute. Respondents do not admit that Direct Compounding, Mr. Silber, Mr. Thomas and/or Ms. Hernandez committed a violation of either NRS § 639.220 or NRS § 639.284.

10. Respondents state that Paragraph 10 of the Accusation sets forth a general summation of the legal requirements of certain provisions of NRS § 639.470, NAC § 639.520,

and 21 CFR § 1301.71, but said paragraph does not set forth the complete language of either the statute or the regulatory provisions. Respondents do not admit that Direct Compounding, Mr. Silber, Mr. Thomas and/or Ms. Hernandez committed a violation of NRS § 639.470, NAC § 639.520, and 21 CFR § 1301.71.

11. Respondents state that Paragraph 11 of the Accusation sets forth a general summation of the legal requirements of NRS § 639.220(1) and NAC § 639.702, but said paragraph does not set forth the complete language of either the statute or the regulatory provision. Respondents do not admit that Direct Compounding, Mr. Silber, Mr. Thomas and/or Ms. Hernandez committed a violation of either NRS § 639.220(1) or NAC § 639.702.

12. Respondents state that Paragraph 12 of the Accusation sets forth an accurate summation of the legal requirements of and NAC §§ 639.702 and 639.945(2), but said paragraph does not set forth the complete language of either regulatory provision. Respondents further state that NRS § 639.220(5) does not stand for the legal requirement alleged in Paragraph 12 of the Accusation, as this statute is a remedial provision. Respondents do not admit that Direct Compounding, Mr. Silber, Mr. Thomas and/or Ms. Hernandez committed a violation of NRS § 639.630(5), or of NAC §§ 639.702 or 639.945(2).

13. Respondents state that Paragraph 13 of the Accusation sets forth an accurate summation of the legal requirements of NRS § 639.210(4) and NAC § 639.945(1)(i), but said paragraph does not set forth the complete language of either the statute or the regulatory provision. Respondents do not admit that Direct Compounding, Mr. Silber, Mr. Thomas and/or Ms. Hernandez committed a violation of either NRS § 639.210(4) or NAC § 639.945(1)(i).

14. Respondents state that Paragraph 14 of the Accusation sets forth an accurate summation of the remedial allowances of NRS § 639.210(11), but said paragraph does not set

forth the complete language of the statute. Respondents do not admit that Direct Compounding, Mr. Silber, Mr. Thomas and/or Ms. Hernandez committed a violation for which the remedial allowances of NRS § 639.210(11) are applicable.

15. Respondents state that Paragraph 15 of the Accusation sets forth an accurate summation of the remedial allowances of NRS § 639.210(12), but said paragraph does not set forth the complete language of the statute. Respondents do not admit that Direct Compounding, Mr. Silber, Mr. Thomas and/or Ms. Hernandez committed a violation for which the remedial allowances of NRS § 639.210(12) are applicable.

16. Respondents state that Paragraph 16 of the Accusation sets forth an accurate recitation of the remedial allowances of NRS § 639.210(15). Respondents do not admit that Direct Compounding, Mr. Silber, Mr. Thomas and/or Ms. Hernandez committed a violation for which the remedial allowances of NRS § 639.210(15) are applicable.

FIRST CAUSE OF ACTION
Violations of Law and Unprofessional Conduct
(Respondent Silber)

17. Respondent Silber denies the allegations of Paragraph 17 of the Accusation, as explained in Affirmative Defenses and Mitigating Circumstances Nos. 10, 21, and 25.

SECOND CAUSE OF ACTION
Violation of Law and Unprofessional Conduct
(Respondents Thomas and Hernandez)

18. Respondents deny the allegations of Paragraph 18 of the Accusation, to the extent that these allegations are applicable in any manner to either Direct Compounding or Mr. Silber.

THIRD CAUSE OF ACTION
Failure to Place Managing Pharmacist In Charge
(Respondent Direct)

19. Direct Compounding admits the factual allegations set forth in Paragraph 19 of the Accusation, but denies the legal allegations of said paragraph as explained in Affirmative

Defenses and Mitigating Circumstances Nos. 5, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 23, 24, and 26.

FOURTH CAUSE OF ACTION
Failure to Maintain Security of Pharmacy Premises and (sic)
(Respondent Direct)

20. Direct Compounding denies the allegations of Paragraph 20 of the Accusation, as explained in Affirmative Defenses and Mitigating Circumstances Nos. 5, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 23, 24, and 26.

FIFTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Direct)

21. Direct Compounding admits the factual allegations set forth in Paragraph 19 of the Accusation, but denies the legal allegations of said paragraph as explained in Affirmative Defenses and Mitigating Circumstances Nos. 5, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 23, 24, and 26.

AFFIRMATIVE DEFENSES AND MITIGATING CIRCUMSTANCES

1. Respondents hereby assert the affirmative defenses of estoppel, laches, acquiescence, waiver, and applicable statutes of limitation.

2. Pursuant to NRC 233B.123, Respondents object to the allegations set forth in Paragraphs 2 and 3 of the Accusation as being irrelevant and immaterial to this matter, and as being presented in derogation of NRS §§ 48.025, 48.035, and 48.045.

Background Regarding Direct Compounding and Scot M. Silber, R.Ph.

3. Direct Compounding was incorporated on June 12, 2017. Since August 30, 2019, Direct Compounding has been owned and operated by Ellie Gerber ("Ms. Gerber") and Alicia Smith ("Ms. Smith"). Ms. Gerber and Ms. Smith are residents of California.

4. At the time of incorporating Direct Compounding and throughout the relevant timeframe of the Accusation, both Ms. Gerber and Ms. Smith were novice owners of a pharmacy and were, in full candor to the Board, undereducated with regard to state and federal statutory and regulatory obligations applicable to owners of a licensed and registered pharmacy.

5. Direct Compounding initially hired Pharmacist T.B. as its Pharmacist-in-Charge ("PIC"). Direct Compounding employed Pharmacist T.B. as its PIC from June 12, 2017 through approximately April 4, 2019. Due to their inexperience in the ownership of a pharmacy, Ms. Gerber and Ms. Smith placed full faith and responsibility in Pharmacist T.B. to oversee, operate, manage, and supervise Direct Compounding, and further to ensure Direct Compounding was compliant with all statutory and regulatory obligations.

6. For the time period of June 2017 through April 2019, Direct Compounding did not receive any disciplinary notifications or legal actions from either the Board or the United States Food and Drug Administration (the "FDA"), or from any other state or federal agencies or oversight personnel. Neither has Direct Compounding received any disciplinary notifications or other legal actions from the Board or the FDA, or from any other state or federal agencies or oversight personnel, since April 2019. The Board has not sought to make any emergency or summary suspension of Direct Compounding's license or of any registrations held by Mr. Silber, Mr. Thomas, or Ms. Hernandez related to the allegations of the Accusation, as is permissible under NRS § 233B.127(3). Furthermore, Direct Compounding has complied with all recommendations by Board Staff and federal agencies pursuant to regulatory inspections.

7. Direct Compounding hired Mr. Thomas on November 9, 2018 and he was employed through October 22, 2020. Direct Compounding hired Ms. Hernandez on July 17,

2018 and she was employed through June 4, 2020. Neither Mr. Thomas nor Ms. Hernandez is presently employed with Direct Compounding.

8. On or about April 4, 2019, Direct Compounding terminated Pharmacist T.B., based upon multiple issues which required an immediate separation of Pharmacist T.B. from employment with Direct Compounding.

9. Immediately thereafter, Direct Compounding began its search for a new PIC to replace Pharmacist T.B.

10. On or about April 15, 2019, Ms. Gerber met with Mr. Silber at the business location of Direct Compounding, for the purposes of interviewing Mr. Silber for the position of PIC. Direct Compounding offered Mr. Silber the position of PIC on or about April 16, 2019. Mr. Silber accepted this position, with an official payroll start date of April 22, 2019 but an actual onsite start date of April 15, 2019.

Factual Points Relevant to the Accusation

11. Direct Compounding recognizes that it failed to notify Board Staff regarding the termination of Pharmacist T.B., but such failure was not done with the intent or desire to mislead Board Staff regarding Direct Compounding's PIC. Nevertheless, Direct Compounding recognizes the severe gravamen of its lack of notification to Board Staff regarding the termination of Pharmacist T.B., the eighteen (18) day timeframe in which Direct Compounding did not have a PIC to oversee operation of the pharmacy, and the criticality this point created for all other material allegations made in the Accusation.

12. On April 4, 2019, Direct Compounding received notification from its online security monitor that Pharmacist T.B. had attempted – after his termination – to remotely access Direct Compounding's network server and systems through the Direct Compounding website.

Direct Compounding considered this unauthorized access effort to be a significant attempt on the part of Pharmacist T.B. to breach Direct Compounding's online systems, wherein Pharmacist T.B. would have unfettered access to Direct Compounding's proprietary information and data.

13. In response to the notification noted in Paragraph 11 above, and in an effort to ensure that Pharmacist T.B. did not retain an ability to access the Direct Compounding facilities, on April 4, 2019 Direct Compounding obtained a locksmith to change all of the locks to the Direct Compounding facilities. Insofar as Ms. Gerber and Ms. Smith were both located in California at this time, Mr. Thomas was asked to meet the locksmith at Direct Compounding's business location. Mr. Thomas agreed to do so.

14. When the locksmith completed the change to all of Direct Compounding's locks, the locksmith delivered three sets of keys to Direct Compounding to Mr. Thomas. Mr. Thomas subsequently delivered one set of keys to Ms. Hernandez on or about April 8, 2019.

15. Here again, Direct Compounding's efforts to ensure that Pharmacist T.B. could no longer access its online systems or physical location were made in the exigency of Direct Compounding severing its business relationship with Pharmacist T.B. and protecting the business from potential nefarious conduct on the part of Pharmacist T.B. Asking Mr. Thomas to meet the locksmith, and the subsequent delivery of keys to Mr. Thomas, was not made with the intent of providing access to Direct Compounding by unauthorized persons or employees. Nevertheless, Direct Compounding recognizes that the consequence of the urgency of its decision-making during a tumultuous time created a second level of material allegations as set forth in the Accusation.

16. On April 4, 2019, Ms. Gerber sent an email to Board Staff through the email address pharmacy@pharmacy.nv.gov requesting information and applicable forms to notify Board Staff of a change to Direct Compounding's PIC. Ms. Gerber did not receive a response to this email outreach.

17. Having not received a response from Board Staff regarding a change to Direct Compounding's PIC, Ms. Gerber subsequently worked with Mr. Thomas to identify the process and applicable forms for notifying Board Staff of a change to Direct Compounding's PIC. Direct Compounding submitted the requisite form and notification of a change to its PIC on April 22, 2019.

18. During the period of April 4, 2019 through April 22, 2019, Mr. Thomas and Ms. Hernandez were generally instructed by Ms. Gerber to work from home rather than access the Direct Compounding facilities. Nevertheless, both Mr. Thomas and Ms. Hernandez did access the Direct Compounding facilities on limited occasions and for limited time periods between approximately April 12 – 22, 2019. Ms. Gerber was aware that both Mr. Thomas and Ms. Hernandez accessed the Direct Compounding facilities and engaged in some work while onsite—which access she believed was limited to the back-office suite and not to the pharmacy proper—but Ms. Gerber was not aware (as a result of being undereducated on regulatory requirements) that such access was (and is) prohibited by Nevada law. Direct Compounding did not intend to violate Nevada law in this regard, but it fully understands that the lack of regulatory knowledge caused a third level of material issues as alleged in the Accusation.

19. During the timeframe between April 4, 2019 and April 22, 2019, Mr. Thomas and Ms. Hernandez engaged in the following work while onsite at Direct Compounding's facilities: development of marketing, policies, and procedures; development of call logs and patient

tracking systems; organization of the business back offices; and general “busy work.” Again, Direct Compounding’s expectation was that both Mr. Thomas and Ms. Hernandez were to work from home – remotely – during this timeframe. To the best of Respondent’s knowledge, neither Mr. Thomas nor Ms. Hernandez engaged in any pharmaceutical or compounding work when no pharmacist was present during this timeframe.

20. During the period of April 1, 2019 through April 22, 2019, Direct Compounding did not engage in any sales or the payment of any invoices. Direct Compounding did fulfill the dispensing of one prescription during this timeframe—entered into Direct Compounding’s computer system April 17, 2019 and compounded on April 18, 2019—which occurred while Mr. Silber was present at Direct Compounding’s facilities and with his oversight.

21. As noted above, Mr. Silber accepted the position of PIC for Direct Compounding on April 16, 2019, with an official payroll start date of April 22, 2019. Nevertheless, Mr. Silber was onsite at Direct Compounding’s facilities for various time periods up to three (3) hours per day, on April 15 and 18, 2019, for purposes of setting up his office and reviewing general operations and policies of Direct Compounding. Mr. Silber was present on at least one occasion when Mr. Thomas engaged in compounding a pharmaceutical. In addition, Mr. Silber signed-off on one prescription on April 18, 2019.

22. On April 22, 2019, Mr. Silber engaged a locksmith to change all of the locks to the Direct Compounding facilities. Mr. Silber undertook this project on the advice of Board Staff investigators, who were onsite at the Direct Compounding facilities on this date. In addition, on this same date Mr. Silber and Ms. Gerber changed Direct Compounding’s alarm system access and contact person to reflect Mr. Silber’s authority to act on behalf of the pharmacy.

23. Among his first tasks for Direct Compounding, Mr. Silber prepared an accounting of all pharmaceuticals and compounding ingredients in the pharmacy's inventory. Further to this task, Mr. Silber prepared and filed a Change of Managing Pharmacist Inventory with Board Staff on April 22, 2019, identifying the opening-day inventory as of this date. At all times relevant to this matter, all Schedule II controlled substances identified in this inventory report were locked in Direct Compounding's safe, to which only Direct Compounding's PIC had (and has) access.

24. Direct Compounding respectfully requests that the Board consider that the events alleged in the Accusation occurred over two years ago, and that the events giving rise to the Accusation occurred in an eighteen (18) day timeframe. Direct Compounding is acutely aware that the allegations of the Accusation are significant, but outside of the timeframe of these allegations Direct Compounding has not had any disciplinary issues with the Board and it has operated for the two years following April 22, 2019 without incident.

25. Mr. Silber respectfully requests that the Board recognize that his employment with Direct Compounding post-dates the material allegations of the Accusation, and that his position as PIC was unrelated to the material allegations of the Accusation. As such, the First Cause of Action should be dismissed insofar as the Accusation does not allege any factual assertions against Mr. Silber that occurred during his employment as Direct Compounding's PIC.

26. Direct Compounding and Mr. Silber respectfully request that the Board consider each of these mitigating circumstances in evaluating the Accusation, and that any remedial measures be limited to constructive and productive results. Direct Compounding and Mr. Silber do not believe that the allegations of the Accusation warrant suspension or revocation of any

licenses or certificates of registration. Direct Compounding and Mr. Silber are contrite as to the allegations of the Accusation, and they are ready, willing, and able to work in good faith with the Board and Board Staff to ensure no further occurrences such as those set forth in the Accusation recur.

Respectfully submitted this 26th day of May, 2021.



James D. Boyle, Esq.
Nevada Bar No. 08384
Holley Driggs Ltd.
400 South Fourth Street, 3rd Floor
Las Vegas, Nevada 89101
(702) 791-0308
Email: jboyle@nevadafirm.com

*Attorneys for Respondents Direct
Compounding and Outsourcing, LLC
and Scot M. Silber, R.Ph.*

CERTIFICATE OF SERVICE

I certify that on the 26th day of May, 2021, I caused the document entitled **ANSWER AND NOTICE OF DEFENSE TO NOTICE OF INTENDED ACTION AND ACCUSATION** to be served on the following parties:

Attorneys of Record	Parties Represented	Method of Service
Brett Kandt, Esq. Courtney K. Lee, Esq. David Wuest Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy, Suite 206 Reno, Nevada 89521 Email: bkandt@pharmacy.nv.gov c.lee@pharmacy.nv.gov dwuest@pharmacy.nv.gov+	Nevada State Board of Pharmacy	☐ Personal Service ☒ Email/E-File ☐ Fax Service ☐ Mail Service

DATED this 26th day of May, 2021.


An Employee of Holley Driggs Ltd.

EXHIBIT A

EXHIBIT A

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DIRECT COMPOUNDING AND
OUTSOURCING, LLC

Pharmacy License No. PH04006,

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KRYSTAL HERNANDEZ, PT
Certificate of Registration No. PT10671,

Respondents.

CASE NOS.

19-070-PH-S

19-070-RPH-S

19-070-PT-A-S

19-070-PT-B-S

**DECLARATION OF ELLIE GERBER IN
SUPPORT OF ANSWER AND NOTICE
OF DEFENSE TO NOTICE OF
INTENDED ACTION AND
ACCUSATION**

I, Ellie Gerber, hereby state and declare as follows:

1. I make this Declaration in support of an Answer and Notice of Defense to Notice of Intended Action and Accusation submitted on behalf of Direct Compounding and Outsourcing, LLC ("Direct Compounding") and on behalf of Scot M. Silber, R.Ph. ("Mr. Silber"). I am over the age of eighteen years and competent to testify as to the matters set forth herein. I make this Declaration upon personal knowledge, or upon information and belief where so indicated.

2. Direct Compounding was incorporated with the Nevada Secretary of State on June 12, 2017. I am a fifteen percent owner of Direct Compounding. Alicia Smith is the other owner of Direct Compounding, controlling eighty-five percent of the ownership interests in the business.

3. At the time of incorporating Direct Compounding and throughout the relevant timeframe of the Accusation, both I and Ms. Smith were novice owners of a pharmacy and were, in full candor to the Board, undereducated with regard to state and federal statutory and regulatory obligations applicable to owners of a licensed and registered pharmacy. While I have prior experience in the business of pharmacy, my experience was largely directed toward finance, marketing, infrastructure development, and general business operations. Neither I nor Ms. Smith had any prior experience regarding any depth of regulatory know-how and compliance.

4. Direct Compounding initially hired Pharmacist T.B. as its Pharmacist-in-Charge ("PIC"). Direct Compounding employed Pharmacist T.B. as its PIC from June 12, 2017 through approximately April 4, 2019. Due to our inexperience in the ownership of a pharmacy, Ms. Smith and I placed full faith and responsibility in Pharmacist T.B. to oversee, operate, manage, and supervise Direct Compounding, and further to ensure Direct Compounding was compliant with all statutory and regulatory obligations.

5. For the time period of June 2017 through April 2019, Direct Compounding did not receive any disciplinary notifications or legal actions from either the Board or the United States Food and Drug Administration, or from any other state or federal agencies or oversight personnel. Neither has Direct Compounding received any disciplinary notifications or other legal actions from the Board or the FDA, or from any other state or federal agencies or oversight personnel, since April 2019. Direct Compounding complied with all recommendations by Board Staff and federal agencies pursuant to regulatory inspections.

6. Direct Compounding hired Michael Thomas on November 9, 2018 and he was employed through October 22, 2020. Direct Compounding hired Krystal Hernandez on July 17,

2018 and she was employed through June 4, 2020. Neither Mr. Thomas nor Ms. Hernandez is presently employed with Direct Compounding.

7. On or about April 4, 2019, Direct Compounding terminated Pharmacist T.B., based upon multiple issues which required an immediate separation of Pharmacist T.B. from employment with Direct Compounding. Direct Compounding's separation from Pharmacist T.B. was considerably tumultuous and confrontational, which point was exacerbated by my and Ms. Smith's residing in California at the time of termination.

8. Immediately thereafter, Direct Compounding began its search for a new PIC to replace Pharmacist T.B. On April 15, 2019, upon my return to Nevada, I met Mr. Silber at the Direct Compounding business offices for the purposes of interviewing him for the position of PIC. Mr. Silber accepted the position of PIC on April 16, 2019, with an official payroll start date of April 22, 2019 and an actual start date of April 15, 2019.

9. On April 4, 2019, Direct Compounding received notification from its online security monitor that Pharmacist T.B. had attempted – after his termination – to remotely access Direct Compounding's network server and systems through the Direct Compounding website. Direct Compounding considered this unauthorized access effort to be a significant attempt on the part of Pharmacist T.B. to breach Direct Compounding's online systems, wherein Pharmacist T.B. would have unfettered access to all of Direct Compounding's proprietary information and data. A true and accurate copy of this notification is attached hereto as Exhibit A-1.

10. In an effort to ensure that Pharmacist T.B. did not retain an ability to access the Direct Compounding facilities, on April 4, 2019 Direct Compounding obtained a locksmith to change all of the locks to the Direct Compounding facilities. Insofar as both Ms. Smith and I

were located in California at this time, Mr. Thomas was asked to meet the locksmith at Direct Compounding's business location. Mr. Thomas agreed to do so.

11. As I understand subsequent events, when the locksmith completed the change to all of Direct Compounding's locks, the locksmith delivered three sets of keys to Direct Compounding to Mr. Thomas. Mr. Thomas subsequently delivered one set of keys to Ms. Hernandez on or about April 8, 2019.

12. Direct Compounding's efforts to ensure that Pharmacist T.B. could no longer access its online systems or physical location were made in the exigency of Direct Compounding severing its business relationship with Pharmacist T.B. and protecting the business from potential nefarious conduct on the part of Pharmacist T.B. Asking Mr. Thomas to meet the locksmith, and the subsequent delivery of keys to Mr. Thomas, was not made with the intent of providing access to Direct Compounding by unauthorized persons or employees. However, in hindsight Direct Compounding recognizes that having Mr. Thomas meet the locksmith and obtain the keys to the Direct Compounding facilities was made in error and is a precipitating cause of the Board's Accusation against Direct Compounding and the other Respondents.

13. Following Direct Compounding's termination of Pharmacist T.B., I sent an email to Board Staff on April 4, 2019 through the email address pharmacy@pharmacy.nv.gov, requesting information and applicable forms to notify Board Staff of a change to Direct Compounding's PIC. I did not receive a response to this email outreach. A true and accurate copy of this email is attached hereto as Exhibit A-2.

14. Having not received a response from Board Staff regarding a change to Direct Compounding's PIC, I subsequently worked with Mr. Thomas to identify the process and applicable forms for notifying Board Staff of a change to Direct Compounding's PIC. A true and

accurate copy of my correspondence with Mr. Thomas on this issue is attached hereto as Exhibit A-3. Direct Compounding submitted the requisite form and notification of a change to its PIC on April 22, 2019.

15. During the period of April 4, 2019 through April 22, 2019, I instructed Mr. Thomas and Ms. Hernandez to work from home rather than access the Direct Compounding facilities. Nevertheless, I was aware both Mr. Thomas and Ms. Hernandez did access the Direct Compounding facilities on limited occasions and for limited time periods between approximately April 12 – 22, 2019. I was also aware that both Mr. Thomas and Ms. Hernandez accessed the Direct Compounding facilities and engaged in some work while onsite—which access I believed was limited to the back-office suite and not to the pharmacy proper. I was not aware (as a result of being undereducated on regulatory requirements) that such access was (and is) prohibited by Nevada law. Direct Compounding did not intend to violate Nevada law in this regard.

16. To the best of my knowledge, during the timeframe between April 4, 2019 and April 22, 2019, Mr. Thomas and Ms. Hernandez engaged in the following work while onsite at Direct Compounding's facilities: development of marketing, policies, and procedures; development of call logs and patient tracking systems; organization of the business back offices; and general "busy work." Again, Direct Compounding's expectation was that both Mr. Thomas and Ms. Hernandez were to work from home – remotely – during this timeframe. To the best of my knowledge, neither Mr. Thomas nor Ms. Hernandez engaged in any pharmaceutical or compounding work when no pharmacist was present during this timeframe.

17. During the period of April 1, 2019 through April 22, 2019, Direct Compounding did not engage in any sales or the payment of any invoices. A true and accurate copy of Direct Compounding's Sales and Product Service Detail is attached hereto as Exhibit A-4.

18. I am aware that on April 22, 2019, Mr. Silber engaged a locksmith to change all of the locks to the Direct Compounding facilities. On this same date, I worked with Mr. Silber to ensure that the alarm system for Direct Compounding was reset and that Mr. Silber was designated as the primary contact person for the alarm company. Subsequently, Direct Compounding has changed its internal policies to ensure that I also personally receive all notifications and correspondence from the alarm company regarding the performance and troubleshooting issues related to Direct Compounding's alarm system.

19. In or about late-March 2019, I received an invoice from Pharmacist T.B. for 24 10 ML / VL of Testosterone Cyplonate Injectable MDV 200 MG / M. A true and accurate copy of this invoice is attached hereto as Exhibit A-5. To the best of my knowledge, this is the controlled substance of which the Board complains in the Accusation. To this point, it was my understanding that Pharmacist T.B. placed the inventory of this pharmaceutical in Direct Compounding's safe, as was the required policy of Direct Compounding regarding inventorying of controlled substances. Neither Ms. Smith nor I was aware that Pharmacist T.B. had not placed the inventory of this pharmaceutical in Direct Compounding's safe.

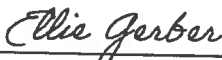
20. On April 30, 2019, I received notification from Mr. Thomas that Pharmacist T.B. had ordered one 100 G quantity of Testosterone Non-Micro, USP, CIII, and one 100 G quantity of Testosterone Cyplonate, USP, III, from B&B Pharmaceuticals, Inc. True and accurate copies of these order invoices are attached hereto as Exhibit A-6. Insofar as Pharmacist T.B. did not notify me or Ms. Smith of the pharmaceuticals he was ordering, this email from Mr. Thomas is the first notice Ms. Smith and I received regarding the ordering of these pharmaceuticals.

21. Direct Compounding respectfully requests that the Board consider that the events alleged in the Accusation occurred over two years ago, and that the events giving rise to the

Accusation occurred in an eighteen (18) day timeframe. Direct Compounding is acutely aware that the allegations of the Accusation are significant, but outside of the timeframe of these allegations Direct Compounding has not had any disciplinary issues with the Board and it has operated for the two years following April 22, 2019 without incident.

I declare under penalty of perjury under the laws of the Nevada that the foregoing is true and correct.

Executed this 26th day of May, 2021 in Carlsbad, California.



Ellie Gerber

TAB A-1

TAB A-1

From: G Suite Alerts <gsuite-alerts-noreply@google.com>

Date: Thu, Apr 4, 2019 at 12:01 PM

Subject: Suspicious Login

To: <egerber@directcompounding.com>

G Suite

This is to inform you that Google has detected a suspicious login for tbrown@directcompounding.com in your domain directcompounding.com.

User: tbrown@directcompounding.com

IP from which the login attempt was detected: 70.189.245.216

Go to Alert Center to see more details for this alert. See also the [G Suite Admin Help Center](#).

[Go to Alert Center](#)

You have received this important update about your G Suite account because you designated this email address as a primary contact for mandatory service communications in your Google [Admin console](#) profile.

Google LLC 1600 Amphitheatre Parkway Mountain View, CA 94043

TAB A-2

TAB A-2

[REDACTED]

From: **Ellie Gerber** <egerber@directcompounding.com>
Date: Thu, Apr 4, 2019 at 6:15 AM
Subject: Questions for existing pharmacy
To: pharmacy@pharmacy.nv.gov <pharmacy@pharmacy.nv.gov>

Hello,

Can you please direct me to the forms needed to complete the following for our pharmacy:

- 1) We need to update our PIC, is there a form for that or do I just email the personnel change?
- 2) We have updated our corporate structure to satisfy the board of California for non-resident applications, does that need to be updated with the Nevada board as well?
- 3) I had sent the verification form necessary for our non-resident California application, just wanted to make sure it was received and see if there is an estimated return date.

Thank you,
Ellie Gerber
Direct Compounding, LLC
Direct - 760-500-0271



Ellie Gerber
C: 760-500-0271



TAB A-3

TAB A-3

From: Mike Thomas <miket@directcompounding.com>

Date: Wed, Apr 10, 2019 at 11:20 AM

Subject: Pharmacy Info

To: Ellie Gerber <egerber@directcompounding.com>

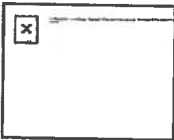
Attached are the forms needed for changing the PIC and for changing the ownership status. The PIC is pretty straight forward and the ownership change is like getting a new pharmacy license not page 2 paragraph 4. As for the verification form what form did you send and to whom? I can follow up on it but I need a little more info so I am asking the right questions.

Thanks,

--

Michael Thomas CPhT
Direct Compounding Pharmacy
1850 Whitney Mesa Dr. Suite 180
Las Vegas, NV 89014
702-877-0703

--



Ellie Gerber

C: 760-500-0271
F: 702-342-0335

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 #: _____

**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: _____ Store #: _____

Address: _____

City: _____ State: * NV Zip: _____

Telephone: _____ Fax: _____

New Managing Pharmacist Name: _____

License #: _____ Date Started: _____

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	Case #:
Criminal Action:			

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)

Date

☞ Board Use Only

Date Received: _____ Amount: _____

Page 2 of 2

Nevada State Board of Pharmacy
431 W Plumb Lane – Reno, NV 89509 – 775-850-1440
bop.nv.gov

Nevada
(For locations located in the State of Nevada)
PHARMACYAPPLICATION
INFORMATION AND CHECKLIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Please understand we cannot and will not accept incomplete applications. Review the application and return all required fees and documentation with the completed application.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications will be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, the application will be returned.

For a location or name change of an out-of-state pharmacy, we only require notification in writing. A new application is only required if changing ownership of 50% or greater.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

- Complete all required pages of the application. Must be original signature(s), no copies or stamps.
- Registration fee of \$500.00. This fee is non-refundable and non-transferable. The fee is payable by money order or cashier's check only, we do not accept personal checks, business checks, cash or credit cards. If the application is received with a personal, business check or cash, it will be returned and will delay the processing of the application. Fee made payable to: Nevada State Board of Pharmacy
- Statement of Responsibility. This is page 10 included with the application

- Statement of Responsibility - Managing Pharmacist – (2 pages) The managing pharmacist must be registered with the Nevada State Board of Pharmacy and live in Nevada. Pages 11a and 11b.
- Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate of Corporate status is obtained from the Secretary of State's office in the State where incorporated. This Certificate of Corporate status must be dated within the last 6 months.
- Addendum to Pharmacy Application – Internet. This addendum is required if you will be providing internet services. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

An application for Nevada pharmacy requires Board approval. Upon receipt of the completed application, documentation and fee, your application can be placed on the agenda of the next regularly scheduled Board meeting. The current board meeting schedule is available on the website under the "Calendar of Upcoming Boards & Committee Meetings".

http://bop.nv.gov/board/ALL/Board_Meeting_Schedule/

Appearance(s) at the board meeting may be required. If you have never operated a pharmacy in Nevada before, you will be required to appear at a scheduled board meeting. If an appearance is required, you will be informed by way of confirmation letter two (2) weeks prior to the meeting. Otherwise assume an appearance will not be necessary.

If the application is approved at the scheduled meeting a letter with the information needed to schedule the required pre-opening inspection will be mailed within 15 days from the date of the meeting

Any change of ownership and/or location change, will require a new application and \$500.00 fee. If the address changes, a pre-opening inspection will be required.

Upon board approval and satisfactory inspection a license will be issued and mailed within 15 days from the date of the inspection. A license number will not be provided until the inspection has been completed.

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

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

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

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

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

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

Application must be printed legibly or typed

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: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Toll Free Number: _____ E-mail: _____

Website: _____

Managing Pharmacist: _____ License Number: _____

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

Print Name of Authorized Person

Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____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: _____

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.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

For any corporation non publicly traded, disclose the following:

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

a) _____
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours _____

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

Include with the application for a non publicly traded corporation continued

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

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

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: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours _____

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

Include with the application for a partnership continued

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours _____

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

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, _____
Responsible Person of _____
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

Print Name of Authorized Person

Date

Managing Pharmacist

Pharmacist Name: _____

License #: _____

Pharmacy Name: _____

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

TAB A-4

TAB A-4

Direct Compounding and Outsourcing

Sales by Product/Service Detail

April 1-22, 2019

DATE	TRANSACTION TYPE	NUM	CUSTOMER	MEMO/DESCRIPTION	QTY	SALES PRICE	AMOUNT	BALANCE
------	------------------	-----	----------	------------------	-----	-------------	--------	---------

TAB A-5

TAB A-5

INSOURCE

BOX CONTENT LIST

INVOICE#		INVOICE DATE	
63513703		3/25/19	
CUSTOMER#		BOX#	PAGE#
3802737		1 of 1	1
CUSTOMER PO#			
ORDER#		ORDER DATE	
74171377		03/15/19	

SS
HO
IL DIRECT COMPOUNDING PHARMACY
PD 1850 WHITNEY MESA DR STE 180
TT
OO HENDERSON NV 89014-2093

B
ILL Direct Compounding Pharmacy
L 1850 Whitney Mesa Dr Ste 180
TO Henderson, NV 89014-2093

T.C.

LOCATION CODE	SHIPPED QTY	EXP. CODE	UNIT SIZE	DESCRIPTION & STRENGTH	ITEM CODE	LINE NO.
D-21-02-34	24	05/19	10ML/VL	TESTOSTERONE CYP1 INJ MDV 200MG/M 00143972601 NDC#:0143-9726-01/00143-9726-01 LOT#/Exp:1805099.1 04/30/20 See Terms of Sale for (DSCSA) Compliance Message Details .GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105MK41 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. WELCOME TO E-SDS. BEGINNING TODAY, PAPER SDS WILL NO LONGER BE INCLUDED WITH YOUR ORDER. GO TO YOUR ONLINE ACCOUNT AND CLICK ON SDS LOOK-UP ON THE NAVIGATION PANE. IF YOU DON'T HAVE AN ONLINE ACCOUNT, GO TO WWW.HENRYSCHNEIN.COM AND CLICK ON CREATE AN ONLINE ACCOUNT. TO OPT OUT OF OUR ELECTRONIC SDS PROGRAM AND CONTINUE RECEIVING SDS SHEETS WITH YOUR ORDERS PLEASE CALL CUSTOMER SERVICE AT (800) 472-4346. INSOURCE D.C. Dea#: RI0166149 Customer Dea#: FD8137968 Insource Inc. 80 SUMMIT VIEW LANE BASTIAN, VA 24314	126-2635	1

Jenna Kurn
3-25-19

OFFICE USE ONLY

TotQty- 24

Size: #E2

WT - 1

BATCH# 46673-002

PED

FREIGHT INSTRUCTIONS

UP8 1377

TAB A-6

TAB A-6



B&B Pharmaceuticals Inc.

8591 Prairie Trail Drive - Ste C-600 - Englewood, CO 80112
(800) 499-3100 - www.bbpharm.net

INVOICE

Page 1

Bill-to Address

Direct Compounding
Tim Brown
1850 Whitney Mesa Drive
Suite #180
Henderson, NV 89014
United States of America

Ship-to Address

Direct Compounding
Tim Brown
1850 Whitney Mesa Drive
Suite #180
Henderson, NV 89014
United States of America

Sell-to Customer No. C02227
Bill-to Customer No. C02227
DEA License No. FD8137968
Pharmacy License No. PH04006
B&B DEA License No. RB0223696
B&B Wholesaler No. WH01747
Shipment Method Ground
Salesperson Ian McBride

Invoice No. SPI17511
Order No. SO18708
Customer PO No.
Order Date 4/17/19
Invoice Date 4/17/19
Due Date 5/17/19
Payment Terms NET30
Payment Method CHECK

No.	Description	Quantity	Unit of Measure	Unit Price	Lot No.	NDC No.	Amount
700221	Testosterone Non-Micro., USP, CIII	1	100 G	195.00	18L18-BB02-PR00581	63275-9898-05	195.00

Total USD \$ 195.00

**** All API's are supplied in BULK RAW powdered form****

Remit Payment to:

B&B Pharmaceuticals Inc.
8591 Prairie Trail Drive - Ste C-600
Englewood, CO 80112

Thank you for your business. B&B Pharmaceuticals strives to provide the best in product quality and customer service.
If you are unsatisfied for any reason please call (800) 499-3100.



B&B Pharmaceuticals Inc.

8591 Prairie Trail Drive - Ste C-600 - Englewood, CO 80112
(800) 499-3100 - www.bbpharm.net

INVOICE

Page 1

Bill-to Address

Direct Compounding
Tim Brown
1850 Whitney Mesa Drive
Suite #180
Henderson, NV 89014
United States of America

Ship-to Address

Direct Compounding
Tim Brown
1850 Whitney Mesa Drive
Suite #180
Henderson, NV 89014
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Sell-to Customer No. C02227
Bill-to Customer No. C02227
DEA License No. FD8137968
Pharmacy License No. PH04006
B&B DEA License No. RB0223696
B&B Wholesaler No. WH01747
Shipment Method Ground
Salesperson Ian McBride

Invoice No. SPI17265
Order No. SO18475
Customer PO No.
Order Date 4/1/19
Invoice Date 4/1/19
Due Date 5/1/19
Payment Terms NET30
Payment Method CHECK

No.	Description	Quantity	Unit of Measure	Unit Price	Lot No.	NDC No.	Amount
700212	Testosterone Cypionate, USP, CIII	1	100 G	189.00	19A15-BB05-PR00596	63275-9982-05	189.00

Total USD \$ 189.00

**** All API's are supplied in BULK RAW powdered form****

Remit Payment to:
B&B Pharmaceuticals Inc.
8591 Prairie Trail Drive - Ste C-600
Englewood, CO 80112

Thank you for your business. B&B Pharmaceuticals strives to provide the best in product quality and customer service.
If you are unsatisfied for any reason please call (800) 499-3100.

EXHIBIT B

EXHIBIT B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DIRECT COMPOUNDING AND
OUTSOURCING, LLC
Pharmacy License No. PH04006,

SCOT SILBER, RPH,
Certificate of Registration No. 08362,

MICHAEL THOMAS, PT
Certificate of Registration No. PT05905,

KRYSTAL HERNANDEZ, PT
Certificate of Registration No. PT10671,

Respondents.

CASE NOS. 19-070-PH-S
19-070-RPH-S
19-070-PT-A-S
19-070-PT-B-S

**DECLARATION OF SCOT M. SILBER,
R.Ph. IN SUPPORT OF ANSWER AND
NOTICE OF DEFENSE TO NOTICE OF
INTENDED ACTION AND
ACCUSATION**

I, Scot M. Silber, R.Ph., hereby state and declare as follows:

1. I make this Declaration in support of an Answer and Notice of Defense to Notice of Intended Action and Accusation submitted on behalf of me personally and on behalf of Direct Compounding and Outsourcing, LLC ("Direct Compounding"). I am over the age of eighteen years and competent to testify as to the matters set forth herein. I make this Declaration upon personal knowledge, or upon information and belief where so indicated.

2. I am a licensed and registered pharmacist with the Nevada State Board of Pharmacy pursuant to Certificate of Registration No. 08362. I have practiced pharmacy in the State of Nevada for over thirty-seven years.

3. On April 15, 2019, I met Ellie Gerber – an owner of Direct Compounding – at the business offices for the purposes of interviewing for the position of Pharmacist-in-Charge ("PIC"). I accepted the position of PIC on April 16, 2019, with an official payroll start date of

April 22, 2019 and an actual start date of April 15, 2019. During the week of April 15, 2019 through April 22, 2019, I was onsite at Direct Compounding's facilities for various time periods up to three (3) hours per day, for purposes of setting up my office and reviewing general operations and policies of Direct Compounding.

4. I was present on at least one occasion when Michael Thomas engaged in compounding a pharmaceutical. In addition, I signed-off on one prescription dispensed on April 18, 2019. A true and accurate copy of Direct Compounding's Log of Scripts for the time period April 3, 2019 through April 21, 2019 is attached hereto as Exhibit B-1, which identifies the prescription that was entered into Direct Compounding's computer system on April 17, 2019 and dispensed on April 18, 2019.

5. On April 22, 2019, I engaged a locksmith to change all of the locks to the Direct Compounding facilities. I undertook this project on the advice of Board Staff investigators, who were onsite at the Direct Compounding facilities on this date. In addition, on this same date I worked with Ms. Gerber to change Direct Compounding's alarm system access and contact person to reflect Mr. Silber's authority to act on behalf of the pharmacy. True and accurate copies of invoices and reports related to these two projects are attached hereto as Exhibits B-2 and B-3, respectively.

6. On April 22, 2019, I also prepared an accounting of the controlled substance pharmaceuticals and compounding ingredients in the pharmacy's inventory. I prepared and filed a Change of Managing Pharmacist Inventory with Board Staff on April 22, 2019, identifying the opening-day controlled substances inventory as of this date. A true and accurate copy of this Change of Managing Pharmacist Inventory is attached hereto as Exhibit B-4.

7. To the best of my knowledge, at all times prior to my engagement as PIC, Direct Compounding maintained its inventory of all Schedule II controlled substances in its safe, to which only the PIC had access. Subsequent to my engagement as PIC, Direct Compounding has maintained all of its inventory of Schedule II controlled substances in its safe, to which I have the only access.

8. On April 22, 2019, I also prepared and submitted a Change of Managing Pharmacist Form and Pharmacy Manager's Responsibilities acknowledgement to the Nevada State Board of Pharmacy. A true and accurate copy of the Change of Managing Pharmacist Form and the Pharmacy Manager's Responsibilities acknowledgment are attached hereto as Exhibits B-5 and B-6, respectively.

I declare under penalty of perjury under the laws of the Nevada that the foregoing is true and correct.

Executed this 26th day of May, 2021 in Henderson, Nevada.



Scot M. Silber, R.Ph.

TAB B-1

TAB B-1

LOG OF SCRIPTS COMBINED PRESCRIPTIONS Schedule: ALL

1 line report

Printed 5/26/2021

Page 1 Prescriptions filled between 4/4/2019 and 4/21/2019

Direct Compounding

1850 Whitney Mesa Drive Suite 180

Henderson, NV 89014 Ph. 888-341-0157

NCPDP #2995388

FD8137968

Sorted by: Fill date

Rx number	Date disp	Date written	Patient	Qty and Drug	Doctor	Pharmacist Initials Re/Rm	Total	Tax	Cost	% profit
C00100035	4/17/2019	3/19/2019	PEARCE, STEVEN	30 OXANDROLONE 25MG CAPSULE	ULEVICH, LYNNE	RPH 2 1	\$100.00	\$0.00	\$38.20	61.80%

1 prescriptions in report

Total price	\$100.00
Total price (insurance pay)	\$0.00
Total price (Copay)	\$100.00
Total tax	\$0.00
Total cost	\$38.20
Total profit	\$61.80
Average price	\$100.00
Average cost	\$38.20
% profit margin	61.80%
Average profit per Rx	\$61.80
Total price override	(\$12.50)

Pharmacist's signature



5/26/21

Date 5/26/2021

My signature on this daily report verifies that the data on this report is complete and correct to the best of my knowledge

Signature 1

Signature 2

Signature 3

Signature 4

Signature 5

Signature 6

Signature 7

Signature 8

TAB B-2

TAB B-2



SILVER STATE LOCKSMITH LTD.

Nº 6898

800 N. Rainbow Blvd., Suite 148
Las Vegas, NV 89107
702-445-3758
www.Silverstatelocksmith.com

DATE: 4/22/19.

CUSTOMER DETAILS

VISA/MASTER CARD/AMERICAN EXPRESS

AUTH CODE: 062417

NAME	Direct Compounding	PHONE	702-217-3866
CREDIT/DEBIT CARD BILLING ADDRESS		SERVICE ADDRESS	1850 Whitham, Mesa D, #180
D.I./I.D NUMBER		ADDITIONAL INFO	

IF VEHICLE

YEAR	MAKE	MODEL
TAG	VIN	

PARTS/MATERIALS

QTY	DESCRIPTION	PRICE	AMOUNT
	DUPLICATE KEYS		
	ORIGINAL KEYS		
	DEADBOLT (TYPE)		
	KNOBSET (TYPE)		
	LOCKSET (TYPE)		
	OTHER		

LABOR

QTY	DESCRIPTION	PRICE	AMOUNT
	LABOR TO INSTALL/FIX ABOVE		
6	RE-KEY (CYLINDER COMBINATION CHANGE)	25.00	150.00
	SAFE OPENING/COMBINATION CHANGE		
	EMERGENCY /HOUSE/BUSINESS/VEHICLE/ LOCKOUT SERVICE		
1	SERVICE CALL		65.00
	OTHER -		

Month warranty

SUB TOTAL	215.00
TAX	
TOTAL	215.00

AUTHORIZATION OF SERVICE /INCIDENTAL DAMAGE RELEASE/ COMPLETION OF SERVICE

By signing this invoice I hereby certify that I have given the authority to order the service/lock/key/security job as Described above to SilverState Locksmith\technician and I agree to pay fully to the SilverState Locksmith\technician all charges above. I also hereby that I am fully aware of the fact that the estimate Has been provided to me according to the information provided to the locksmith and in the event of SilverState Locksmith\technician discovering additional problems and/or complications additional charges may be applied.

By and through my signature below, I express knowledge and affirm that I have been advised, understand And accept that incidental damage including but not limited to cosmetic and/or mechanical damage to locks, doors Windows and walls can and may occur during inspection, maintenance, repair and/or replacement services. I further acknowledge and agree that the SilverState Locksmith Company and/or the technician shall not be liable in any way for such damage Or associated losses and that I shall remain fully obligated to pay SilverState Locksmith\technician in full prior to or upon completion of the Service(s) as described above

COMPLETION OF SERVICE

By signing this invoice I hereby certify that I was provided the service/lock/key/security job complete to my full satisfaction and Have no further complaints or demands regarding the service.

Signature		Name		date	4/22/19
-----------	--	------	--	------	---------

TAB B-3

TAB B-3

From: Ruth Adams <rutha@asapnv.com>

Date: Mon, Apr 22, 2019 at 3:19 PM

Subject: Fw: alarm system

To: egerber@directcompounding.com <egerber@directcompounding.com>, fsilber@directcompounding.com <fsilber@directcompounding.com>

Hello,

The alarm system is back up and running. I making the changes you requested but I do need them in writing. Please confirm the contact person to be deleted and the name of the person to be added to the account. Code changes are complete.

Your central station number is 855-955-2727

Ruth Adams

*aka **The Las Vegas Security Girl** - I may not be a super hero... But I will protect your home like you had one.*

ASAP Security - ADT Authorized Dealer

3170 Polaris Ave Ste 4

Las Vegas, NV 89102

702-870-8880 Office

702-351-8210 Cell

--

TAB B-4

TAB B-4

Controlled Inventory
Schedule 3-5 Powders

				Quantity
HCG	3977-2327-01	Medisca	6/4	2 ml
HCG/Triturate 100,000U/gm				9.5 gm
Ketamine	63275-9988-05	9-23		10 gm
Oxandrolone	62991-2499-03	11-20		17.5 gm
Stanozolol	62991-806-808	9-21		23.5 gm
Testosterone Cypionate	63275-9882-05	7-8-20		20 gm
Testosterone USP	63275-9988-05	9-18-21		100 gm

Schedule 2 Powders

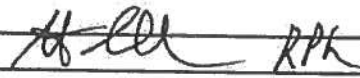
Hydromorphone HCL Powder	63275-2025-4	5/31/23	25 gm.5
Morphine Sulfate Powder	63275-1025-4	10/20	25 gm.5
Fentanyl Citrate Powder	63275-5100-2	2/28/23	20 gm.5

Schedule 3-5 Compounded

Stanozolol 25mg Lozenge	Cupd		36
HCG 1000U/ML 6ML Vial	Cupd	5/3/19	8

Schedule 3-5 Traditional

Testosterone Cyp. 200mg/ml	62756-016-40	6-19	13
	0143-9726-01	4-20	24

Signature		Date	4-22-19
-----------	---	------	---------

Nandrolone USP 63275-9888-05 12/22 100 gm

Nandrolone USP 63275 9888-4 12/22 10 gm

Oxandrolone caps Cupd 90 caps

Test cyp /grpx seal Cupd 10ml 1ea

Chang & Manning RPK - start of Day Inventory

4-22-19

TAB B-5

TAB B-5

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 #: PH 04006

**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: Direct Compounding and Outsourcing LLC Store #: _____

Address: 1850 Whitney Mesa #180

City: Henderson State: * NV Zip: 89014

Telephone: 702-877-0703 Fax: 702-342-0335

New Managing Pharmacist Name: Scot Silber

License #: 08362 Date Started: 4-22-19

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		Case #:		
		<u>NV</u>	<u>10-17-2012</u>	<u>11-090-RPH-5</u>		
Criminal Action:						

TAB B-6

TAB B-6

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)

4-22-19
Date

☑ Board Use Only

Date Received: _____ Amount: _____

Page 2 of 2

5G

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-070-RPH-S

Petitioner,

v.

**SCOT SILBER, RPH,
Certificate of Registration No. 08362,**

**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, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

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

or

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

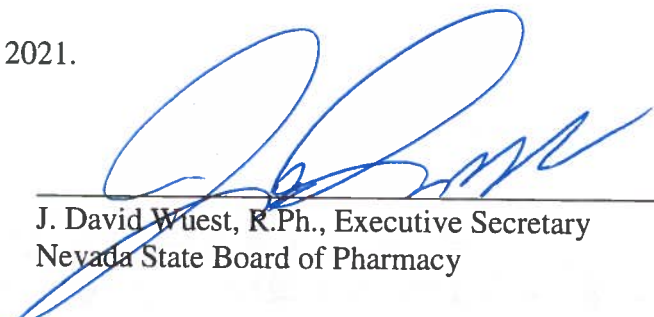
IV.

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 30th day of April, 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 3rd day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Scot Silber, RPh
3155 Hazy Hills Ave
Henderson, NV 89052

Michael Thomas, PT
4260 NEWCASTLE RD
LAS VEGAS, NV, 89103

Krystal Hernandez, PT
9160 Whatley St.
Las Vegas, NV, 89148

Direct Compounding & Outsourcing
1850 WHITNEY MESA BLVD #180
HENDERSON NV 89014



SHIRLEY HUNTING

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-070-PT-A-S

Petitioner,

v.

MICHAEL THOMAS, PT
Certificate of Registration No. PT05905,

**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.

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**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

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

or

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

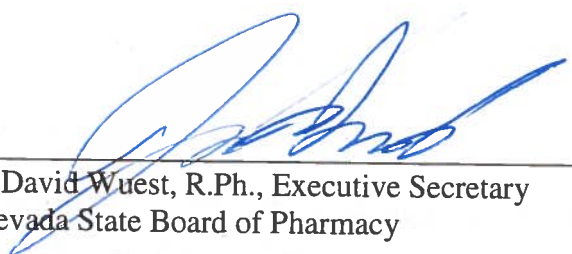
IV.

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 30th day of April, 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.****MICHAEL THOMAS, PT
Certificate of Registration No. PT05905,****Respondent.****CASE NO. 19-070-PT-A-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.

MICHAEL THOMAS, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Scot Silber, RPh
3155 Hazy Hills Ave
Henderson, NV 89052

Michael Thomas, PT
4260 NEWCASTLE RD
LAS VEGAS, NV, 89103

Krystal Hernandez, PT
9160 Whatley St.
Las Vegas, NV, 89148

Direct Compounding & Outsourcing
1850 WHITNEY MESA BLVD #180
HENDERSON NV 89014



SHIRLEY HUNTING

Michael Thomas, PT
1 NEWCASTLE RD
LAS VEGAS, NV, 89103
NIA 19-070-S



9171 9690 0935 0252 0546 98



MAILED
5/3/21

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X M. THOMAS ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) COVID 19 RT-362	
		C. Date of Delivery 5/12/21	
		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
Michael Thomas, PT 1 NEWCASTLE RD LAS VEGAS, NV, 89103		3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery	
2. Article		ted Delivery very	
9171 9690 0935 0252 0546 98			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

Track Another Package +

Tracking Number: 9171969009350252054698

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Your item was delivered to an individual at the address at 2:33 pm on May 12, 2021 in LAS VEGAS, NV 89103.

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May 12, 2021 at 2:33 pm
LAS VEGAS, NV 89103

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51

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-070-PT-B-S

Petitioner,

v.

KRYSTAL HERNANDEZ, PT
Certificate of Registration No. PT10671,

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, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

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

or

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

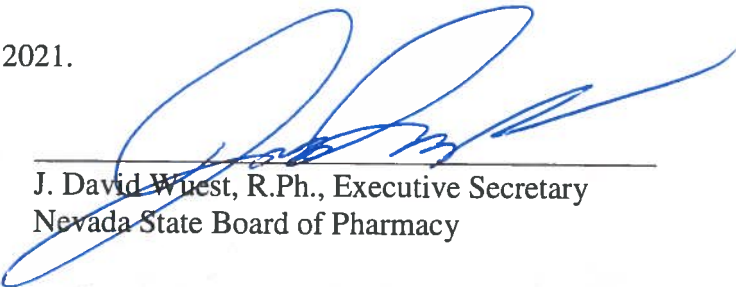
IV.

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 30th day of April, 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.****KRYSTAL HERNANDEZ, PT**
Certificate of Registration No. PT10671,**Respondent.****CASE NO. 19-070-PT-B-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.

KRYSTAL HERNANDEZ, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Scot Silber, RPh
3155 Hazy Hills Ave
Henderson, NV 89052

Michael Thomas, PT
4260 NEWCASTLE RD
LAS VEGAS, NV, 89103

Krystal Hernandez, PT
9160 Whatley St.
Las Vegas, NV, 89148

Direct Compounding & Outsourcing
1850 WHITNEY MESA BLVD #180
HENDERSON NV 89014


SHIRLEY HUNTING

Krystal Hernandez, PT
Whatley St.
Las Vegas, NV, 89148

NIA 19-070-S

9171 9690 0935 0252 0547 04

FILED

APR 30 2021

NEVADA STATE BOARD
OF PHARMACY



MAILED
5/2/21

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Krystal Hernandez, PT
Whatley St.
Las Vegas, NV, 89148

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

(Signature)

☐ Agent

☐ Addressee

B. Received by (Printed Name)

K.S. C19 PT 4806

C. Date of Delivery

05/08/21

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

2. Article

9171 9690 0935 0252 0547 04

Article Delivery

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Tracking Number: 9171969009350252054704

[Remove](#) X

Your item was delivered to an individual at the address at 3:26 pm on May 8, 2021 in LAS VEGAS, NV 89148.

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May 8, 2021 at 3:26 pm
LAS VEGAS, NV 89148

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5J

FILED**APR 21 2021**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****STIPULATION AND ORDER**

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 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) days 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) days 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.

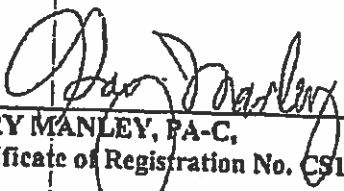
15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective 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:

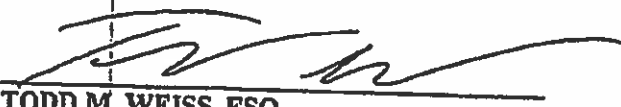
Signed this 1st day of March, 2021

Signed this 1st day of March, 2021


GARY MANLEY, PA-C,
Certificate of Registration No. CS18989


BRETT RANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 1st day of March, 2021

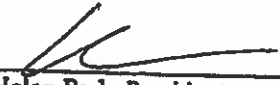

TODD M. WEISS, ESQ.
Counsel for Respondent

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 21st day of April March, 2021.


Helen Park, President
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 23rd day of April, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Gary Manley, PA-C
3910 Pecos-McLeod, Suite D 100
Las Vegas, NV 89121

Todd M. Weiss, Esq.
John H. Cotton and Associates
7900 West Sahara Ave., Suite 200
Las Vegas, NV 89117



SHIRLEY HUNTING

U. S. Department of Justice - Drug Enforcement Administration

DEA USE ONLY

**SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION**

File No.

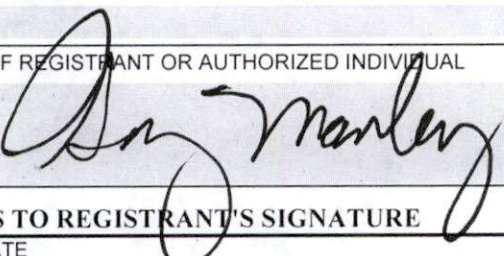
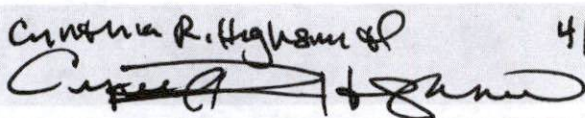
In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) 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	
Gary L Manley		3910 PECOS-MCLEOD STE D100 LAS VEGAS, NV 89121	
DEA REGISTRATION NO. MM2157647			
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL		DATE	
		4/21/21	
WITNESSES TO REGISTRANT'S SIGNATURE			
NAME AND DATE		TITLE	
 4/21/21		Division Investigator	
NAME AND DATE		TITLE	
 4/21/21		Division Investigator Group Supervisor	

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

April 22, 2021

VIA CERTIFIED U.S. MAIL

Gary Manley, PA-C
3910 Pecos-McLeod, Suite D 100
Las Vegas, NV 89121

Re: Suspension of Certificate of Registration No. CS18989 (Case No. 20-224-CS-S)

Dear Mr. Manley:

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. MM2157647 on April 21, 2021 (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. CS18989 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 registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the foregoing does not preclude the filing of additional charges pursuant to NRS 639.241 or the issuance of an order to show cause. 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

Enclosure

cc: Todd M. Weiss, Esq.

FILED**MAY 06 2021**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****ORDER TO SHOW CAUSE**

1. On April 14, 2021, the Nevada State Board of Pharmacy (Board) entered an Order pursuant to stipulation with the Respondent, Gary Manley, PA-C, Certificate of Registration No. CS18989. Paragraph 9(E) states:

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.

Respondent has failed to comply with the terms of the Order.

2. On April 21, 2021, Respondent surrendered his DEA Certificate of Registration No. MM2157647 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

3. By executing the DEA Surrender for Cause, 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.

4. On or about April 22, 2021, Board staff served Respondent with notice that his surrender of his DEA Certificate of Registration No. MM2157647 for cause operates as an immediate suspension of his Certificate of Registration No. CS18989 with the Board pursuant to NRS 639.2107.

5. By surrendering his DEA Certificate of Registration No. MM2157647 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. CS18989 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

6. The suspension of Respondent's Certificate of Registration No. CS18989 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

7. Failure to comply with an order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing the Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. NAC 639.965.

IT IS HEREBY ORDERED that Respondent Gary Manley, PA-C, Certificate of Registration No. CS18989, appear before the Board and show cause, if any, why Certificate of Registration No. CS18989 should not be subject to suspension or revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

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); NAC 639.968.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

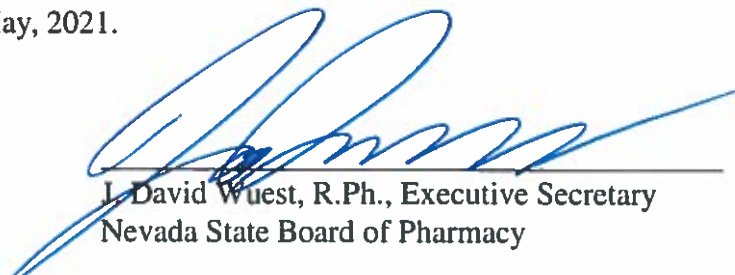
**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

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.

ENTERED this 6th day of May, 2021.



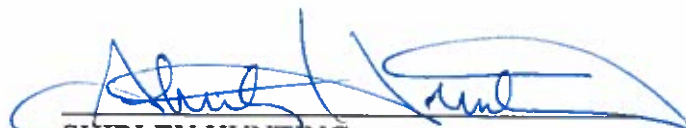
L. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Gary Manley, PA-C
3910 Pecos-McLeod, Suite D 100
Las Vegas, NV 89121

Todd M. Weiss, Esq.
John H. Cotton and Associates
7900 West Sahara Ave., Suite 200
Las Vegas, NV 89117



SHIRLEY HUNTING

6

6A



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

September 30, 2020

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL: sleepsolutionguy@gmail.com

Sleepsafesolutions LLC
4952 S Rainbow Blvd Ste 340
Las Vegas, NV 89118

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada

To Whom It May Concern:

The Nevada State Board of Pharmacy (Board) has determined that Sleepsafesolutions LLC is engaged in the business of furnishing medical devices in this State without a license. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310 and NAC 639.6944.

Sleepsafesolutions LLC is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of furnishing medical devices in this State. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

Sleepsafesolutions LLC 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.

Sleepsafesolutions LLC 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

HAL TAYLOR

ATTORNEY AT LAW

Professional Licensing Law – Administrative Law

NevadaLicenseLawyer.com

223 Marsh Avenue

Reno, Nevada 89509

Licensed to Practice in:

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CALIFORNIA

ILLINOIS

PHONE: (775) 825-2223

FAX: (775) 329-1113

Email: haltaylorlawyer@gbis.com

October 29, 2020

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

Attn.: Brett Kandt

General Counsel

Re: Sleepsafesolutions, LLC – Citation

Dear Brett:

CASE NO. 20-131

I will be representing Sleepsafesolutions LLC regarding the allegations contained in the Cease and Desist/Citation for unlicensed activity. Sleepsafesolutions LLC hereby appeals this matter and requests a hearing.

I am going to suggest that you and I talk about this case, and then, depending on what comes of that discussion, I would like to set up a telephonic meeting between yourself and staff and Mr. Boyle regarding resolution of this matter. I am not sure if his business model lends itself to compliance with the statutes and regulations, but I would like to at least explore options that he might consider. Thank you in advance for your attention to this matter.

Sincerely,

Hal Taylor, Esq.

HRT/

cc: James Boyle

FILED

NOV 2 2020

NEVADA STATE BOARD OF PHARMACY



BEFORE THE NEVADA STATE BOARD OF PHARMACY

FILED

MAY 06 2021

NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SLEEPSAFESOLUTIONS LLC,

Respondent.

Case No. 20-131-S

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. 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 September 30, 2020, a CITATION AND FINE was served upon Respondent Sleepsafesolutions LLC alleging violations of Nevada law as set forth herein.

2. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter. NRS 639.233(1).

3. It is unlawful for any wholesaler or manufacturer to furnish, sell, offer for sale, or deliver any drugs, poisons, chemicals or devices, other than those referred to in NRS 639.270, to any person not authorized by the laws of this state to handle, sell, possess or deal in such drugs, poisons, chemicals or devices. NRS 639.288.

4. Any person who is located outside of this State and who intends to sell medical products to any consumer or medical products provider in this State on a regular basis must apply for an appropriate license pursuant to the provisions of NAC 639.693 to 639.6958,

inclusive. Any medical products provider or medical products wholesaler that is located outside of this State must comply with the provisions of NAC 639.693 to 639.6958, *inclusive*, for any sale, lease or other disposition of medical products to any person in this State other than a medical products wholesaler or manufacturer that is licensed by the Board. NAC 639.6944(1).

5. Sleepsafesolutions LLC has engaged in the business of furnishing medical devices, including, without limitation, continuous positive airway pressure (CPAP) machines, in this State without a license. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310 and NAC 639.6944.

6. On or about August 12, 2020, Board staff identified Sleepsafesolutions LLC, doing business as REPAP.com and listing an address of 4952 S Rainbow Blvd Ste 340, Las Vegas, NV 89118, was selling used continuous positive airway pressure (CPAP), bilevel positive airway pressure (BiPAP), and/or other ventilator devices. Sleepsafesolutions LLC is not licensed in Nevada.

7. The physical address of 4952 S Rainbow Blvd Ste 340 is a mailbox. The website of <https://repap.com/> is still operating and advertises CPAP and BiPAP devices. This website shows that prescriptions can be submitted via fax to 1-800-933-3954, email at script@repap.com or via phone at 833-757-7233. The website also shows that returns of any items can be sent to 4952 S Rainbow Blvd Ste 340, Las Vegas, NV 89118.

8. On or about October 29, 2020, Sleepsafesolutions LLC appealed the CITATION and requested a hearing before the Board.

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 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, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

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

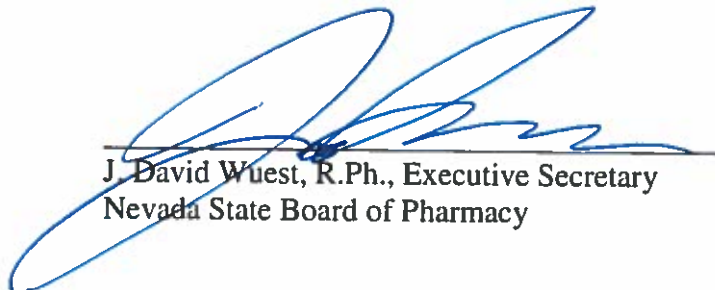
or

**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.

DATED this 6th day of May, 2021.

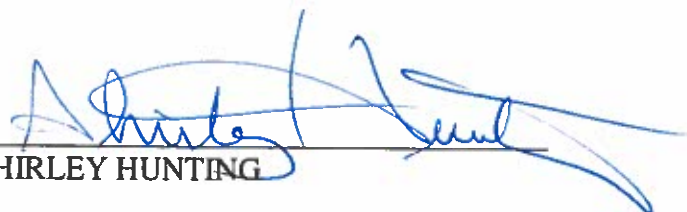


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Hal R. Taylor, Esq.
2551 Lakeridge Shores West
Reno, NV 89519


SHIRLEY HUNTING



TREATING SLEEP APNEA USING CPAP/APAP/BIPAP/VPAP/ASV REQUIRES PROFESSIONAL ADVICE

Continuous Positive Airflow Pressure (CPAP) can be easy as long as you receive expert, personalized and comprehensive care when you start treatment. This is why Sleep Safe Solutions (SSS) does not offer you a CPAP without first taking the time to assess your individual circumstances and commencing you on our multi-week SSS Treatment Introduction. This ensures that you receive comfortable and personalized long-term treatment. A lack of personal care is also why CPAP should not be sold online without having a consultation with a trained Sleep Technician as there is a much higher risk of you not using your machine, therefore not getting the benefits of treatment and wasting your money! This is not just what we think, this fact has been well documented in many independent medical studies over the years. In the early days of CPAP treatment it is essential that you have an expert at your disposal to help troubleshoot and solve issues, adjust the CPAP and ensure that you have the most appropriate mask that best suits your face shape. Safe Sleep Solutions is committed to ensuring you receiving the best individualized treatment and will continue to help you manage your sleep apnea over the long term.

Call Us Today to Order 833-SLP-SAFE (833-757-7233)

START

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Sleep Apnea
Snoring

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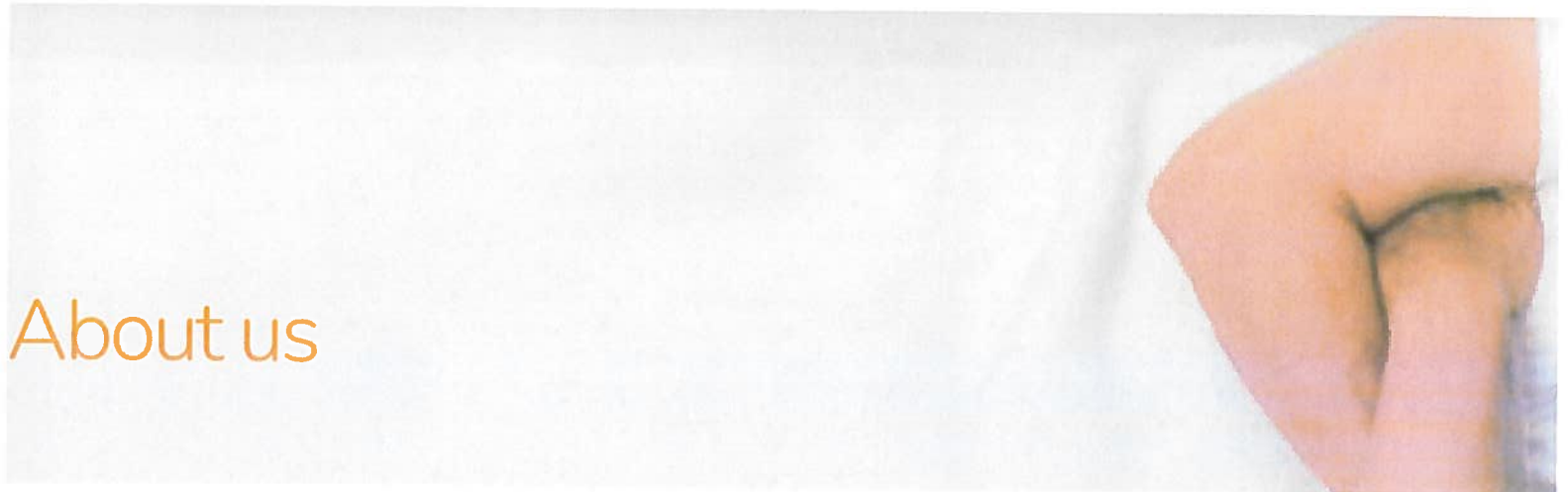
CPAP

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About us

Sleep Safe Solutions is a private medical device and service company dedicated to improving the diagnosis and treatment of sleep-related breathing disorders

Our mission is to make it easy for drivers to get tested quickly and affordably, so they can stay on the road to health and prosperity.

Your livelihood depends upon your health. If you think you may be at risk for sleep apnea or you've been told you need to take a sleep test, Safe Sleep Solutions can help.

Medical experts project that over 50 million American adults snore habitually. In addition, approximately 5-10% of the adult population suffers from sleep apnea. Sleep apnea is under-diagnosed because the standard method of diagnosis requires an overnight hospital stay which can be costly, inconvenient, and uncomfortable for patients. Recognizing the need to improve diagnosis and treatment of sleep-related breathing disorders. We are dedicated to developing, manufacturing and marketing products to aid in the diagnosis, analysis and management/treatment of respiratory disorders with an initial focus on driver fatigue and obstructive sleep apnea outside the traditional hospital setting.

Jim Boyle is the Founder of **Sleep Safe Solutions**. With a background in respiratory therapy and sleep medicine, he has been working in the industry for the past 19 years to bring sleep health to the transportation community. Jim is an advocate for driver health and travels nationwide to speak on the issue. Our program provides hassle-free home sleep tests (HSTs) for quick and convenient diagnosis of obstructive sleep apnea (OSA). We make it easy for individual drivers, carrier safety directors, and DOT examiners to identify cases of sleep apnea to keep drivers healthy and performing at their best.

Drivers who have been screened for OSA, and have been determined to be at risk, may be required to take a test. Normally, testing is performed at a hospital or sleep lab, where drivers must stay the entire night so that their sleep can be monitored. Such tests require appointments, days off, and payments totaling anywhere from \$1000 to \$3,000 or more.

In-lab testing requires a large investment of time and money, which is why we've developed an affordable, straightforward program. Your home sleep test is mailed right to your door. Once you receive your test, you can use it anywhere – wherever you can get a good night's rest. The test can be done in a single night and returned (free of charge) by mail to our offices, where a board-certified sleep physician will analyze the results and deliver a report of their findings within a matter of days.

Our home sleep testing program is fully confidential: your test results will only be shared with you and your doctor/DOT examiner.



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Zoeey CPAP Cleaner-Sunset Healthcare - New

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Somoetia Transcend 3 AUTO miniCPAP Machine (New) 3 year warranty

\$499.00 \$209.95

★★★★★



Somoetia PB Battery (8 Cell) for Transcend 3 Mini Travel CPAP

\$399.00 \$179.95



IntelliPAP² AUTO







3B Luna II Auto CPAP with Heated Humidifier Refurbished
\$799.00 ~~\$299.00~~



F&P Icon + Auto CPAP Machine with Heated Humidifier/Tubing-Refurbished
\$439.00 ~~\$349.00~~



Devilbiss IntelliPAP Auto-Adjust with Heated Humidifier Refurbished
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Resmed S9 AutoSet w/HS1 Humidifier SlimLine Tubing Refurbished
\$619.00 ~~\$299.00~~



Resmed Airsense S10 AutoSet CPAP Machine with Humidifier and SlimLine Tubing Refurbished
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\$699.00 ~~\$479.00~~

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ANY BRAND!

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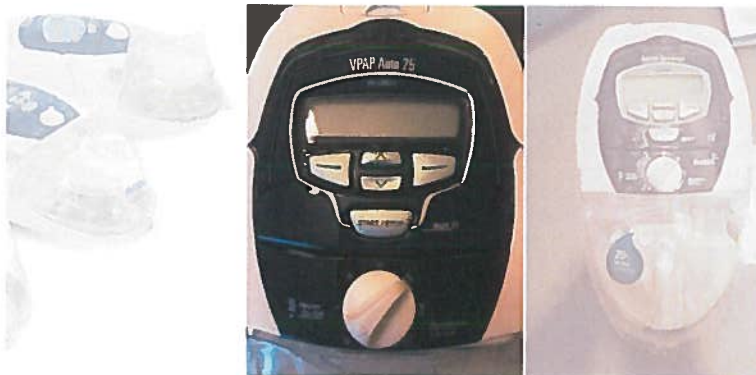
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Why REFurbished CPAP's?

First of all, What is refurbished CPAP equipment? It is equipment that has been previously owned and then purchased by a [CPAP supplier](#). Our technicians have repaired it, replaced worn and damaged parts, tested it and ensured it meets all industry standards. This process also includes decontamination, refinishing, and recalibration. [Refurbished CPAP equipment](#) is very different from used equipment, as used equipment can be resold as-is without warranties.

Reason #1 - Confidence in condition: Refurbished CPAP equipment is virtually "good as new" since it has been vigorously inspected and tested. Warranty packages may come with refurbished equipment as well. So, if something goes wrong, you can be covered under their warranty. Delivery and installation may also be provided.

Reason #2 - Cost savings: This is a huge reason for many. New CPAP equipment can be expensive and if you are not covered under insurance, you need to have other options. Refurbished equipment is a good one. Even if you are covered, many insurance plans limit the number of devices they will pay for in a period of time. So, if your environment or other situations change causing you to need a different therapy or technology, your insurance may not cover it. In addition, some people need an extra piece of equipment and purchasing a refurbished CPAP item works well here, too.

Reason #3 - Stability in product: There is security in knowing a CPAP has been in the market awhile and has proven its reliability. Refurbished CPAP's have had time for many 'issues' to have surfaced and to have been worked out. If there have been any safety issues, the product will have already been removed from the market, so reliability in older equipment is a plus.

"Thank You REPAP.com"

"I have been using my ResMed Airsense 10 Auto for almost a year now. From the start, I noticed an immediate benefit. It became quickly apparent just how much sleep I was not getting before the CPAP. At my last health check up, my blood pressure was down significantly and my resting heart rate had dropped from the mid 90's bpm to mid 60's bpm. I am no longer snoring, and my wife and I are getting along much better since we both can sleep all night. I now have plenty of energy during the day and can definitely deal with work and stress much better. Jim RT was instrumental in finding the right machine for me, and walking me through the set up. It was such a pleasure doing business with them!"
James B Midland, TX April 22, 2020

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HOME SLEEP TEST

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- BiPAP
- BiPAP ST
- Auto SV
- Adaptive SV
- AVAPS
- RAPS
- VPAP Auto
- VPAP ST-A
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- Home Ventilation- Non Invasive

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- Nasal congestion
- Nasal bleeding
- Sinus pressure, ear pain, and runny nose
- Dry mouth

Masks

Finding the right mask system takes patience and time. At REPAP.com, we offer a wide range of masks to suit your individual needs. We want you to be successful and give you the opportunity to do so by offering a trial period on all masks, as well as continuing follow up to help ensure your long term compliance. Mask Systems:

- Nasal masks
- Nasal pillows
- Full face masks
- Nasal/oral masks

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REMstar Auto with A-Flex
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★★★★★



ResMed AirTouch F20 Full
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More options



ResMed Airsense S10
Autoset CPAP Machine with
Humidifier and SlimLine
Tubing Refurbished
\$609.00 \$449.00
★★★★★



ResMed S9 Elita CPAP with
HSI Heated Humidifier
Refurbished
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Humidifier SlimLine Tubing
Refurbished
\$699.00 \$399.00
★★★★★



Zest Plus Nasal CPAP Mask
with Headgear
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CPAP Unit Only & Power
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with Heated Humidifier
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REMstar PRO CPAP with C-
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DreamWear Gel Pillows Fit
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★★★★★

Out of Stock



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More options



PR System One 50 Series
Heated Humidifier
\$99.00
★★★★★



Respironics System One
REMstar 150 CPAP with
Heated Humidifier
Refurbished
\$699.00 \$249.95
★★★★★

Out of Stock

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DOWNLOAD AND PRINT YOUR MEDICAL EQUIPMENT TAG

CPAP Machines are considered medical devices covered under the American's with Disabilities Act and do not count as one of your carry-on items.

It's also a good idea to take your machine on the plane with you in the event that your luggage gets lost or damaged in transit.

The TSA recommends labeling your carrying case with a medical equipment luggage tag, but this is not mandatory.

You can download an ID tag template below and laminate them on your own or you can purchase a laminated tag from a qualified online retailer.



Refurbished CPAP Machines

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ResMed S8 Elite II, AutoSet II (pdf)	Download
ResMed S8 VPAP Auto 2S, VPAP ST, VPAP S (pdf)	Download
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SHIPPING & RETURNS

Shipping & Returns

RETURNS POLICY

REPAP.com accepts returns within 10 days of the initial purchase on unopened items. You must call our office prior to the return to state the reason for the return. A 20% Handling/Restocking fee will be deducted from the original charge, and a credit will be issued for the difference. Shipping costs are not refundable. **Any item that has been opened cannot be returned.**

REPAP.com will not accept returns on any hygienic items.

Requests for the return of CPAP/BIPAP devices because of issues not related to mechanical failure like "the blower is too loud for me", etc. will not be accepted for refund;

You should expect to receive your refund within four weeks of giving your package to the return shipper, however, in many cases you will receive a refund more quickly. This time period includes the transit time for us to receive your return from the shipper (5 to 10 business days), the time it takes us to process your return once we receive it (3 to 5 business days), and the time it takes your bank to process our refund request (5 to 10 business days).

If you need to return an item, please Contact Us with your order number and details about the product you would like to return. We will respond quickly with instructions for how to return items from your order.

Returns should be sent to:

REPAP.com
4952 S. Rainbow Blvd Suite 340
Las Vegas, Nevada 89118

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REPAP.com offers Free Shipping On ALL Orders In The Continental United States. The minimum purchase to qualify for free shipping is 99.00 dollars. Every order placed in the Continental United States over 99.00 dollars will ship for free unless you choose other expedited options.

Important Shipping Notes:

Orders received after 1:00 p.m. PST (Pacific Standard Time) are shipped out on the following business day excluding holidays and weekends.

Orders placed on Friday after 1:00 p.m. PST are shipped out the following Monday

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When you place an order, we will estimate shipping and delivery dates for you based on the availability of your items and the shipping options you choose. Depending on the shipping provider you choose, shipping date estimates may appear on the shipping quotes page.

Please also note that the shipping rates for many items we sell are weight-based. The weight of any such item can be found on its detail page. To reflect the policies of the shipping companies we use, all weights will be rounded up to the next full pound.



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- By Phone: **1-833-757-7233** (8AM-7PM PST Monday-Friday, 9AM-5PM PST Saturday)

Note: Under HIPAA regulations, you have a right to request a prescription from your physician. If you have difficulty accessing your prescription, please contact our Customer Service team for assistance.

FAQ

WHO CAN WRITE MY PRESCRIPTION?

Prescriptions can be written by any of the following licensed professionals: MD (medical doctor), PCP (Primary Care Physician), Psychiatrist, Dentist, Doctor of Osteopathy, Physician's Assistant, Nurse Practitioner, or Naturopathic Physician. Prescriptions from Chiropractors, Optometrists, Podiatrists, and Psychologists are not acceptable unless the prescriber is also a licensed MD or DO.

WHAT SHOULD BE ON MY PRESCRIPTION?

Prescriptions are generally provided on a doctor's prescription pad, doctor's office letterhead, or printed prescription form. All prescriptions must contain your doctor's signature, your doctor's contact information, the patient's full name, and a description of the therapy prescribed. If necessary, based on the therapy prescribed, we will set your CPAP/BiLevel machine to the recommended settings.

DOES MY PRESCRIPTION HAVE TO BE FROM A U.S. DOCTOR?

Generally, if your primary residence is outside the United States and you have a prescription from your doctor in that country it should be valid for your purchase as long as it meets the requirements outlined above. If you are unsure if your prescription is valid we would be happy to review it to ensure that it meets current FDA regulations for your purchase.

DOES MY PRESCRIPTION HAVE TO BE IN ENGLISH?

No. In most cases we can accept prescriptions written in any language. In certain circumstances we may request a certified translation provided in English. We will inform you, after reviewing your prescription, if this is the case.



DO I HAVE TO SEND A NEW PRESCRIPTION EVERY TIME I ORDER?

Once we have your prescription on file we will keep it for all future orders. You do not need to send a new prescription every time you order. If we have your prescription on file, please note it in the comments section upon placing an order online or inform the sales representative on phone orders. If your required therapy has changed since your original prescription, please update your account or provide the new prescription to our team.

DO I NEED A NEW PRESCRIPTION OR WILL YOU ACCEPT MY OLD ONE?

In general prescriptions for CPAP are valid for life so your prescription will qualify regardless of how old it is. If you are unsure if your prescription is valid we would be happy to review it to ensure that it meets current FDA guidelines for purchase.

I DON'T HAVE A COPY OF MY PRESCRIPTION, CAN YOU HELP?

If you do not have a copy of your prescription available, we're happy to help. Based on the information you provide, our team will contact

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ACCEPT & CLOSE

Note: It may delay the process if we have to obtain the prescription on your behalf from your doctor or physician. Based on experience, the process is generally expedited if the patient themselves contacts the office and requests a prescription to be sent.

****A PRESCRIPTION OR SUPPORTING DOCUMENTATION MUST BE SUBMITTED AND ACCEPTED BEFORE ANY MEDICAL SUPPLIES ORDER IS CONSIDERED COMPLETE AND THE EQUIPMENT IS PROVIDED TO THE CUSTOMER****

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Ad

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Sleep apnea affects about 22 million people in the united states. According to the american sleep apnea association. And 80% of moderate to severe obstructive sleep apnea (OSA) cases are under diagnosed. It can lead to increased drowsiness when awake. Causing drivers to be less alert and reactive causing more wrecks. Which leads to higher insurance costs. Higher repair costs. Less time on the job and less revenue. National studies have shown "a well rested driver is a more productive driver and the cost associated with testing and treatment can easily be made up in the savings in collision costs. Insurance claims. And lost driving time.

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Services/Products

Comprehensive Screening, Testing., and Treatment of sleep apnea which is a (complete disruption in breathing during sleep) for professionals in high risk or safety sensitive positions requiring certification.

Location

Sleep Safe Solutions partners with the best diagnostic centers in the country. All of the sleep apnea disorder diagnostic centers within our network are facilities that have been accredited or are pending accreditation through either the American Academy of Sleep Medicine (AASM) or the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Commercial Carriers who are looking for alternatives to in-lab overnight sleep testing for their drivers. Using secure, in dentistry-confi

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EP **E P.**

04/04/2019

Overall

Shipped me the wrong cpap and refused to correct the problem. Jim Boyle hung up on me when I called to discuss the issue. I've given up on resolving this, but would never deal with this company again!

 Helpful (0)

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DD **Dave D.**

Edited: 02/17/2019

Overall

business does not pay their suppliers anyone who does business with them have them pay upfront before shipping any supplies.

Selection

Service

 Helpful (0)

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JB **Jim B.**

03/20/2018

Overall

I needed a sleep study for my DOT-Medical certification CDL and the staff was extremely professional, knowledgeable about the trucking industry and the rules and regulations for drivers.

The entire process was completed and signed off by a Doctor in just 48 hours after I mailed back the equipment.

Thanks Again!

 Helpful (0)

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April G.

03/20/2018

Overall

Very knowledgeable, Caring group of professionals. Thank you SleepSafeSolutions for giving me a chance to have better sleep & great health.

Selection

Service

 Helpful (0)

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6B

MAY 06 2021NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****RAFAEL MIRCHOU, MD,
Certificate of Registration No. CS09766****Respondent.****Case No. 19-107-CS-S****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 April 8, 2021, a CITATION AND FINE was served upon Respondent Rafael Mirchou, MD, alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent Rafael Mirchou, MD, held a controlled substance registration, Certificate of Registration No. CS09766, issued by the Board.
2. Respondent failed to timely renew his Certificate of Registration No. CS09766, which expired on October 31, 2018.
3. Respondent wrote one-hundred forty-two prescriptions for controlled substances between November 1, 2018 and July 19, 2019.
4. On October 23, 2019, Respondent surrendered his DEA Certificate of Registration No. BM6652336 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 March 30, 2021, a CITATION AND FINE was served upon Respondent alleging violations of Nevada law as set forth herein.

7. On or about April 8, 2021, Respondent appealed the CITATION and requested a hearing before the Board.

APPLICABLE LAW

8. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

9. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

10. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

FIRST CAUSE OF ACTION

Violations of Federal Controlled Substances Act

11. By writing one-hundred forty-two prescriptions for controlled substances between November 1, 2018 and July 19, 2019, without a valid registration, Respondent engaged in unlicensed practice, falsely represented himself as a practitioner entitled to write prescriptions in this state, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to a CITATION and FINE pursuant to NRS 639.2895.

SECOND CAUSE OF ACTION

Violations of State Controlled Substances Act

12. By writing one-hundred forty-two prescriptions for controlled substances between November 1, 2018 and July 19, 2019, without a valid registration, Respondent engaged in unlicensed practice, falsely represented himself as a practitioner entitled to write prescriptions in this state, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to a CITATION and FINE pursuant to NRS 639.2895.

THIRD CAUSE OF ACTION

Surrender of DEA Registration for Cause

13. By surrendering his DEA Certificate of Registration No. BM6652336 for cause, Respondent has admitted to failing to comply with the Federal requirements pertaining to controlled substances, and is subject to a CITATION and FINE pursuant to NRS 639.2895.

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 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, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

**Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123**

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

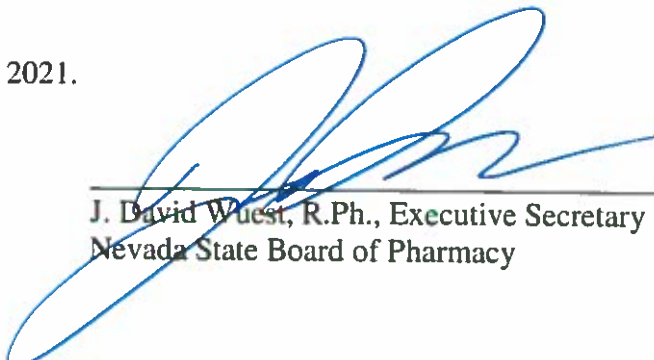
or

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 6th day of May, 2021.



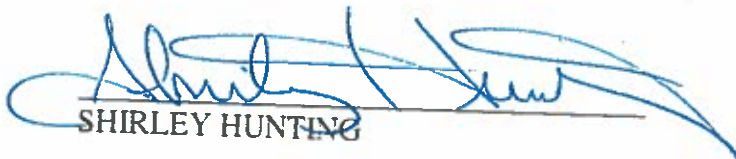
J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rafael Mirchou, MD
7488 West Sahara Avenue
Las Vegas, NV 89801

Michael F. Bohn, Esq.
2260 Corporate Circle, Suite 480
Henderson, NV 89074


SHIRLEY HUNTING

DEA USE ONLY

SURRENDER FOR CAUSE OF DEA
CERTIFICATE OF REGISTRATION

File No.

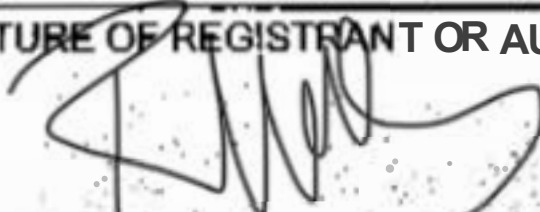
In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list I chemicals, and as an indication of my good faith in desiring to rectify any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) 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
Rafael, Mirchou, M.D.	7488 West Sahara Avenue Las Vegas, Nevada 89117
DEA REGISTRATION NO.	
BM-665233:6	
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL	DATE
	10/23/2019

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
 10/23/2019	Attorney for Rafael Mirchou
NAME AND DATE	TITLE

PRIVACY

AUTHORITY: section 301 of the Controlled Substances Act or 1970 (21 U.S.C. 821).
PURPOSE: Permit & surrender for cause or DEA Certificate of Registration.
ROUTINE USES: Title Control of Substances, Act Registration & Record: produce special 1111-0111 required for statistical analytical purpose. Disclosure of information from this system is made in the following categories for the purpose of the system:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State, local, tribal, federal, 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 patients.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if they do not provide it.



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

March 30, 2021

VIA CERTIFIED U.S. MAIL

Rafael Mirchou, MD
7488 West Sahara Avenue
Las Vegas, NV 89801

Re: CEASE and DESIST/CITATION/FINE: Unlawful Prescribing (Case No. 20-004-CS-N)

Dear Dr. Mirchou:

The Nevada State Board of Pharmacy (Board) has determined that you wrote one-hundred forty-two prescriptions for controlled substances between November 1, 2018 and July 19, 2019, without a valid controlled substance registration with the Board. Your controlled substances registration No. CS09766 with the Board expired without renewal on October 31, 2018, and you subsequently surrendered your DEA registration No. BM6652336 for cause.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1). Falsely representing oneself as a practitioner entitled to write prescriptions in this State is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST prescribing controlled substances for Nevada patients. This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of ten thousand dollars (\$10,000.00) pursuant to NRS 639.2895(3).

You 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.

You have 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 notice. See NRS 639.2895(2). Please be aware that the forgoing does not preclude the filing of administrative or criminal charges. 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

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.

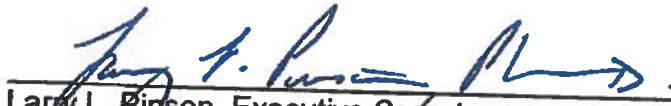
On or about April 2, 2012, Board staff was notified that Ms. Clark had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #8778. An internal investigation into the loss of controlled substances was conducted at CVS/pharmacy #8778. Ms. Clark was interviewed by CVS/pharmacy's 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

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: DESERT ORTHOPAEDIC CENTER RECOVERY CENTER

Physical Address: 2800 EAST DESERT INN ROAD # 200

City: LAS VEGAS State: NV Zip Code: 89121 Telephone: 89121

Fax: _____ Toll Free Number: _____

E-mail: _____

Website: _____

Managing Pharmacist: Mary Grear, RPh License Number: 10687

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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

EARLE ELLIOTT
Print Name of Authorized Person

4/15/2020
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 X

List names of 4 largest partners and percentage of ownership:

Name: MICHAEL MIAO, MD %: 5.11
 Name: TROY WATSON, MD %: 5.11
 Name: ANDREW KIM, DO %: 5.11
 Name: PARMINDER KANG, MD %: 5.11

Partnership Name: Institute of Orthopaedic Surgery, LLC

Mailing Address: 2800 East Desert Inn Rd. #150

City, State Zip Code: Las Vegas NV 89121

Telephone Number: 702.735.7355 Fax Number: 702.735.7921

Contact Person: Ernie Elliott

List any physician shareholders and percentage of ownership.

Name: SEE ATTACHED LIST %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____ am _____ pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours X

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

Ownership Names		%
John	Baldauf	5.11%
Hugh	Bassewitz	5.11%
Thomas	Dunn	5.11%
Roger	Fontes	5.11%
Matthew	Fouse	5.11%
Chad	Hanson	5.11%
Lawrence	Huff	5.11%
Parminder	Kang	5.11%
Andrew	Kim	5.11%
Daniel	Lee	5.11%
Michael	Lee	5.11%
Michael	Miao	5.11%
Russell	Nevins	3.83%
Andrew	Park	4.26%
Archie	Perry	5.11%
Abdi	Raissi	5.11%
William	Stewart	5.11%
Craig	Tingey	5.11%
Trov	Watson	5.11%
Richard	Winder	5.11%

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

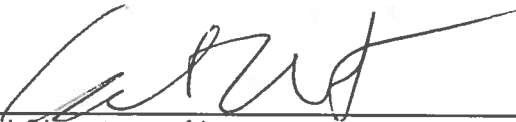
I, ERWIE ELLIOTT

Responsible Person of DESERT ORTHOPAEDIC CENTER RECOVERY 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

ERWIE ELLIOTT

Print Name of Authorized Person

4/15/2020

Date

Managing Pharmacist

Pharmacist Name: Mary Grear License #: 10687
 Pharmacy Name: DESERT ORTHOPAEDIC CENTER RECOVERY 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>NV</u>	Date: <u>2002</u>	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.

Mary Green RPh
Signature

2/13/2020
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/15/2020

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 Business Pharmacy License

Desert Orthopaedic Center Recovery Center, 2800 E. Desert Inn Rd., #200, Las Vegas, NV 89121
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:

Kim Andrew B.
Last Name First Name Middle Name

Plaza De Rafael Las Vegas NV 89102
Present Residence Address-Street or RFD City State/Zip

Provider/Partner 1/9/2017
Present Business Address Dates City State/Zip

Chicago, IL 702-731-1616
Occupation Phone: Residence Business

42 Male
Date of Birth Age Sex

Brown Grey med 245 lbs 6'1"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NA

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 AK

MARITAL INFORMATION-Continued

03/26/13

A. Current Marriage

Spouse's full name (Maiden) Glenora Polatre Date 03/26/13 City, County and State Chicago, Illinois
 SS# or ITIN _____
 Date of Birth 11-1-72 Place of Birth Chicago, Illinois
 Resident address 3220 Plaza De Rafael LV NV 89102
 Street City State Zip
 Telephone: Residence 702-10002 Business NA
 Spouse's employer NA Occupation Registered Nurse
 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>NA</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>NA</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>Elijah</u>	<u>1-1-13</u>	<u>Las Vegas</u>	<u>Plaza De Rafael</u>
<u>Luke</u>	<u>1-1-13</u>	<u>Las Vegas</u>	<u>Plaza De Rafael</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 LP

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name MM

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 Byung Chul Kim		N. Knox Skokie, IL 60076	Retired
Mother IN SUB KIM (SOHN)		N. Knox Skokie, IL 60076	Retired
Father-in-Law ROLAND DOLATRE		BUCKHORN Island ave Las Vegas, NV 89113	Retired
Mother-in-Law LUCY DOLATRE (CORPUS)		1 BUCKHORN Island ave Las Vegas, NV 89113	Registered 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
CYNTHIA Kim		S. Laflin St. Chicago, IL 60607	Teacher
Spouse	NA		
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Devonshire	Skokie, IL	1985-1988	Yes ☒ No ☐
High School	Niles North	Skokie, IL	1992-1996	Yes ☒ No ☐
College University	University of IL @ Urbana Champaign	IL	Aug 1996 - May 2000	Yes ☒ No ☐
Other	NOVA Southeastern Univ.	FL	Aug 2002 - May 2006	Yes ☒ No ☐

Type of degree obtained, if any DOCollege or university where obtained NOVA Southeastern Univ, FLApplicant's initial AE

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)

Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ **No** (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☒ **No** If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2015 - Present	1 Plaza De Rafael	Las Vegas	NV 89102
2013 - 2015	349 Falcons Fire	Las Vegas	NV 89148
2011 - 2013	1601 TRINITY CT	Las Vegas	NV 89117
2010 - 2011	1540 S. Central	Los Angeles	CA 90025
2007 - 2010	2626 North Blvd	Houston	TX 77098
2006 - 2007	9020 N. Knox	Skokie	IL 60076
2003 - 2006	9411 Evergreen PL	Davie	FL 33328
2002 - 2003	2876 S. University Dr.	Davie	FL 33328
2000 - 2002	9020 N. Knox	Skokie	IL 60076
1996 - 2000	University of Illinois	College Campus	Urbana, IL
1980 - 1996	9020 N. Knox	Skokie	IL 60076

Applicant's initial *A*

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
Dec 2016 - Present	2800 E. Desert Inn Rd, #100, Las Vegas, NV 89121	N/A
Title	Description of Duties	Name of Supervisor
DO/Partner	Pain Management	Michael Pendleton

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Oct 2011 - Dec 2016	Southern NV Pain Center, 6950 W. Desert Inn Rd., #110, Las Vegas, NV 89117	N/A
Title	Description of Duties	Name of Supervisor
DO	Pain Management	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2010 - Jun 2011	UCLA, UCLA VA CAMPUS	completion of training
Title	Description of Duties	Name of Supervisor
Fellow	Fellowship training	Quynh Pham, MD

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2007 - Jun 2010	University of Texas - Houston	Completion of Training
Title	Description of Duties	Name of Supervisor
Resident	Residency training	Gerard Francisco, MD

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2006 - Jun 2007	Advocate Lutheran General	Completion of Training
Title	Description of Duties	Name of Supervisor
Intern	Internship training	GARY SOLOMON, MD

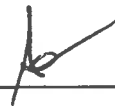
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's Initial



9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Adawn Boester</u>	Home	<u>SUL ROSS ST</u>	<u>HOUSTON</u>	<u>TX</u>	<u>77098</u>	<u>18</u>
Employer <u>Melhaist</u>	Business					
Name <u>Mazen Hamamdh</u>	Home	<u>Whitefield St</u>	<u>Dearborn</u>	<u>MI</u>	<u>48127</u>	<u>18</u>
Employer <u>Premier Pediatrics</u>	Business					
Name <u>Tom Kim</u>	Home	<u>2 Larking Ave</u>	<u>DEALB</u>	<u>IL</u>	<u>60115</u>	<u>30</u>
Employer <u>District 219</u>	Business					
Name <u>Khuram Khan</u>	Home	<u>Watercrest Circle</u>	<u>East Parkland</u>			<u>18</u>
Employer <u>Prestige Anesthesia</u>	Business	<u>FL</u>	<u>33026</u>			<u>3</u>
Name <u>Dan Lee</u>	Home	<u>Hawk Ridge Dr</u>	<u>LV</u>	<u>NV</u>	<u>89135</u>	<u>9</u>
Employer <u>Desert Orthopaedic Center</u>	Business	<u>702</u>	<u>271</u>	<u>1470</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>NV</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

NV 2011 - Current

CA 2010 - Current

AZ 2014 - Current

TX 2008 - Current

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 DL

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 4/2020

Applicant's initial [Signature]

STATE OF State

ss.

COUNTY OF Clark

I, Andrew B. Kim, 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of April 2020

Carol Anne Ball
[Signature]
Notary Public



Applicant's Initial AK



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/8/2020

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 Business Pharmacy License

Desert Orthopaedic Center Recovery Center, 2800 E. Desert Inn Rd., #200, Las Vegas, NV 89121
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:

Kang Parminder S
Last Name First Name Middle Name

Parm
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Dutch Oven Ct. Las Vegas 89178
Present Residence Address-Street or RFD City State/Zip

2800 E. Desert Inn Rd., #100 Las Vegas 89121
Present Business Address City State/Zip

Orthopaedic Surgeon 4/2012 - Present
Occupation Dates

Phone:
Residence
Business 702-731-1616

India
Date of Birth Place of Birth (City, County, State)

41 M
Age Sex

Brown Black Medium 218 Muscular 5'10"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Left chest tattoo (Khanda)

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 (Signature)

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/30/2018 Las Vegas, Clark, NV
 Spouse's full name (Maiden) Tamara Vannah Date City, County and State SS# or ITIN
 Date of Birth 11/11/11 Place of Birth Las Vegas, Nevada
 Resident address Enchanted View Las Vegas NV 89149
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer Vannah & Vannah Occupation Lawyer
 Address of employer 400 S. 7th Street Las Vegas NV 89101
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
Gurpreet Singh	12/18/12	Houston, TX	Divorce	Flagstaff, AZ Coconino County

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
GURPREET SINGH			DECEASED		

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
Sukhamani Kang		Flagstaff, AZ	Enchanted View St
Simran Kang		Las Vegas, NV	Las Vegas, NV, 89149

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 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			
Baldew Kang	11/11/11	1 Emory OAK Drive	RETIRED
Mother			
Gurmeet Ghuman	11/11/11	LAS VEGAS, NV 89138	HOMEMAKER
Father-in-Law			
Robert Vannah	11/11/11	Congressional Ct, Las Vegas, NV	
Mother-in-Law			
Marsha Dorney	11/11/11	"	89113

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			
Tajinder Kang	11/11/11	1 Emory OAK Drive	Med Student
Spouse			
Vimmi Kang			
Spouse			
Vimmi Kang		Corby Street Omaha NE 68116	Doctor
Awinder Singh		"	Doctor
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Brinley Middle School	1991 - 1993	Yes ☒ No ☐
High School	Clark High School	1993 - 1997	Yes ☒ No ☐
College University	University of California at Berkeley (BA)	1997-2001	Yes ☒ No ☐
Other	State University of New York Downstate Medical Center	2001-2005	Yes ☒ No ☐

Type of degree obtained, if any Medical Doctorate

College or university where obtained State University of New York Downstate Medical Center

Applicant's initial (P)

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?

County Clark State NV Date registered 6/1997**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	Disposition/Date	Arresting Agency
11/25/2009	30	Mistakenly Assault	Houston, TX	Sealed 5/19/2011	Houston Police Dept.

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? 10/21/2014 city, county and state Houston, Harris County, TXG. 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 W

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
Defendant	10/30/18	A-18-782012-C	Las Vegas, Clark, NV	Pending-10/1/17

- 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
8/2011 - 8/2017	9191 Dutch Oven Ct.	Las Vegas	NV
8/2017 - Present	Enchanted View St	Las Vegas	NV
7/2010 - 8/2011	530 North Union Blvd, Apt 201	St. Louis	MO
7/2005 - 7/2010	1330 Old Spanish Trail	Houston, TX	77054
8/2001 - 6/2005	825 New York Avenue Apt 1101	Brooklyn	NY
8/1997 - 8/2001	2498 Piedmont Avenue	Berkeley	CA
6/1990 - 7/1997	4613 Stacey Avenue	Las Vegas	NV

Applicant's initial



8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

May 2012	Desert Orthopaedic Center 2800 E. Desert Inn Rd., #100 Las Vegas, NV 89121	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Provider/Partner	Ortho Consults/Surgery/Admin	Michael Pendleton
Title	Description of Duties	Name of Supervisor
8/2010	Washington University in St. Louis 660 S. Euclid Ave., St. Louis, MO 63110	Finished Fellowship
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Fellow	Specialized Training in Joint Replacement	John Clohisy
Title	Description of Duties	Name of Supervisor
7/2005	Baylor College of Medicine 1 Baylor Plaza, Houston, TX 77030	Finished Residency
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Resident	Training in Orthopaedics	John Marymont
Title	Description of Duties	Name of Supervisor
8/2001	SUNY Downstate College of Medicine	Finished school
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Med Student	Student	N/A
Title	Description of Duties	Name of Supervisor
8/1997	UC Berkeley	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Student	Student	N/A
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jaswinder Grewal	Home	Smoke Ranch Rd	Las Vegas, NV	89126	(8)	
Employer NU Spine Clinic	Business	Orthopaedics		(702) 320 8111		
Name Ed McDougall	Home	1 Blooming Dr.				89134 (8)
Employer Smith & Nephew	Business		Las Vegas, NV	89134		
Name Marko Danks	Home					(8)
Employer Conforms	Business					
Name Thomas Alford	Home	9 W Horizon Ridge				06 (7)
Employer Self-Employed	Business	PP Mary Care	Physician			
Name Amanda Smith	Home	Intersectional Point				18 (6)
Employer Self	Business	851 S. Rampart	St. 100, Las Vegas, NV	89145		

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

MD, Nevada 2012-present

MD, MO 2010-2012

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

(Signature)

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 3/2010

Applicant's Initial PL

STATE OF Nevada

ss.

COUNTY OF Clark

I, Parminder S. Kang, MD, 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of April 2020

[Signature]
Notary Public



Applicant's initial P

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

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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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 Business Pharmacy License

Nature of Pharmacy or Wholesaler

Desert Orthopaedic Center Recovery Center 2800 E. Desert Inn Rd.#200, Las Vegas, NV 89121

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
Miao	Michael	

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Wade Hampton Trail Henderson NV/89052
Present Residence Address-Street or RFD City State/Zip

2800 E. Desert Inn Rd., #100	Dates	Las Vegas	NV/89121
Present Business Address		City	State/Zip

Dates Present Position with the Pharmacy or Wholesaler		Phone: Residence
---	--	--------------------------------

(
Date of Birth _____
Place of Birth (City, County, State) _____
Business _____ 702-731-1616

57 _____ M
Age _____ Social Security Number or ITIN _____ Sex _____

Brown	Black	Tan	210	Build	5' 11"
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

MARITAL INFORMATION-Continued

A. **Current Marriage** 5/18/1991 Honolulu HI
 Date City, County and State
 Spouse's full name (Maiden) MARA-Joy Bowling Song SS# or ITIN _____
 Date of Birth _____ Place of Birth Honolulu HI
 Resident address Wade Hampton Trail Henderson NV 89052
 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
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N/A

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
Tyler		Fontana CA	Wade Hampton Trail Henderson, NV 89052
Jared		Las Vegas NV	" "
Ryland	1/1	Henderson NV	" "

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 Q

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address N/A

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	Deceased		
--------	----------	--	--

Mother	Deceased		
--------	----------	--	--

Father-in-Law	Deceased		
---------------	----------	--	--

Mother-in-Law			
---------------	--	--	--

MyRNA Ngoc Hong Hui		Hawane Pl Honolulu	N/A
---------------------	--	--------------------	-----

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Spouse	Deceased N/A	6	5 NE Sacramento #15 Alhambra CA 91801 Retired
--------	--------------	---	---

Spouse	Diana Luo	1	3 Bunkerwood Ave SE CA 91127 Dental hygienist
--------	-----------	---	---

Spouse	Michael Eng	3	Banking
--------	-------------	---	---------

Spouse	Pamela Luo	0	34 Dornier St SD CA 92129 School Admin
--------	------------	---	--

Spouse			
--------	--	--	--

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Deerhorn Drive	LA	1968-77	☒ Yes ☐ No
High School	Flintbridge H.S.	LA	1977-1980	☒ Yes ☐ No
College	Harvard University	MA	1980 - 1984	☒ Yes ☐ No
University	University of Southern Calif	CA	1986 - 1991	☒ Yes ☐ No

Type of degree obtained, if any Medical DoctorateCollege or university where obtained University of So CalifApplicant's initial Q

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 LA State CA Date registered 1981**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 a

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
Defendant Robert Kimball	1998	N/A	Fontana CA California	Settled 5/2/99
Defendant Robert Kimball	2001	N/A	Fontana CA California	Dismissed 2002
Defendant Robert Kimball	1998	N/A	Fontana CA California	Dismissed 2001
Defendant Robert Kimball	1998	N/A	Fontana CA California	Dismissed 1999

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
9/2000 - Present	Vade Hampton Trail	Henderson	NV 89052
5/2000 - 9/2001	93 Fountainhead Circle	"	" "
8/1997 - 5/2000	7426 Butterfield Place	Rancho Cucamonga	CA 91730
8/1996 - 8/1997	3718 Colma Dorada Dr #B106	San Diego	CA 92124
6/1991 - 8/1996	5600 Nunwell Road	Pittsburgh	PA 15217

Applicant's initial

Q

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 6/2000	Name/Mailing Address of Employer/Business Desert Orthopaedic Center 2800 E. Desert Inn Rd., #100 Las Vegas, NV 89121	Reason for Leaving N/A
Title MD/Partner	Description of Duties Ortho Surgery/Sports Med	Name of Supervisor Michael Pendleton
Month and Year 8/1997- 5/2000	Name/Mailing Address of Employer/Business So. Calif Permanente Medical Group, 9985 Sierra Ave, Fontana, CA 92335	Reason for Leaving Moved out of state
Title MD	Description of Duties Ortho Surgery/Sports Med	Name of Supervisor <i>David Anderson MD</i>
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial 

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Connie Mulick</u>	Home	<u>6 N Green Valley Pk</u>	<u>Henderson</u>	<u>NV</u>	<u>89074</u>	<u>20</u>
Employer <u>N/A</u>	Business	<u>N/A</u>				
Name <u>Jennifer Kwok</u>	Home	<u>9 Aragon Canyon St.</u>	<u>LV</u>	<u>NV</u>	<u>89135</u>	<u>2</u>
Employer <u>N/A</u>	Business	<u>N/A</u>				
Name <u>Kelly Tourek</u>	Home	<u>Desert Highlands Dr</u>	<u>Henderson</u>	<u>NV</u>	<u>89052</u>	<u>10</u>
Employer <u>N/A</u>	Business	<u>N/A</u>				
Name <u>Dawn Soong</u>	Home	<u>Nowport Isle Ct</u>	<u>LV</u>	<u>NV</u>	<u>89117</u>	<u>18</u>
Employer <u>N/A</u>	Business	<u>N/A</u>				
Name <u>Michelle Chir</u>	Home	<u>9 Via Savona</u>	<u>Henderson</u>	<u>NV</u>	<u>89052</u>	<u>20</u>
Employer <u>N/A</u>	Business	<u>N/A</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:

<u>Liquor</u>	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
<u>Doctor</u>	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

MD HI 2000-Current

MD CA 1996 - Current

MD NV 2000-Current

~~MD 7A 1991-1996~~

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 ☒



Date of photograph 4/2020

Applicant's initial [Signature]

STATE OF Nevada _____
 _____ ss.

COUNTY OF Clark _____

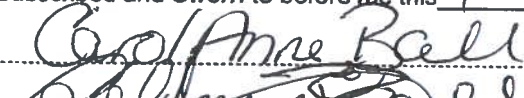
I, Michael Miao _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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 16th day of April 2020



 Notary Public



Applicant's initial 

Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/15/2020

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 Business Pharmacy License

Desert Orthopaedic Center Recovery Center, 2800 E. Desert Inn Rd., #200, Las Vegas, NV 89121
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:

Watson Troy S.
Last Name First Name Middle Name

Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Kittansett Loop Henderson, NV 89052
Present Residence Address-Street or RFD City State/Zip

2800 E. Desert Inn Rd., #100, Las Vegas, NV 89121
Dates City State/Zip

Present Business Address City State/Zip

Physician/Partner 6/1/2000 - Present
Occupation Dates

Phone:
Residence

Los Angeles, CA 702-731-1616
Business

Date of Birth Place of Birth (City, County, State)

54 Male
Age Sex

Social Security Number or ITIN

Green Brown 165 5'9"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Ø

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 TBW

MARITAL INFORMATION-Continued

A. **Current Marriage** 8/24/1996 Los Angeles, CA
 Date City, County and State
 Spouse's full name (Maiden) Judith Batliner Watson SS# or ITIN _____
 Date of Birth 1701 Place of Birth Los Angeles
 Resident address Kottansett Loop Henderson NV 89052
 Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer N/A 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
<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
Skyler		<u>Charlotte NC</u>	<u>Same as above</u>
Clayton		<u>Charlotte NC</u>	
Chloe		<u>Las Vegas</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

BW

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

Deceased

Mother

Harriette Watson

11-22

Mission Viejo, CA Retired Teacher

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

Brooks Watson

11-22

Austin, TX Retired

Spouse

Shawn Watson

11-22

Camarillo Restaurant Owner

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☐ No ☐
High School	Capistrano Valley High School		1980 - 1983	Yes ☒ No ☐
College	University of Southern California		8/1983 - 12/1987	Yes ☒ No ☐
University	Georgetown University, Washington, DC		8/1990 - 5/1994	Yes ☒ No ☐
Other				Yes ☒ No ☐

Type of degree obtained, if any MD

College or university where obtained Georgetown University, Washington, DC

Applicant's initial

BW

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐☒ No ☐

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)

Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

Kittansett Loop

Henderson,

NV 89052

Clear Crossing Trail

Henderson,

NV 89052

Applicant's initial

BJ

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.

6/2000

Desert Orthopaedic Center 2800 E. Desert Inn Rd., #100, Las Vegas, NV 89121

N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MD/Partner	Ortho Foot/Ankle Consults/Surgeries/Admin	Michael Pendleton
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 <u>Roman Sibel</u>	Home					
Employer	Business	<u>3175 St. Ros Play Henderson NV 89052 702.434.6920 10yrs</u>				
Name <u>Jameson Noorda</u>	Home					
Employer	Business	<u>68 N. Pecos Rd. Ste. A Henderson NV 89079 702.456.1411 10yrs.</u>				
Name <u>Jonathan Camp</u>	Home					
Employer	Business	<u>1528 E. Windmill Ln. Ste. 201 Las Vegas NV 89123 702.434.6920 10yrs</u>				
Name <u>Jasan Terno</u>	Home					
Employer	Business	<u>2779 W. Horizon Ridge Pkwy #200 Henderson NV 89052 702.990.2290 7yrs</u>				
Name <u>Michael Coaratti</u>	Home					
Employer	Business	<u>2779 W. Horizon Ridge Pkwy Henderson NV 89052 702.990.2290 7yrs.</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

NC 1999-2000

GA 1997-1997

LA 1995-2000

NV 2000- Current

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 TS

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 March 2020
Applicant's initial FW

STATE OF Nevada _____
 _____ SS.

COUNTY OF Clark _____

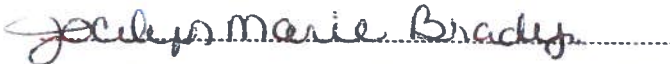
I, Troy S. Watson _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge 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.

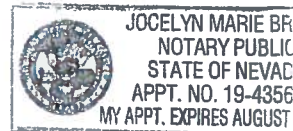


 Original Signature of Applicant

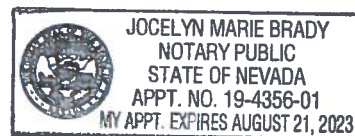
Subscribed and Sworn to before me this 15 April 2020 day of



 Notary Public



(seal)



Applicant's initial _____



ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial JBW
Page 10

9

9A

PT 24112

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: Nicole Middle: Marie Last: Brooks

Home Address: 5 Blue Diamond Road Ste 1 Box Apt#: _____

City: Las Vegas State: NV Zip Code: 89178

Telephone: _____ SS# or ITIN: _____

Date of Birth: _____ Place of Birth: San Pablo, CA 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: Nevada Career Institute Store #: _____

Address: 3231 Decatur Blvd Ste 201

City: Las Vegas State: NV Zip Code: 89130

Signature of Managing Pharmacist: [Signature] Lic #: PT 20827 Date: 12-11-2020

(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 |
|--|--------------------------|-------------------------------------|
| 3. 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?..... | ☐ | ☒ |
| 4. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... | ☐ | ☒ |
| 5. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... | ☐ | ☒ |
| 6. 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

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?..... Yes ☐ No ☐

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
Nicole Brooks

Date: 12-11-2020

Board Use Only Date Processed:

Amount: \$50.00

(NO FEE REQUIRED)

Name of Tech in Training: Nicole Brooks License # PT

Name of Managing Pharmacist: Denise Farro

Name of Pharmacy: Summerlin Hosp

I certify to the Board that the above named pharmaceutical technician in training has successfully completed ** 240 hours of training and experience and is competent to perform the tasks of a pharmaceutical technician. The specific training and experience completed is listed below.

** If submitting 500 hours with PTCB certification, you must provide a copy of the PTCB certification.

Signature of Managing Pharmacist: [Signature] Date: 4/9/202

Specific training and experience: (Must be completed by the managing pharmacist.)

Filling
Rounding floors to deliver meds
compounding
Central Tech. duties which include
phone calls, med requests, filling batches

Home or mailing address for pharmacy technician listed above. All correspondence (including renewals) will be mailed to address listed below.

Personal Address: _____

City: _____ State: _____ Zip: _____

Personal Telephone: _____ Personal Email: _____

9B

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: Odetta Middle: Kenyetta Last: Kilgore
 Home Address: S. Boulder HWY # Apt#: _____
 City: Henderson State: NEVADA Zip Code: 89015
 Telephone: _____ SS# or ITIN: _____
 Date of Birth: _____ Place of Birth: Minnesota 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: Nevada Career Institute Store #: _____
 Address: 3231 Decatur Blvd Ste 201
 City: Las Vegas State: NV Zip Code: 89130
 Signature of Managing Pharmacist: Randy Prew Lic #: PT 20827 Date: 12-11-2020

(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 #:
	<u>MN</u>	<u>3/1/2013</u>	

Criminal Action:	State	Date:	Case #:	County	Court
	<u>MN</u>	<u>3/1/2013</u>		<u>Ramsey</u>	

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?..... Yes ☐ No ☐

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.

Odetta Kilgore
 Original Signature, no copies or stamps accepted

Date

8-5-2020

Board Use Only Date Processed:

Amount:

\$50.00Check #103845

Odetta Kilgore
Boulder Highway, Apt.
Henderson, NV. 89015

To Whom It May Concern:

I have no excuse for making the poor decisions, but it's important to try to have these crimes removed so I can continue to lead a productive life.

The four criminal incidents that I will address and none were violent towards others.

Case number 27-VB12-7848, Misdemeanor, Driving after my licenses got revocation gladly to say i have a valid driver. licenses

Case number 27-VB-13-465, Misdemeanor Drivers licenses in possession or fail to display upon request which i'm a licenses holder it has now been 8 years since this charge and it's closed.

Case number 62SU-CR-14-2644 Misdemeanor Theft, I was returning a jacket I had purchased with no receipt. I had the tag when I asked the manager to exchange for another larger jacket. He refused with no receipt so I put the first jacket on the rack and did the exchange without permission. It has been 7 years since this offense.

Case number 27-CR-13-34727, Misdemeanor Theft, I was shopping at Wal-Mart when at the self checkout a pair of \$2.88 earrings didn't scan and I was stopped by security when I protested, they call the police. It has been 8 years since this offense.

I humbly request that these offenses be set aside because I'm currently living in Las Vegas, Nevada trying to rebuild my life while working for the Clark County School District. I anticipate seeking further employment in the Medical Technology field where I currently hold a diploma for Medical Assistance.

Thank you in advance for your consideration,

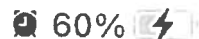
Sincerely,



Odetta Kilgore



2:35 PM



AA Not Secure s.state.mn.us

Criminal/Traffic/Petty Case Records Search Results

[Sign In](#) [Main](#) [Contact Us](#) [Log out My Account](#) [Search Menu](#) [New Criminal/Traffic/Petty Search](#) [Refine Search](#)
Location: All MNGIS Sites - Case Search [Help](#)

Record Count: 4

Search By: Defendant Exact Name: on Party Search Mode: Name Last Name: Kilgore First Name: Odetta Middle Name: Kenyatta Date of Birth: 8 All All Date Filed On or After: 01/01/2012 Date Filed On or Before: 01/01/2021 Sort By: Defendant Name

Case Number	Citation Number	Defendant Info	Filed/Location/Judicial Officer	Type/Status	Charge(s)	Disposition/Level of Sentence
27 CR 13-34727	270613212740	KILGORE, ODETTA KENYATTA 03/10/1968	10/01/2013 Hennepin Criminal/Traffic Petty Sub 3-4-1-1	Crim/Traf Mandatory Closed	Tech. Tars./Use/Transfer Movable Prop./No Consent	Convicted Convicted of a Misdemeanor
27 VB 12-7816	272613201259	KILGORE, ODETTA KENYATTA 03/10/1968	06/18/2012 Hennepin Criminal/Traffic Petty Sub 3-4-1-1	Crim/Traf Mandatory Closed	Driving after revocation	Convicted Convicted of a Misdemeanor
27 VB 13-403	271112215539	KILGORE, ODETTA KENYATTA 03/10/1968	01/16/2013 Hennepin Criminal/Traffic Petty Sub 3-4-1-1	Crim/Traf Mandatory Closed	Driver's License - No Provisional or Full Delay After Request	Convicted Convicted of a Misdemeanor
6250 CR 14-2644	620800506110	KILGORE, ODETTA KENYATTA 03/10/1968	07/24/2014 Ramsey Criminal/Traffic/Petty Sub 3-4-1-1	Crim/Traf Mandatory Closed	Tech. Tars./Use/Transfer Movable Prop./No Consent	Convicted Convicted of a Misdemeanor



9C

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: Sheyenne Middle: Louise Last: Moore
Home Address: West B. St. Apt#: _____
City: Fallon State: NV Zip Code: 89406
Telephone: (775) _____ SS# or ITIN: _____
Date of Birth: _____ Place of Birth: Bremerton, WA 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: NIA

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 09581
Address: 2020 Reno Hwy
City: Fallon State: NV Zip Code: 89406

* Signature of Managing Pharmacist: Adm Lic #: 19330 Date: 01/25/2021

(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)		
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 ☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....		☒ Yes ☐ No
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....		☐ Yes ☒ No
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....		☐ Yes ☒ No
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
	<u>NV</u>	<u>Aug / 2013</u>
	<u>NIA</u>	<u>Explanation enclosed Carson</u>
		<u>Carson City, NV.</u>
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?.....		☐ Yes ☐ No

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

Board Use Only Date Processed:

Amount:

01/25/2021
\$50.00

Jan. 25, 2021¹⁸⁵³

TO: The State Board of Pharmacy,

My name is Sheyanne L. Moore.

I am applying for a direct hitter position at Walgreens, in Fallon, NV. In this position, I will as a cashier, be able to assist in the pharmacy when needed. I have completed the required pharmacy tech, direct hitter E-Learnings with great scores, at 90% and above. This letter is written for an explanation of criminal charges I recieved going on 8 years, dated Aug 2013.

my charge was based off of Carson City, NV, Carson County. I have no documents to show, it was so long ago, I'm unable to acquire them. the charge was: Misdemeanor possession not to be entered into interstate commerce.

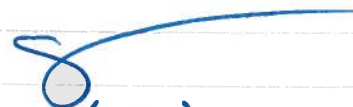
I completed all requirments of the court. and still remain in counseling. Reference to be added.

I truly hope this doesn't affect your decision in accepting my application. Please feel free to contact Jaque as a professional reference, I have given verbal consent.

Jaque B.
(775)

I very much look forward to expanding my skills in the pharmacy and to be more of an asset to my company. Thank you for your consideration.

Sincerely,
Sheyanne Moore



(775)

Darlene Nases

From: Samantha Cayer <
Sent: Tuesday, March 23, 2021 5:28 PM
To: Darlene Nases
Subject: Broken fax

Hello,

Spoke earlier about tech in trainee, she had her paperwork in the car so I can actually do it today.
 Sheyanne Moore for Walgreens pharmacy

JUDGMENT AND ORDER OF THE COURT													
CARSON CITY JUSTICE AND MUNICIPAL COURT													
DEFENDANT: MOORE, SHEYANNE LOUISE													
COURT CASE #: 13 CR 01262 1C	ORIGINATING CASE #: 13-4570	LANGUAGE SPOKEN: ENGLISH STATUS: OPEN											
PROSECUTING ATTORNEY: CARSON CITY DISTRICT ATTORNEY DEFENSE ATTORNEY: WILLIAM MURPHY													
CHARGE AND SENTENCE INFORMATION													
CHARGES: 453.336.1a - POSSESS SCHEDULE I, II, III OR IV CONTROLLED SUBSTANCE, FIRST OR SECOND OFFENSE													
-AMENDED TO: 8.04.125 CS POSSESS DRUG NOT TO BE INTRODUCED INTO INTERSTATE COMMERCE													
PLEA: 08/21/2013 - GUILTY		JAIL: 180 DAYS IN JAIL SUSPENDED FOR ONE YEAR											
DISPOSITION: 08/21/2013 - GUILTY													
CHARGES: 453.566 - USE OR POSSESS DRUG PARAPHERNALIA													
PLEA: NO PLEA		JAIL:											
DISPOSITION: 08/06/2013 - NO CHARGES FILED													
<table border="1"> <thead> <tr> <th>ADDITIONAL FEES</th> <th>ORIGINAL AMT</th> <th>AMT PAID</th> <th>AMT DISMISSED</th> <th>AMT DUE</th> </tr> </thead> <tbody> <tr> <td colspan="5">TOTAL OWING AS OF THIS DATE: NO FINES OR FEES ARE DUE ON THIS CASE.</td> </tr> </tbody> </table>				ADDITIONAL FEES	ORIGINAL AMT	AMT PAID	AMT DISMISSED	AMT DUE	TOTAL OWING AS OF THIS DATE: NO FINES OR FEES ARE DUE ON THIS CASE.				
ADDITIONAL FEES	ORIGINAL AMT	AMT PAID	AMT DISMISSED	AMT DUE									
TOTAL OWING AS OF THIS DATE: NO FINES OR FEES ARE DUE ON THIS CASE.													
REQUIREMENTS													
DUE DATE	CONDITIONS		COMPLETED										
08/21/2014	FORMAL PROBATION; REPORT IMMEDIATELY OR UPON RELEASE FROM JAIL TO THE DEPARTMENT OF ALTERNATIVE SENTENCING.												
	SUBMIT TO SEARCH & SEIZURE WITH OR WITHOUT CAUSE FOR ALCOHOL, ILLEGAL DRUGS (INCLUDING ANY AND ALL SYNTHETIC CANNABINOIDS SUCH AS SPICE OR K2 AND SYNTHETIC OR DESIGNER CATHINONES SUCH AS "BATH SALTS"), DRUG PARAPHERNALIA; ANY NARCOTIC MEDICATIONS, EVEN IF PRESCRIBED BY A PHYSICIAN, MUST BE APPROVED BY DEPT OF ALTERNATIVE SENTENCING.												
	SPECIALTY COURT ADMISSION GRANTED												
	NO ALCOHOL, DRUGS (INCLUDING ANY AND ALL SYNTHETIC CANNABINOIDS SUCH AS SPICE OR K2 AND SYNTHETIC OR DESIGNER CATHINONES SUCH AS "BATH SALTS"), DRUG PARAPHERNALIA; ANY NARCOTIC MEDICATIONS, EVEN IF PRESCRIBED BY A PHYSICIAN, MUST BE APPROVED BY DEPT OF ALTERNATIVE SENTENCING.												
	OBEY ALL LAWS EXCEPT FOR MINOR TRAFFIC												

ARREST BATH/BIOD INFORMATION			
ARREST DATE	STATUS DATE	CURRENT STATUS	AMOUNT TYPE OF BAIL
08/04/2013	08/21/2013	OTHER	
MUST APPEAR IN MENTAL HEALTH COURT ON 8/22/13 AND JUDGE TATRO IS TO DECIDE ON CUSTODY STATUS			
NEW COURT HEARING INFORMATION			
MENTAL HEALTH COURT		Thursday, August 22, 2013	2:30 pm
ADDITIONAL CASE INFORMATION			
NO FURTHER INFORMATION			
JUDGE'S SIGNATURE: _____ JOHN TATRO, 8/21/2013			

DEFENDANT: MOORE, SHEYANNE LOUISE
 Date Date: 8/21/2013 Print Date: 8/21/2013
 COURT CASE #: 13 CR 01262 1C
 FILE DATE: 08/05/2013 Page 2 of 1

Thank you,
 Samantha Cayer
 775
 Sent from my iPhone

9D

Y

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: Jodi Middle: Lene Last: Sabala
 Home Address: Meadowood Mall Cir. Apt#: _____
 City: Reno State: NV Zip Code: 89502
 Telephone: _____ SS# or ITIN: _____
 Date of Birth: _____ Place of Birth: Fort Bragg, CA 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 #: 04789
 Address: 3495 S. Virginia St.
 City: Reno State: NV Zip Code: 89502
 Signature of Managing Pharmacist: _____ Lic #: 18605 Date: 4.5.21

(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 |
|--|-------------------------------------|-------------------------------------|
| 3. 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?..... | ☐ | ☒ |
| 4. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... | ☒ | ☐ |
| 5. Had your license subjected to any discipline or administrative action whether completed or pending 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	3 / 1 / 2010	A30970155 Sacramento Sacramento

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?..... Yes ☐ No ☐

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

Board Use Only Date Processed:

Amount:

Date

50

4/2/21

 DO NOT COLLECT DNA. DNA SAMPLE HAS BEEN RECEIVED, TYPED, AND UPLOADED
 INTO THE CAL-DNA DATA BANK. FOR INFO (510) 620-3300 OR
 PC296.PC296@DOJ.CA.GOV

** PALM PRINT ON FILE AT DOJ FOR ADDITIONAL INFORMATION PLEASE E-MAIL
 PALM.PRINT@DOJ.CA.GOV

** III CALIFORNIA ONLY SOURCE RECORD

CII/A30970155

DOB/ SEX/F RAC/WHITE
 HGT/502 WGT/140 EYE/BLU HAI/BLN POB/CA
 NAM/001 SILLS,JODI LENE
 002 SILLS,JODI L

FBI/426154HDD

DMV/

SOC/5

SMT/TAT L ARM-UNKNOWN

; TAT R ARM-UNKNOWN

QCC/UNEMPLOYED

ARR/DET/CITE: NAM:001 DOB
 20100329 CASO SACRAMENTO

CNT:001 #09475821-3744911
 496(A) PC-RECEIVE/ETC KNOWN STOLEN PROPERTY TOC:F
 ARR AGY #0000703333

CNT:002
 459 PC-BURGLARY TOC:F
 ARR AGY #0000703333

CNT:003
 496(A) PC-RECEIVE/ETC KNOWN STOLEN PROPERTY TOC:F
 ARR AGY #0000703333
 SCN:V19D0880022

COURT: NAM:001
 20110405 CASC SACRAMENTO

CNT:001 #10F01833
 496(B) PC-DEALER/ETC NOT DETERMINE OWNERSHIP TOC:F
 DISPO:DISMISSED

CNT:002
 459 PC-BURGLARY:SECOND DEGREE TOC:F

*DISPO:CONVICTED
 CONV STATUS:FELONY
 SEN: 005 YEARS PROBATION, 080 DAYS JAIL, FINE, FINE SS.
 RESTN
 COM: CORRECTED COPY
 DCN:P0104381071134000125

COURT: NAM:001
 20110405 CASC MCSACRAMENTO

CNT:001 #10F02088
 496(A) PC-RECEIVE/ETC KNOWN STOLEN PROPERTY TOC:F
 DISPO:DISMISSED

ARR/DET/CITE: NAM:002 DOB:
20100513 CASO FAIRFIELD

CNT:001 #2010005777
496(D) PC-ATTEMPT TO COMMIT 496 PC:STOLEN PROP TOC:M
ARR BY:CASO SACRAMENTO
ADR:20100513 (, UNKNOWNNONE, , , TRANSIENT, , ,)
COM: PHOTO AVAILABLE
SCN:A47D1330003
* * *

ARR/DET/CITE: NAM:001 DOB:
20100519 CASO SACRAMENTO

CNT:001 #09489045-3744911
10851(A) VC-TAKE VEH W/O OWN CONSENT/VEH THEFT TOC:F
ARR AGY #0000703333

CNT:002
426A(A) PC-JUNKER BUY WIRE/METAL ILLEGALLY TOC:F
ARR AGY #0000703333

CNT:003
459 PC-BURGLARY:SECOND DEGREE TOC:F
ARR AGY #0000703333

CNT:004
496B PC-BUY LIBRARY BOOKS ILLEGALLY TOC:M
ARR AGY #0000703333
SCN:V19D1390022

** THE ENTRIES PROVIDED BELOW ARE BASED UPON AN ARREST OR COURT **
** DISPOSITION REPORT. THE SUBJECT OF THE ENTRY HAS BEEN IDENTIFIED *
** WITH THIS RECORD BASED UPON SOFT CRITERIA CONSISTING OF A NAME **
** OR NUMBER MATCH. POSITIVE IDENTIFICATION HAS NOT BEEN MADE **
** BECAUSE FINGERPRINTS WERE NOT RECEIVED FOR THE ENTRIES. USE OF **
** THIS INFORMATION IS THE RECEIVERS RESPONSIBILITY. **

* - * *

ARR/DET/CITE: NAM:001
20100517 CASO SACRAMENTO

CNT:001 #09489045
NO ARREST RECEIVED TOC:N

CNT:002
SEE COMMENT FOR CHARGE TOC:N
COM: CHR9 10851(A) VC

COURT: NAM:001
20110405 CASO MCSACRAMENTO

CNT:001 #10F03059
10851(A) VC-TAKE VEH W/O OWN CONSENT/VEH THEFT TOC:F
DISPO:DISMISSED
SCN:P0104381071134000180
* * *
END OF MESSAGE * * *

10

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy #206 – Reno, NV 89521

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Ryan Middle: Joseph Last: Kriesner
Home Address: W. Edgewater Dr. Apt #: _____
City: Boise State: ID Zip Code: 83709
Telephone: _____ SS# or ITIN: _____
Date of Birth: _____ Place of Birth: Santa Clara CA Sex: ☒ M ☐ F
E-mail Address: knieryan@isu.edu

Pharmacy School: Idaho State University
Attendance dates: May 2018 - May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

		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 & documentation:			
Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
		/ /	
			County
			Court

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

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, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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. Ryan Joseph Kriesner

Date 2/10/21

Board Use Only Date Processed: _____

Amount: 40

CC 942568



February 9, 2021

To Whom It May Concern,

This letter verifies that our student, Ryan Kniesner, is in good academic standing and currently enrolled full-time in training at Idaho State University's College of Pharmacy. It is anticipated that this student will graduate with a Doctor of Pharmacy degree in May of 2022.

If you need further information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brooke Buffat', with a stylized, cursive script.

Brooke Buffat, PharmD, BCPS
Associate Dean for Student Affairs

Case Information

CR-MD-2013-17895 | State of Idaho vs. Ryan Joseph Kniesner

Case Number

CR-MD-2013-17895

File Date

12/23/2013

Court

Ada County Magistrate Court

Case Type

Criminal

Judicial Officer

Watkins (DUI Court), Thomas

Case Status

Closed - After Judgment

Disposition Events

12/24/2013 Plea ▼

1 Driving Under the Influence-(Second Offense)

Guilty

03/19/2014 Disposition ▼

1 Driving Under the Influence-(Second Offense)

Dismissed by Court

After I completed DUI court
program

(2013-2015)

I was a troubled young man
but I've got my life on
track now after completion
of the DUI court program
in Ada county.

same info given
to ID BOP

Case Information

CR-2008-3678 | State of Idaho vs. Ryan J Kniesner

Case Number

CR-2008-3678

File Date

07/30/2008

Court

Valley County Magistrate Court

Case Type

Criminal

Judicial Officer

Boomer, Henry R., III

Case Status

Closed

Disposition Events

10/20/2008 Plea ▼

1	Driving Without Privileges (second Offense)	Guilty
---	---	--------

10/20/2008 Disposition ▼

1	Driving Without Privileges (second Offense)	Guilty
---	---	--------

10/20/2008 Disposition ▼

2	Insurance-fail To Provide Proof Of Insurance	Dismissed on Motion of Prosecutor
---	--	-----------------------------------

10/20/2008 Misdemeanor Sentence ▼

1	Driving Without Privileges (second Offense)	Misdemeanor Sentence
---	---	----------------------

License Suspension

Type: **Driver's License**

Duration: **1 Year**

Suspension Date: 10/20/2008

Comment: 30 days absolute

Condition - Adult

1. Unsupervised Probation, 2Y, 10/20/2008-10/20/2010, Closed 03/13/2013

Confinement

Type: County Jail

Facility: Idaho Department of Correction

Term: 365 Days

Suspended: 345 Days

Effective Date: 10/20/2008

Work Release

Comment: 20 days to serve in Ada, at no cost to Valley. May serve work release or weekends

Case Information

CR-MD-2007-7168 | State of Idaho vs. Ryan Joseph Kniesner

Case Number
CR-MD-2007-7168
File Date
05/31/2007

Court
Ada County Magistrate Court
Case Type
Criminal

Judicial Officer
Reardon (Magistrate), Michael J.
Case Status
Closed

Disposition Events

10/26/2007 Plea ▼

1	Driving Without Privileges	Guilty
---	----------------------------	--------

10/26/2007 Disposition ▼

1	Driving Without Privileges	Guilty
---	----------------------------	--------

02/11/2009 Disposition ▼

2	Contempt Of Court - Criminal	Dismissed by Court
---	------------------------------	--------------------

10/26/2007 Misdemeanor Sentence ▼

1	Driving Without Privileges	Misdemeanor Sentence
---	----------------------------	----------------------

Confinement

Type: County Jail

Facility: Ada County Jail

Term: 20 Days

Effective Date: 10/26/2007

Consecutive with case

Credit Term: 1 Day

License Suspension

Type: Driver's License

Duration: 365 Days

Suspension Date: 10/26/2007

Case Information

CR-MD-2006-17855 | State of Idaho vs. Ryan Joseph Kniesner

Case Number	Court	Judicial Officer
CR-MD-2006-17855	Ada County Magistrate Court	Swain, Kevin
File Date	Case Type	Case Status
12/29/2006	Criminal	Closed

Disposition Events

07/18/2007 Plea ▼

1	Driving Without Privileges	Guilty
---	----------------------------	--------

07/18/2007 Plea ▼

2	Insurance-fail To Provide Proof Of Insurance	Guilty
---	--	--------

07/18/2007 Disposition ▼

1	Driving Without Privileges	Guilty
---	----------------------------	--------

07/18/2007 Disposition ▼

2	Insurance-fail To Provide Proof Of Insurance	Guilty
---	--	--------

07/18/2007 Misdemeanor Sentence ▼

1	Driving Without Privileges	Misdemeanor Sentence
---	----------------------------	----------------------

Confinement

Type: **County Jail**

Facility: **Ada County Jail**

Term: **5 Days**

Effective Date: **07/18/2007**

License Suspension

Type: **Driver's License**

Duration: **180 Days**

Suspension Date: **07/18/2007**

Compliance Date: **04/03/2014**

Case Information

CR-MD-2006-13731 | State of Idaho vs. Ryan J Kniesner

Case Number

CR-MD-2006-13731

File Date

10/06/2006

Court

Ada County Magistrate Court

Case Type

Criminal

Judicial Officer

Oths, Michael J.

Case Status

Closed

Disposition Events

01/31/2007 Disposition ▼

1

Battery

Dismissed by Court

Case Information

CR-MD-2006-10414 | State of Idaho vs. Ryan Joseph Kniesner

Case Number
CR-MD-2006-10414
File Date
08/06/2006

Court
Ada County Magistrate Court
Case Type
Criminal

Judicial Officer
Gardunia, Theresa L.
Case Status
Closed

Disposition Events

07/18/2007 Plea ▼

1	Driving Without Privileges	Guilty
---	----------------------------	--------

07/18/2007 Disposition ▼

1	Driving Without Privileges	Guilty
---	----------------------------	--------

07/18/2007 Misdemeanor Sentence ▼

1	Driving Without Privileges	Misdemeanor Sentence
---	----------------------------	----------------------

Confinement

Type: **County Jail**

Facility: **Ada County Jail**

Term: **2 Days**

Effective Date: **07/18/2007**

Credit Term: **2 Days**

License Suspension

Type: Driver's License

Duration: 180 Days

Suspension Date: 07/18/2007

Case Information

CR-2006-728 | State of Idaho vs. Ryan J Kniesner

Case Number

CR-2006-728

File Date

03/30/2006

Court

Valley County Magistrate Court

Case Type

Criminal

Judicial Officer

Boomer, Henry R., III

Case Status

Closed

Disposition Events

08/28/2006 Plea ▼

1	Driving Without Privileges (second Offense)	Guilty
---	---	--------

08/28/2006 Plea ▼

2	Failure To Appear For Misdemeanor Citation	Guilty
---	--	--------

08/28/2006 Disposition ▼

1	Driving Without Privileges (second Offense)	Guilty
---	---	--------

08/28/2006 Disposition ▼

2	Failure To Appear For Misdemeanor Citation	Guilty
---	--	--------

06/15/2011 Misdemeanor Sentence ▼

1	Driving Without Privileges (second Offense)	Misdemeanor Sentence
---	---	----------------------

License Suspension

Type: **Driver's License**Duration: **1 Year**Suspension Date: **08/28/2006**

Condition - Adult

1. **Unsupervised Probation**, Court will consider early release after 1st year , 2Y, 08/28/2006-08/28/2008,
Closed 08/28/2008

Confinement

Type: **County Jail**Facility: **Idaho Department of Correction**Term: **365 Days**Suspended: **345 Days**Effective Date: **08/28/2006**Credit Term: **2 Days**

Comment: **18 to serve; Ada county with work release okay if no cost to Valley County**

08/28/2006 Misdemeanor Sentence ▼

2 **Failure To Appear For Misdemeanor Citation** **Misdemeanor Sentence**

Confinement

Type: **County Jail**Facility: **Idaho Department of Correction**Term: **180 Days**Suspended: **176 Days**Effective Date: **08/28/2006**

Consecutive with case

Credit Term: **2 Days**

Comment: **2 days to serve consecutive to count 1**

Case Information

CR-MD-2003-3880 | State of Idaho vs. Ryan Joseph Kniesner

Case Number

CR-MD-2003-3880

File Date

04/08/2003

Court

Ada County Magistrate Court

Case Type

Criminal

Judicial Officer

Watkins, Thomas P.

Case Status

Closed

Disposition Events

11/03/2003 Plea ▼

1	Alcoholic Bev-possess/consume/purchase By Minor	Guilty
---	---	--------

11/03/2003 Disposition ▼

1	Alcoholic Bev-possess/consume/purchase By Minor	Guilty
---	---	--------

11/03/2003 Misdemeanor Sentence ▼

1	Alcoholic Bev-possess/consume/purchase By Minor	Misdemeanor Sentence
---	---	----------------------

License Suspension

Type: **Driver's License**

Duration: **90 Days**

Suspension Date: **11/03/2003**



Nevada State Board of Pharmacy

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

April 20, 2021

VIA ELECTRONIC MAIL TO knieryan@isu.edu

Ryan Joseph Kniesner
 West Edgewater Drive
 Boise ID 83709

Re: Temporary intern pharmacist registration

Dear Mr. Kniesner:

This will confirm that the Nevada State Board of Pharmacy (Board) will issue you a temporary intern pharmacist registration while your application is pending. Pursuant to NAC 639.200 and NRS 639.137, I am granting you a temporary intern pharmacist registration, Certificate of Registration No. IN05557. This temporary registration shall be effective until June 3, 2021, to allow you to appear before the Board on your application. This temporary registration is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

If you have any questions, please feel free to contact us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Yen-h Long".

Yen-h Long, Pharm.D., BCACP, CPM
 Deputy Executive Secretary
 Nevada State Board of Pharmacy

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/20/2021

Amount:

License #: IN05557

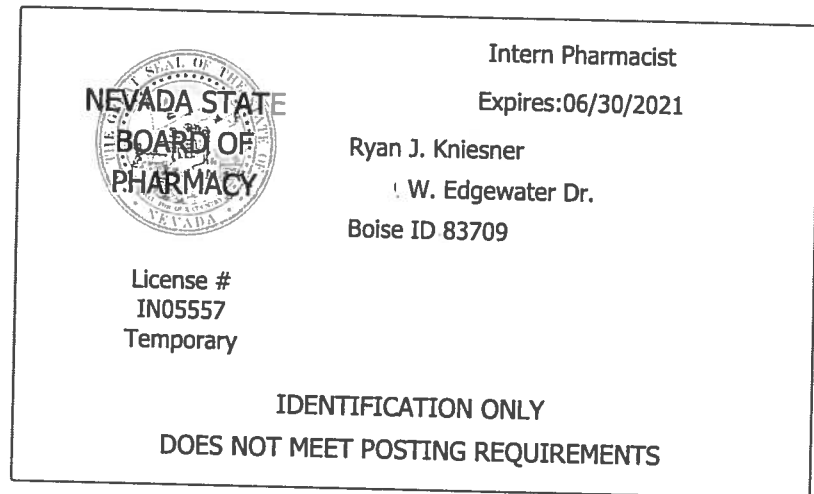
Ryan J. Kniesner

W. Edgewater Dr.

Boise ID 83709

(ID Card)

Trim ID Card to fit your wallet



Cut Here

License Type: Intern Pharmacist

License #: IN05557

NEVADA
STATE BOARD OF PHARMACY
Intern Pharmacist

Expires: 06/30/2021

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Ryan J. Kniesner

W. Edgewater Dr.

Boise ID 83709

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

11

11A

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: HISBAY Middle: HAIDER Last: ALI
 Practice Name (if any): Grand Desert Psychiatric Services
 Nevada Address: 2021 S. Jones Blvd. Suite #: _____
 (This must be a practicing address, we will not issue a license to a home address or to a PO Box only)
 City: Las Vegas State: NV Zip Code: 89146
 PO Box: _____ SS# or ITIN: _____

E-mail address: _____

Work Telephone: 702-202-0099 Personal Phone: _____Fax: _____ Degree: MDDate of Birth: _____ ex: ☒ M or ☐ FPractitioner License Number: 20660 Specialty: Psychiatry

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:
			/ /
Criminal Action:	State	Date:	Case #:
		County	Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[Signature]
 Original Signature, no copies or stamps accepted.

1/13/21
 Date

Board Use Only: Date Processed: _____ Amount: 200.00

RE: Criminal Record History

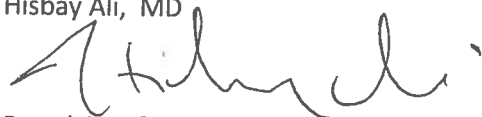
To Whom It May Concern,

Jan 13th, 2021

I regret to inform the Nevada State Board of Pharmacy of two prior arrests for DWI's in the state of NY in 2015. The first was on March 28th of 2015 and the second one was on June 1st 2015. Due to not being arraigned for the first case as yet, they would ultimately be combined into a single court case and disposition leading to being charged with two misdemeanor charges for DWI and having to serve substance treatment for 12 weeks in 2015 and a 6-month jail sentence from March 2016 to July 2016 (4 months for good behavior). I subsequently had 3 years of probation which I successfully completed in 2019. I informed the NYS medical board about this when I was applying for my license in 2016 and they were satisfied with the subsequent punishment and fines and substance treatment completion and I was granted an unrestricted medical license in 2017 and DEA license which I have held actively since then. I [provide more details of the incidents and explanations and have attached supporting documents as well in this application which I hope are satisfactory to the Pharmacy Board. Thank you for your consideration.

Sincerely,

Hisbay Ali, MD



Board Certifications;

American Board of Psychiatry and Neurology

American Board of Consultation-Liaison Psychiatry

Re: Criminal Record History

To Whom It May Concern,

Jan 13th, 2021

It is with sincere regret, that I inform the Pharmacy Board of two previous arrests, leading to driving under the influence charges which occurred in 2015. These incidents occurred within such close time proximity, they would later be settled in a single court hearing. The first of these events, I will now describe.

On March 28th, 2015 at approximately 12:01AM, I was stopped for exceeding the speed limit. I was returning home from a friend's house, and had made the poor decision to drive after consuming alcohol. I was, consequently found to be driving under the influence. As requested, the details have been provided in the attached court documents. My driver's license was immediately suspended and a court hearing was scheduled to be within the next months.

Sadly, and with great consequence to my personal life, the later of these two incidents occurred just a short time later. I will detail these events, and repercussions, as requested, in a separate letter. I have also sent copies of the court documents cases and dispositions.

I thank the Pharmacy Board for your time and consideration.

Sincerely,



Hisbay Ali, MD,

Board Certifications;

American Board of Psychiatry and Neurology

American Board of Consultation-Liaison Psychiatry

To Whom It May Concern,

Jan 13th, 2021

As previously stated, it is with the deepest regret, that I must describe a second DUI arrest to the Pharmacy Board.

On June 1st, 2015, at approximately 2:25AM, I left my home to go to a fast food restaurant, just around the corner. As I had been consuming alcohol, there is no logical explanation as to why I chose to drive. However, the cost of this decision, would be great. I was stopped for not using the turn signal and charged with driving while under the influence. In addition, as stated previously, my license had been suspended. Ultimately, my two charges were combined into one hearing, the details of which are in the attached court documents. The consequence, certainly appropriate for my behavior, was a 6 month jail sentence and probation for 3 years. I would serve 4 of those months, due to good behavior as well as a 3 year probationary period. I was humbled by my jail sentence and used it as an opportunity for growth. I successfully completed a 12 week outpatient substance abuse and DWI program. I successfully completed the 3 years of probation in 2019. I also continue individual therapy 6 years on from those momentous events.

In April of 2017, I was granted an unrestricted Medical License, by the state of New York after the board was satisfied with my successful engagement in probation and completion of substance treatment program. I was also granted a DEA license, and I have held both unrestricted continuously since. In addition, I have since become Board Certified in General Psychiatry as well as Consultation Liaison Psychiatry. For the past 3 and a half years, I have been employed at Stony Brook University Medical Center. where I serve as the attending psychiatrist for our CPEP unit and as a consult liaison Psychiatrist in the medical ED. I also hold the title of Associate Professor and work closely with students and Psychiatry Residents.

It is with remorse, but also humbleness that I look back to this time of my life. I found ways in which to use my experiences not only for personal growth, but to better serve my patients. As a result of substance use and DWI treatment, have been able to more fully empathize with this patient population, without preconceived bias or judgment. I have witnessed, firsthand, the negative effects of these same biases and deficits of mental health care on our incarcerated populations. Not only have I addressed my own personal weaknesses, but feel better positioned to advocate for individuals who find themselves struggling with substance abuse and the judicial system.

I have disclosed both these arrests and subsequent actions involved to the Nevada State Medical Board which they found satisfactory and granted me an unrestricted medical license starting two weeks ago.

It is with the utmost appreciation, I thank the Nevada State Pharmacy Board for your time and consideration.

Sincerely,

Hisbay Ali, MD,

Board Certifications;
American Board of Psychiatry and Neurology
American Board of Consultation-Liaison Psychiatry

CENTRAL NASSAU

Guidance & Counseling Services, Inc.

950 South Oyster Bay Road, Hicksville, New York 11801-3511

Tel: 516 938-7568 • Fax: 516 938-7097

www.centralnassau.org

11/24/2020

Hisbay Ali

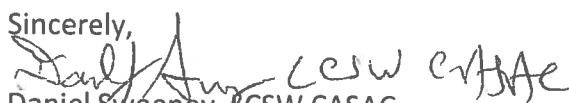
1 Richard Ave apt
Hicksville, NY, 11801

To Whom It May Concern,

Mr. Ali was referred for treatment at Central Nassau Guidance on 06/29/15 due to an arrest for DWI. Mr. Ali was diagnosed with Alcohol Use disorder and offered the NYS DWI course which he accepted and completed on 10/29/15.

If you need to contact me I can be reached at (516) 416-0002 or dsweeney@centralnassau.org.

Sincerely,


Daniel Sweeney, LCSW CASAC
Clinical Social Worker Supervisor

"Have you remembered us in your will?"



Licensed and Supported by
Nassau County Department of Mental Health; Chemical Dependency; Mental Retardation and Development Disabilities;
New York State Office of Mental Health; New York State Office of Mental Retardation and Developmental Disabilities;
Suffolk County Community Mental Hygiene Services; U.S. Department of Housing and Urban Development (HUD).
A member agency of Long Island's United Way, Hicksville Chamber of Commerce, and the Long Island Association.

Member
Hicksville
Chamber of
Commerce

CERTIFICATE OF COMPLETION



ICRS
950 South Oyster Bay Road
Hicksville, NY 11801
(516) 822-6111

THIS IS TO CERTIFY THAT

Hisby Ali

SUCCESSFULLY COMPLETED

DWI
Program

Daniel Sweeney L & W Roseann Falcone 02/04/2016
THERAPIST PROGRAM DIRECTOR DATE

Certificate #: U-000055916-F

Page 1 of 1

**NASSAU DISTRICT COURT**

99 Main Street, Hempstead, NY 11550

Phone: (516) 493-4200

FEE

The People of the State of New York
vs.
Hisbay H. Ali

Certificate of DispositionDocket Number: **CR-007536-15NA**Legacy Docket Number: **2015NA007536**

Defendant DOB: 12/01/1981

Arrest Date: 03/28/2015

Arraignment Date: 04/20/2015

THIS IS TO CERTIFY that the undersigned has examined the files of the Nassau District Court concerning the above entitled matter and finds the following:

Number of Counts	Ticket No.	Incident Date	Sentence Charge	Charge Description	Charge Weight	Conviction Type	Conviction/Sentence Date	Sentence Highlight
1	M211462JLX	03/28/2015	VTL 1192 2-AA	Aggravated DWI:Per Se-No Prior	UM	Pled Guilty	04/19/2016	• Imprisonment (10 days) • License Revoked (6 Months) • Probation (3 Years) • Surcharge (CVAF (\$25.00), MS (\$175.00), Addtl (\$170.00), Supp (\$25.00)/30 d - due 06/21/2016) • Fine (\$1000.00/30 d - due 06/21/2016)
1	M211462JN6	03/28/2015	VTL 0509 01	MV License Viol:No License	I	Pled Guilty	04/19/2016	• Surcharge (CVAF (\$5.00), MS (\$55.00), Addtl (\$28.00)/30 d - due 06/21/2016) • Fine (\$100.00/30 d - due 06/21/2016)
1	M211462J4P	03/28/2015	VTL 1180 0B	Speed Viol:Exceed 55 Mph	I	Pled Guilty	04/19/2016	• Surcharge (CVAF (\$5.00), MS (\$55.00), Addtl (\$28.00)/30 d - due 06/21/2016) • Fine (\$100.00/30 d - due 06/21/2016)

All fines, fees & surcharges imposed at sentence are paid in full.

Charge Weight Key: I=Infraction; V=Violation; AM, BM=Class Misdemeanor; UM=Unclassified Misdemeanor; AF, BF, CF, DF, EF=Class Felony

Dated: November 6, 2020**ANGELA DILIBERTI**

Chief Clerk/Clerk of the Court

CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT SEAL

Pursuant to Judiciary Law § 212.2(z), a certificate of disposition for the public contains only records of convictions, if any, and information about pending cases. Conviction charges may not be the same as the original arrest charges.

Certificate #: U-000055917-F

Page 1 of 1

**NASSAU DISTRICT COURT**

99 Main Street, Hempstead, NY 11550

Phone: (516) 493-4200

FEE

The People of the State of New York

vs.

Hisbay H. Ali**Certificate of Disposition**Docket Number: **CR-011207-15NA**Legacy Docket Number: **2015NA011207**

Defendant DOB:

Arrest Date: **06/01/2015**Arraignment Date: **06/01/2015**

THIS IS TO CERTIFY that the undersigned has examined the files of the **Nassau District Court** concerning the above entitled matter and finds the following:

Number of Counts	Ticket No.	Incident Date	Sentence Charge	Charge Description	Charge Weight	Conviction Type	Conviction/Sentence Date	Sentence Highlight
1	Z66700QBG8	06/01/2015	VTL 1192 2-AA	Aggravated DWI:Per Se-No Prior	UM	Pled Guilty	11/20/2015	• Imprisonment (6 months) • Fine (\$2000.00 - due 08/31/2016) • Probation (3 Years) • License Revoked (6 Months) • Surcharge (CVAF (\$25.00), MS (\$175.00), Addtl (\$170.00), Supp (\$25.00) - due 08/31/2016)
1	Z66700QDG8	06/01/2015	VTL 0511 02A2	Agg Unlicensed Operation-2nd	UM	Pled Guilty	03/11/2016	• Surcharge (CVAF (\$5.00), MS (\$55.00), Addtl (\$28.00) - due 08/31/2016) • Fine (\$500.00 - due 08/31/2016) • Imprisonment (7 days) • Probation (3 Years)

All fines, fees & surcharges imposed at sentence are paid in full.

Charge Weight Key: I=Infraction; V=Violation; AM, BM=Class Misdemeanor; UM=Unclassified Misdemeanor; AF, BF, CF, DF, EF=Class Felony

Dated: **November 6, 2020****ANGELA DILIBERTI**

Chief Clerk/Clerk of the Court

CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT SEAL

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**NASSAU DISTRICT COURT**

99 Main Street, Hempstead, NY 11550

Phone: (516) 493-4200

FEE
 Non-Public
 Version

The People of the State of New York
 vs.
Hisbay H. Ali

Certificate of DispositionDocket Number: **CR-011207-15NA**Legacy Docket Number: **2015NA011207**

Defendant DOB:

Arrest Date: **06/01/2015**Arraignment Date: **06/01/2015**

THIS IS TO CERTIFY that the undersigned has examined the files of the Nassau District Court concerning the above entitled matter and finds the following:

Count #	Charge	Charge Weight	Disposition	Disposition Date
1	VTL 0511 03 EF Aggravated Unlic Oper/MV-1st	EF	Amended to (Count #12)	03/11/2016
2	VTL 1192 02 UM Oper MV Bac .08 Of 1% -1st Off	UM	Covered by (Count #3)	11/20/2015
4	VTL 1192 03 UM DWI- 1st Offense	UM	Covered by (Count #3)	11/20/2015
5	VTL 0511 01A UM Aggravated Unlic Oper Veh-3rd	UM	Covered by (Count #3)	11/20/2015
6	VTL 0511 01A UM Aggravated Unlic Oper Veh-3rd	UM	Covered by (Count #3)	11/20/2015
7	VTL 1163 0A I Unsafe Turn/Fail To Signal	I	Covered by (Count #3)	11/20/2015
8	VTL 1163 0D I Ill Signal:Parked	I	Covered by (Count #3)	11/20/2015
9	VTL 1163 0D I Ill Signal:Parked	I	Covered by (Count #3)	11/20/2015
10	VTL 0509 01 I MV License Viol:No License	I	Covered by (Count #3)	11/20/2015

Count #	Ticket No.	Incident Date	Sentence Charge	Charge Description	Charge Weight	Conviction Type	Conviction/Sentence Date	Sentence Highlight
3	Z66700QBG8	06/01/2015	VTL 1192 2-AA	Aggravated DWI:Per Se-No Prior	UM	Pled Guilty	11/20/2015	• Imprisonment (6 months) • Fine (\$2000.00 - due 08/31/2016) • Probation (3 Years) • License Revoked (6 Months) • Surcharge (MS (\$175.00), Addtl (\$170.00), Supp (\$25.00), CVAF (\$25.00) - due 08/31/2016)
12	Z66700QDG8	06/01/2015	VTL 0511 02A2	Agg Unlicensed Operation-2nd	UM	Pled Guilty	03/11/2016	• Surcharge (MS (\$55.00), Addtl (\$28.00), CVAF (\$5.00) - due 08/31/2016) • Fine (\$500.00 - due 08/31/2016) • Imprisonment (7 days) • Probation (3 Years)

All fines, fees & surcharges imposed at sentence are paid in full.

Charge Weight Key: I=Infraction; V=Violation; AM, BM=Class Misdemeanor; UM=Unclassified Misdemeanor; AF, BF, CF, DF, EF=Class Felony

Dated: **June 12, 2020****ANGELA DILIBERTI**

Chief Clerk/Clerk of the Court

CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT SEAL

Conviction charges may not be the same as the original arrest charges.



NASSAU DISTRICT COURT

99 Main Street, Hempstead, NY 11550

Phone: (516) 493-4200

FEE
Non-Public
Version

The People of the State of New York

vs.

Hisbay H. Ali

Certificate of Disposition

Docket Number: **CR-007536-15NA**

Legacy Docket Number: **2015NA007536**

Defendant DOB:

Arrest Date: **03/28/2015**

Arraignment Date: **04/20/2015**

THIS IS TO CERTIFY that the undersigned has examined the files of the **Nassau District Court** concerning the above entitled matter and finds the following:

Count #	Charge	Charge Weight	Disposition		Disposition Date			
1	VTL 1192 03 UM DWI- 1st Offense	UM	Covered by (Count #2)		04/19/2016			
5	VTL 1128 0A I Moved From Lane Unsafely	I	Covered by (Count #2)		04/19/2016			
6	VTL 1163 0D I Ill Signal:Parked	I	Covered by (Count #2)		04/19/2016			
7	VTL 1131 I Driving On Shoulders/Slopes	I	Covered by (Count #2)		04/19/2016			
8	VTL 1102 I Failure To Obey Police Officer	I	Covered by (Count #2)		04/19/2016			
9	VTL 1192 02 UM Oper MV Bac .08 Of 1% -1st Off	UM	Covered by (Count #2)		04/19/2016			
Count #	Ticket No.	Incident Date	Sentence Charge	Charge Description	Charge Weight	Conviction Type	Conviction/ Sentence Date	Sentence Highlight
2	M211462JLX	03/28/2015	VTL 1192 2-AA	Aggravated DWI:Per Se-No Prior	UM	Pled Guilty	04/19/2016	• Imprisonment (10 days) • License Revoked (6 Months) • Probation (3 Years) • Surcharge (MS (\$175.00), Addtl (\$170.00), Supp (\$25.00), CVAF (\$25.00)/30 d - due 06/21/2016) • Fine (\$1000.00/30 d - due 06/21/2016)
3	M211462JN6	03/28/2015	VTL 0509 01	MV License Viol:No License	I	Pled Guilty	04/19/2016	• Surcharge (MS (\$55.00), Addtl (\$28.00), CVAF (\$5.00)/30 d - due 06/21/2016) • Fine (\$100.00/30 d - due 06/21/2016)
4	M211462J4P	03/28/2015	VTL 1180 0B	Speed Viol:Exceed 55 Mph	I	Pled Guilty	04/19/2016	• Surcharge (MS (\$55.00), Addtl (\$28.00), CVAF (\$5.00)/30 d - due 06/21/2016) • Fine (\$100.00/30 d - due 06/21/2016)

All fines, fees & surcharges imposed at sentence are paid in full.

Charge Weight Key: I=Infraction; V=Violation; AM, BM=Class Misdemeanor; UM=Unclassified Misdemeanor; AF, BF, CF, DF, EF=Class Felony

Dated: **June 12, 2020**

ANGELA DILIBERTI

Chief Clerk/Clerk of the Court

CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT SEAL

Conviction charges may not be the same as the original arrest charges.
Charges may not be the same as the original arrest charges.

LAURA CURRAN
COUNTY EXECUTIVE



JOHN PLACKIS
PROBATION DIRECTOR

NASSAU COUNTY PROBATION DEPARTMENT
400 COUNTY SEAT DRIVE
MINEOLA, NY 11501-4823

7-23-2019

Hisbay Ali
1 RICHARD AVENUE
Apt 6
Hicksville, NY 11801

Re: NY-394228051

Dear Mr. Ali:

Please be advised you have been discharged from probation supervision effective 7-06-2019. As you are no longer under probation supervision the condition of probation requiring you to install and maintain an Ignition Interlock device in any vehicle registered to or driven by you is no longer in effect. You are advised that being released from probation will have no effect on your DMV restriction and you may not drive without an ignition interlock device until you clear the restriction with DMV.

We wish you success in your future endeavors.

Sincerely,

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive, Reno, Nevada 89521

775/688-2559

IMPORTANT:

1. Notify Nevada State Board of Medical Examiners of change of address immediately.
2. Report any loss of wallet ID card immediately.
3. Keep this receipt for your records.

FEE RECEIPT

This certifies that \$ 1071.00 has been received on 12/31/20 for:

Hisbay Haider Ali, M.D.
Richard Avenue
Hicksville, NY 11801

who holds Active status Medical Doctor licensure in the state of Nevada in accordance with Nevada Revised Statutes Chapter 630. License expires: 6/30/2021.

THIS IS YOUR WALLET ID. CARD. SIGN, DETACH AND CARRY IT WITH YOU AS YOU WOULD YOUR DRIVER'S LICENSE. THERE IS A FEE TO REPLACE THIS CARD.



NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive, Reno, Nevada 89521

This certifies that:

Hisbay Haider ALI, M.D. holds Active status Medical Doctor licensure in the state of Nevada in accordance with Nevada Revised Statutes Chapter 630.

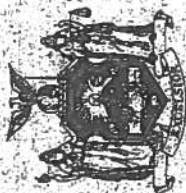
License No: 20660

Effective: 12/31/2020

Expires: 6/30/2021

Licensee Signature

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT

HISBAY HAIDER ALI

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE

MEDICINE AND SURGERY

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
UNDER ITS SEAL AT ALBANY, NEW YORK
THIS TWENTY-FOURTH DAY OF APRIL, 2017.

W. Paul Allen
COMMISSIONER OF EDUCATION

LICENSE NUMBER
288745



D. E. Pell
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

Stephen J. Vane
EXECUTIVE SECRETARY
STATE BOARD FOR
MEDICINE

The Nevada State Board of Medical Examiners



This Certifies That
Hisbay Haider Ali

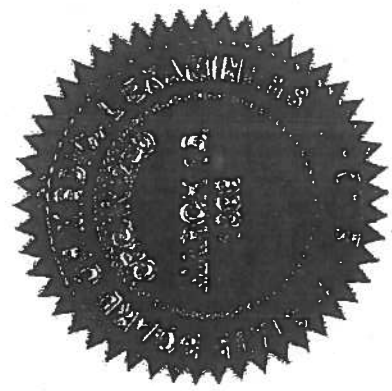
Holding a Medical Degree From:
St. George's University School of Medicine *Dated:* 2008

having fulfilled all the requirements of the laws of Nevada and possessing the prescribed qualifications
is hereby licensed to practice medicine in the State of Nevada.

In Witness Whereof The Nevada State Board of Medical Examiners
has caused this license to be executed under our hands,
and attested by the Seal of this Board.

No. 20660

Done this 31st day of December Two Thousand 20



D Prabhakar Rachak-mdg, M.D.
President

Spilmasolucca
Secretary

To: Licensee/Registrant

- ◆ Please review the Registration Certificate below to be sure the information on it is correct.
- ◆ If any of the information is not correct, please contact us at OPREGFEE@mail.nysed.gov or (518) 474-3817, Ext. 410.
- ◆ If the information is correct, sign above the Licensee/Registrant block and please destroy any previous Registration Certificates you may have, as certificates with incorrect information are not valid and should not be kept.
- ◆ Should your address or name change, please notify us as described on the reverse and a new certificate will be issued.

UPON RECEIPT OF THIS REGISTRATION CERTIFICATE YOUR PREVIOUSLY ISSUED REGISTRATION CERTIFICATE IS NULL AND VOID. PLEASE DESTROY THE PREVIOUSLY ISSUED REGISTRATION CERTIFICATE.

SEE BACK FOR IMPORTANT INFORMATION

**The University of the State of New York
Education Department
Office of the Professions
REGISTRATION CERTIFICATE
Do not accept a copy of this certificate**

License Number: 288745-01

Certificate Number: 1021475



ALI HISBAY HAIDER
STONY BROOK
PSYCHIATRIC
HSC LEVEL 10 RM 020
STONY BROOK

NY 11794-8101

is registered to practice in New York State through 09/30/2022 as a(n)
PHYSICIAN

LICENSEE/REGISTRANT

Stephen J. Bene
EXECUTIVE SECRETARY

Sharon L. Tate
INTERIM COMMISSIONER OF EDUCATION

Sarah A. Benson
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.

11B

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable \$200 fee

Rev (02/11/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: Chester Middle: Pick Last: Wright
Date of Birth: _____ SSN or ITIN: _____ Sex: ☒ M ☐ F ☐ X
Home Address: Luce Del Sole
City: Henderson State: NV Zip: 89011
Telephone: _____ Email: _____
Degree: MD Practitioner License #: 20699 Specialty: Internal Medicine

(You MUST have a current and active license with your respective BOARD to request and hold a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): _____
Practice Address: 7020 Smoke Ranch Rd Suite #: 110
City: Las Vegas State: NV Zip: 89128
(This must be a practicing address. A license will not be issued to a home address or to a PO Box.)
Telephone: 702-796-3847 Fax: _____ Email: _____

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?	☐	☒
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?	☐	☒
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?	☐	☒

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: Personal and Professional History						Yes	No
1. 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?						☒	☐
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?						☐	☒
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?						☐	☒
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?						☐	☒
If you marked YES to any questions above, include the following information and provide a signed statement of explanation . Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.							
Board Administrative Action:		State:		Date:		Case #:	
Criminal Action:		State:	Date:	Case #:	County:	Court:	

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.

Chester Wright
Print Name (First, Last)

2/24/2021
Date

Chester Wright
Original Signature (electronic, copies or stamps not accepted)

2/24/2021
Date

Board Use Only: Date Processed: _____ Amount: 200

Check #1009

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

2/24/2021

RE: Controlled Substance Application
 Applicant Chester D. Wright MD

Question #4: Personal and professional History

I elected and self admitted for treatment at Betty Ford in Palm Springs, CA from 2/23/1914 to 5/30/2014 for alcohol dependence. I underwent a successful 5 year monitoring program in the state of Montana under MPAP (Montana Professional Assistance Program). During the last 7 years I also served as a professional monitor to multiple physicians and dentists in Montana for MPAP.

MPAP Director Mike Rameriz, address 3333 2nd Ave STE 100 Billings, MT 59101, phone 406-245-4300, mpap@mtphp.net. I was released from this program 2 years ago. For the last 7 years I have been and continue to be 100% abstinent from alcohol, Nor do I use any mood altering substances.

I continued to have a successful internal medicine practice in Missoula, MT at Montana Internal Medicine until my retirement from my Montana internal medicine practice 10/1/2020.

I am currently looking at doing concierge internal medicine on a part time basis in Las Vegas, NV.

Your attention is greatly appreciated

Chester D. Wright MD
 Luce Del Sole
 Henderson, NV 89011
 Home Address

Office address
 7020 Smoke Ranch Road
 Suite #110
 Las Vegas, NV 89128
 702-796-3847 office phone



Chester D. Wright MD
 NV License #20699

**MONTANA
PROFESSIONAL**



**ASSISTANCE
PROGRAM**

Michael Metzger, MD
Medical Director

Michael J. Ramirez, MS
Clinical Director

Megan C. McGauley, RN, BSN
Clinical Coordinator

Cecilia Zinnikas, MHR
Clinical Coordinator

Amber Roane
Administrative Assistant

Board of Directors

David Carlson, MD

Nels Swandal, Esq.

Steve Mosby, DDS

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Tracy Rausch, MD

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Gus Varnavas, MD

Chris Mangen, Esq.

Kimberly VanDelinder, CPA

Jim Peak, MD

David Sampedro, RPh.

Tara Salley, PA-C

Kathy Julita, MD

Montana Professional
Assistance Program,
Inc.

3333 Second Ave. N.
Suite 100
Billings, MT 59101

406/245-4300
Fax: 406/245-4432

April 6, 2021

CONFIDENTIAL – FURTHER DISCLOSURE PROHIBITED

Nevada State Board of Pharmacy
985 Damon's Ranch Parkway
Suite #206

Reno, Nevada 89521

SUBMITTED ELECTRONICALLY to pharmacy@pharmacy.nv.gov

RE: Chester Wright, M.D., former MPAP Participant #260

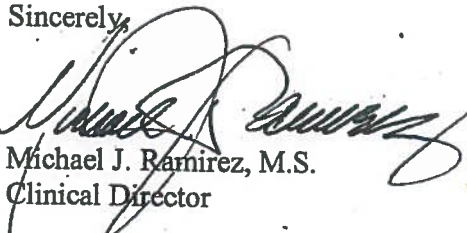
Dear Board Members:

I have been asked by our former participant to provide clinical summary of his participation in the Montana Professional Assistance Program, Inc. I am happy to do so. Dr. Chester Wright completed satisfactorily the compulsory five-year period of continuing care monitoring with the Montana Professional Assistance Program, effective 6/2/2019. He participated in the confidential, non-disciplinary track of monitoring. Results of all random toxicology submitted by the participant during the period of observation were negative for prohibited substances. Reports from the monitoring network were favorable, without exception. He participated fully in our continuing care requirements.

The condition for which Dr. Wright was monitored was in stable, sustained full remission at the time of discharge from monitoring. Dr. Wright was discharged with staff approval. He was judged to be capable of continuing to practice medicine with reasonable safety at the time of discharge from monitoring.

Thank you for your consideration in this matter. Should you require further information or clarification regarding the status of our former participant, kindly so advise.

Sincerely,


Michael J. Ramirez, M.S.
Clinical Director

PEER REVIEW COMMUNICATION

This information is considered privileged and confidential in accordance with peer review statutes governing information from the Physician Assistance Program (Title 57, Chapter 3, Part 208, Montana Code Annotated). The proceedings and records of the program created by the board pursuant to 37-3-253(1)(a), MCA relating to a physician who has received assistance from the program are considered to be proceedings and records of a professional standards review committee under 37-3-201, MCA and are not subject to discovery or introduction into evidence in any administrative or judicial proceeding, except that the proceedings and records of the program as they pertain to a physician are subject to discovery or introduction into evidence in a disciplinary proceeding before the board against the physician.

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: New York 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
Record

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.

PAGE NO. 1

1203.4 PC DISMISSAL/NON-APPR
HEARING DATE: 02/27/17





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.

RECEIVED FROM APPLICANT PUBLIC DOCUMENT

FOLD HERE										BOOKING AND IDENTIFICATION RECORD											
BOOKING NO. 4064496	U.O. 4212	LOC.BKD.	DP	STATE CA	MT N	Work Assignment PROCESSED	6-29-2014														
ARRESTEE'S LAST NAME STEWART		FIRST PIPPA		MIDDLE	SUF.	DATE	LA 26409894														
ADDRESS 6928 CREBS AVE				APT. NO.		DATE	FBI														
CITY RESEDA		STATE CA		ALL		MAIN		FBI													
SEX F	DESCENT B	HAIR BLK	EYES BRO	HEIGHT 510	WEIGHT 230	BIRTHDATE 47	AGE	CDC #		PROBATION #											
VEHICLE LIC. NO.		STATE	R.D.	AXA LAST FIRST OR NICKNAME	0727		RUNNER		A.L. CWYS WARR. ABS. RLSE PAC. AWOL												
BIRTHPLACE BROOKLYN NY		PROB. INV. UNIT 05	JUV. DETAINED AT	AD. CHG. N		DATE		SERIAL # DATE													
DIVISION 4205	DETAIL ARRESTING W	DATE ARRESTED 081414		TIME ARR. 1115		TIME BKD. 1543		NOV													
LOCATION OF ARREST 110 N LA BREA AV				BAIL 20000		TOTAL BAIL 20000		606319/6													
TYP. CHARGE & CODE F 487(A)PC		DEFINITION GRAND THEFT		WARRANT NO. 0		SOCIAL SECURITY NO.															
ARRAIGN. DATE				TIME	COURT	LOCATION CRIME COMMITTED 19191 S VERMONT AVE				R.D.	RESIDENCE PHONE NO. 0505										
EMPLOYER/SCHOOL KAISERPERMANENTE				OCCUPATION NURSE PRACTITIO				PHYS. COND. BLOND BRAIDS, SCAR ON ABDOMEN.				EXACT LOCATION / DISPOSITION ARRESTEE'S VEHICLE PED									
CLOTHING WORN BRO NURSING SCRUBS, BLK SHOES.				IN CASE OF EMERGENCY, NOTIFY MIDLRED- MOM 818 469 9996										HAS HEPATITIS N							
ARRESTING OFFICER NELSON				SERIAL NO. 37801	SERIAL # OF CR. CHECKING CWYS 37801		BOOKING EMPLOYEE HURTADO		SERIAL NO. 41066	PROP. BAG # 02973454	RETAINED 0.00	CASH 0.00	DEPOSITED								
SEARCHING OFFICER HURTADO				SERIAL NO. 41066	2ND ARR. OFFICER 2NDARR		TRANSPORTING OFFICER NELSON		SERIAL NO. 37801	ECIR READING	SUPV. APPROVING BKG SER # 30785		ROBERTS								
PROPERTY																					
KEYS, WHT PHONE CHARGER, BLK LACES, BLK I PHONE, WORK NAME BADGE, BATTE RY CHARGER, ONE MASTER CARD, **CAL ID**																					

OCT 14 2014 8 503

AGO - 037



THIS IS A TRUE CERTIFIED COPY OF
THE DOCUMENT FILED IN THE LOS
ANGELES POLICE DEPARTMENT'S
RECORDS & IDENTIFICATION DIVISION

BY *p. 14h* SERIAL *18949*
DIVISION DATED

CONTINUATION SHEET

Los Angeles Police Department

PAGE NO. 2		TYPE OF REPORT Arrest				BOOKING NO. 4064496		DR NO. 1405-06079	
ITEM NO.	QU AN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)			DOLLAR VALUE

Deft: Stewart, Pippa

DOB:

Charge: 487(a) PC – Grand Theft

Source of Activity

On 08-14-14 I (Ofcr Nelson #37801) was assigned to Harbor Division, Burglary Detectives, 5W74. I was assigned investigative responsibility of an Embezzlement case in May of 2014. I conducted a follow up to Kaiser Hospital located at 110 N La Brea Ave, Inglewood (Incident #140814002111) along with Officer B. Nelson #24283 and Det III Gibson #32645 to arrest the above defendant for Grand Theft based upon my investigation.

Investigation

My investigation is detailed within my follow up report, see that report for further.

In summary:

Stewart was an hourly paid Nurse Practitioner for Health Care Partners at Urgent Care facilities. From July 2012 through November 2013 Stewart was submitting electronic timecards for hours she did not work. In total, she fraudulently claimed to have worked in excess of 1100 hours and was paid approximately \$65,000.

Arrest

The Suspect was arrested for 487 (a) PC – Grand Theft.

Injuries/Medical Treatment

None.

Photographs

None

Booking

The Suspect was booked at 77th jail upon the approval of Harbor division watch commander Lt Roberts #30795 and the advice of Detective III Gibson #32645.

Evidence

None.

Court Information

I can testify to this report.

AGO - 040

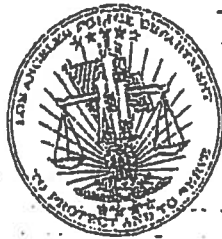
**LOS ANGELES POLICE DEPARTMENT
INVESTIGATIVE ACTION / STATEMENT FORM**

Page **3** of **3**

Tape No.		If recording an officer's action, complete shaded areas and statement section only.		Inc. No. 140814002111		DR or Bkg. No. 1405-06079	
Witness No.		Name STEWART, PIPPA		Date/Time of Interview 8-11-14 12:18-14:15		Location of Interview Harbor Station RM 175	
Residence Address		City		Zip Code		Phone	
Business Address		City		Zip Code		Phone	
Sex	Descent	Hair	Eyes	Height	Weight	DOB	Age
Driver Lic. No/Other ID						State	
Interviewing/Reporting Officer Nelson				Serial No. 37801		Division Harbor	
MIRANDA ADMONITION 1. You have the right to remain silent. Do you understand? YES 2. Anything you say may be used against you in court. Do you understand? YES 3. You have the right to the presence of an attorney before and during any questioning. Do you understand? YES 4. If you cannot afford an attorney, one will be appointed for you, free of charge, before any questioning if you want. Do you understand? YES				Officer Completing Nelson		Serial No. 37801	

Statement: Include who, what, when, where, why, and how.

SEE FOLLOW UP REPORT



THIS IS A TRUE CERTIFIED COPY OF
THE DOCUMENT FILED IN THE LOS
ANGELES POLICE DEPARTMENT'S
RECORDS & IDENTIFICATION DIVISION
BY P. Taylor SERIAL U 8944
DIVISION..... DATED.....

CASE SCREENING FACTOR(S)		REPORT OF: Embezzlement		INVEST DIV. INC # Harb 140221001423		MULTIPLE DRGS ON THIS REPORT	
☐ SUSPECT/VEHICLE NOT SEEN ☒ PRINTS OR OTHER EVIDENCE NOT PRESENT ☐ NO NOT DISTINCT ☐ PROPERTY LOSS LESS THAN \$5,000 ☒ NO SERIOUS INJURY TO VICTIM ☒ ONLY ONE VICTIM INVOLVED		VICTIM		LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS) Healthcare Partners SEX M DESC W HT 5'05" WT 145 AGE 42 DOB 11/05/06		DR # 1405-06079 ADDRESS 213/841-3373 E-MAIL ADDRESS S. Vermont Ave Torrance DR. LIC. NO. (IF NONE, OTHER ID & NO.) 213/841-3373 FOREIGN LANGUAGE SPOKEN Business OCCUPATION Business	
PREMISES (SPECIFIC TYPE) Medical office ☐ ATM ENTRY ASBURY POINT OF ENTRY POINT OF EXIT 505 LOCATION OF OCCURRENCE 505 SAME AS VS ☐ RES. ☒ BUS. R.D. 505 PRINTS BY PREL. INV. ☐ ATTEMPT OBTAINED ☐ Y ☒ N		DATE & TIME OF OCCURRENCE 7/26/13 0800 - 11/11/14 0800 DATE & TIME REPORTED TO PD 2/21/14 0945 TYPE PROPERTY STOLEN/LOST/DAMAGED US Currency \$ 65,000 STOLEN/LOST/RECOVERED RECOVERED EST. DAMAGED ARSON/VAND. \$		VICT'S VEH. (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO. Det Camacho Burg NOTIFICATIONS (PERSON & DIVISION) Det Camacho Burg CONNECTED REPORT(S) (TYPE & DR #) 505		MO IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE. Suspect (employee of vict) entered hours she did not work into victim's timekeeping system causing victim to pay her over \$65,000.	
REPORTING EMPLOYEE(S) Blomeley 34603 Harb INITIALS, LAST NAME Blomeley SERIAL NO. 34603 DIV./DETAIL Harb PERSON REPORTING Deske SIGNATURE Deske OR RECEIVED BY PHONE ☐		MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM ☒ HATE CRIME/ACCIDENT ☐ DOMESTIC VIOLENCE ☐		NOTE: IF SHORT FORM AND VICTIM/PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.		COMPLETE BELOW SECTIONS IF ANY CASE SCREENING FACTOR(S) BOXES ARE CHECKED.	
SUSP'S VEHICLE 5-1 YEAR F MAKE B MODEL Bro TYPE unk COLOR 507 INTERIOR 200 EXTERIOR 505 BODY 505 WINDOWS 505		SUSP'S VEHICLE 5-1 YEAR F MAKE B MODEL Bro TYPE unk COLOR 507 INTERIOR 200 EXTERIOR 505 BODY 505 WINDOWS 505		SUSP'S VEHICLE 5-1 YEAR F MAKE B MODEL Bro TYPE unk COLOR 507 INTERIOR 200 EXTERIOR 505 BODY 505 WINDOWS 505		SUSP'S VEHICLE 5-1 YEAR F MAKE B MODEL Bro TYPE unk COLOR 507 INTERIOR 200 EXTERIOR 505 BODY 505 WINDOWS 505	
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INVOLVED PERSON(S) W - WITNESS; R - PERSON RPTG.; S - PERSON SECURING (459); D - PERSON DISCOVERING (459); P - PARENT; NAME Erickson Diane F W SEX F DESC W ADDRESS 5 W Olympic Blvd LA 90019 CITY LA ZIP 90019 PHONE 213/861-5768		INVOLVED PERSON(S) W - WITNESS; R - PERSON RPTG.; S - PERSON SECURING (459); D - PERSON DISCOVERING (459); P - PARENT; NAME Erickson Diane F W SEX F DESC W ADDRESS 5 W Olympic Blvd LA 90019 CITY LA ZIP 90019 PHONE 213/861-5768		INVOLVED PERSON(S) W - WITNESS; R - PERSON RPTG.; S - PERSON SECURING (459); D - PERSON DISCOVERING (459); P - PARENT; NAME Erickson Diane F W SEX F DESC W ADDRESS 5 W Olympic Blvd LA 90019 CITY LA ZIP 90019 PHONE 213/861-5768		INVOLVED PERSON(S) W - WITNESS; R - PERSON RPTG.; S - PERSON SECURING (459); D - PERSON DISCOVERING (459); P - PARENT; NAME Erickson Diane F W SEX F DESC W ADDRESS 5 W Olympic Blvd LA 90019 CITY LA ZIP 90019 PHONE 213/861-5768	
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NAME Erickson Diane F W SEX F DESC W ADDRESS 5 W Olympic Blvd LA 90019							

CATEGORY AGO-043

140506079

2/2

Source of Activity

On 02/21/14 at 0945 hours, I, Officer Blomeley Serial No 34603, was assigned to Harbor Division front desk when the PR came in to the station to file an embezzlement report.

Investigation

The victim is the Healthcare Partners medical group. The suspect is a former employee/nurse that worked for the victim. The PR is the Human Resources manager for the victim.

The PR stated that a timekeeping audit was conducted in November 2013 which caused an internal investigation of the suspect's hours worked. The PR explained that the suspect worked at two medical offices so she was allowed make her own timekeeping entries. The PR believes that the suspect possibly used a remote computer to access the victim's timekeeping system to enter hours that she did not work.

The PR provided supporting documentation that the suspect showed herself working on 98 days for a total of 1177 hours at approx. \$55.00 per hour for days/hours she did not work. The total dollar amount that the suspect embezzled was \$65,161.00. The first entry occurred on 07/26/13 and the last entry occurred on 11/01/13. The victim suspended the suspect from work in 11/09/13 then terminated her on 11/17/13. The suspect was terminated for falsification of timekeeping records.

Detective Camacho spoke with the PR and advised what further documentation would be needed. Attached are the documents the PR provided. The PR will email Detective Camacho the other information.

Court Information

I can testify to the contents of this report.

Photos

None

Injuries

None

Evidence

None

Canvassing

None

Property Taken

1 1 US Currency

\$65161.00
Total \$65,161.00



THIS IS A TRUE CERTIFIED COPY OF
THE DOCUMENT FILED IN THE LOS
ANGELES POLICE DEPARTMENT'S
RECORDS & IDENTIFICATION DIVISION

BY S. F. SERIAL 11127
DIVISION REI DATED 8-8-14

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.

PAGE NO. 1

1203.4 PC DISMISSAL/NON-APPR
HEARING DATE: 02/27/17



CASE NO. NA100240
DEF NO. 01

DATE PRINTED 03/06/17

.
MINUTE ORDER FORWARDED VIA U.S MAIL AS FOLLOWS:
JOHN J STANLEY, ATTORNEY AT LAW.
5200 LANKERSHIP BLVD.
SUITE 850
NORTH HOLLYWOOD, CA 91601

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:
DISMISSD PURSUANT TO 1203.4 PC

PAGE NO. 2

1203.4 PC DISMISSAL/NON-APPR
HEARING DATE: 02/27/17

**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

PIPPA ANN STEWART

Registered Nurse License No. 448180
Nurse Practitioner Certificate No. 9499
Nurse Practitioner Furnishing Certificate No. 9499

Respondent

Case No. 2016-913

OAH No. 2016090591

ORDER GRANTING STAY OF EXECUTION

On May 2, 2017, the Board of Registered Nursing adopted the Proposed Decision of the Administrative Law Judge in the above-captioned matter. Respondent timely filed an application for reconsideration pursuant to Government Code section 11521 on May 26, 2017.

Pursuant to Section 11521 of the Government Code, the Board hereby issues this stay of the effective date of the Proposed Decision in the above-entitled case for up to ten (10) days. The purpose of the stay is to allow the Board the time to review and consider the application for reconsideration that has been filed. The Proposed Decision is set to become effective on June 1, 2017. The new effective date of the Proposed Decision will be June 9, 2017 at 12:01 a.m.

Dated: May 26, 2017.



JOSEPH MORRIS, PhD, MSN, RN
EXECUTIVE OFFICER
BOARD OF REGISTERED NURSING
STATE OF CALIFORNIA

1 KAMALA D. HARRIS
 Attorney General of California
 2 LINDA K. SCHNEIDER
 Senior Assistant Attorney General
 3 ARMANDO ZAMBRANO
 Supervising Deputy Attorney General
 4 State Bar No. 225325
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 897-2542
 6 Facsimile: (213) 897-2804

7 *Attorneys for Complainant*

8
 9 **BEFORE THE**
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

10
 11 In the Matter of the Accusation Against:

Case No. **2016-913**

12 **PIPPA ANN STEWART**
 6928 Crebs Ave.
 13 Reseda, CA 91335

ACCUSATION

14 Registered Nurse License No. 448180
 Nurse Practitioner Certificate No. 9499
 15 Nurse Practitioner Furnishing Certificate No.
 9499

16
 17 Respondent.

18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Accusation solely in her
 21 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
 22 Consumer Affairs ("Board").

23 2. On or about December 31, 1989, the Board issued Registered Nurse License No.
 24 448180 to Pippa Ann Stewart ("Respondent"). The Registered Nurse License was in full force
 25 and effect at all times relevant to the charges brought herein and will expire on October 31, 2017,
 26 unless renewed.

27 ///

28 ///

4 4. On or about December 22, 1998, the Board issued Nurse Practitioner Furnishing
5 Certificate No. 9499 to Respondent. The Nurse Practitioner Furnishing Certificate was in full
6 force and effect at all times relevant to the charges brought herein and will expire on October 31,
7 2017, unless renewed.

9 5. This Accusation is brought before the Board under the authority of the following
10 laws. All section references are to the Business and Professions Code ("Code") unless otherwise
11 indicated.

12 6. Section 2750 of the Business and Professions Code (Code) provides, in pertinent part,
13 that the Board may discipline any licensee, including a licensee holding a temporary or an inactive
14 license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing
15 Practice Act.

7. Section 2764 of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under section 2811(b) of the Code, the Board may renew an expired license at any time within eight years after the expiration.

21 | 8. Section 2761 of the Code states, in pertinent part:

22 "The board may take disciplinary action against a certified or licensed nurse or deny an
23 application for a certificate or license for any of the following:

24 "(a) Unprofessional conduct. . . .

25 ||

26 "(f) Conviction of a felony or of any offense substantially related to the qualifications,
27 functions, and duties of a registered nurse, in which event the record of the conviction shall be
28 conclusive evidence thereof. . . ."

9. California Code of Regulations, title 16, section 1444, states, in pertinent part:
 AA conviction or act shall be considered to be substantially related to the qualifications, functions or duties of a registered nurse if to a substantial degree it evidences the present or potential unfitness of a registered nurse to practice in a manner consistent with the public health, safety, or welfare. . . .”

COST RECOVERY

10. Section 125.3 of the Code provides that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licentiate to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FIRST CAUSE FOR DISCIPLINE

(Conviction of a Substantially Related Crime)

11. Respondent is subject to disciplinary action under Code section 2761, subdivision (f), in conjunction with California Code of Regulations, title 16, section 1444, in that Respondent was convicted of crimes substantially related to the qualifications, functions, or duties of a registered nurse. The facts and circumstances are as follows:

a. On or about March 18, 2015, Respondent was convicted on his plea of nolo contendere to one felony count of violating Penal Code section 487, subdivision (a) [grand theft of personal property, to wit \$65,161.00], in the criminal proceeding entitled *The People of the State of California v. Pippa Stewart* (Super. Ct. L.A. County, 2015, No. NA100240). The Court ordered Respondent to pay \$65,161.00. On or about September 18, 2015, the Court ordered to amend one felony count to one misdemeanor count, and placed Respondent on three years summary probation.

b. The circumstances underlying the conviction are that on or between June 2012 to November 2013, Respondent was employed at Health Care Partners (“HCP”) and was working at multiple HCP locations. On April 15, 2013, Respondent was solely assigned to HCP's Roscoe

1 location. During that time, Respondent sent text messages to a manager requesting to enter her
 2 hours even when she did not work. An audit showed that Respondent's electronic time card and
 3 the records of patient clinical notes did not match. The days that Respondent claimed that she
 4 worked did not have records of patient encounter data.

5 THIRD CAUSE FOR DISCIPLINE

6 (Unprofessional Conduct)

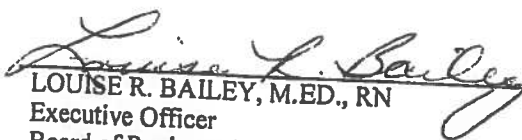
7 12. Respondent is subject to disciplinary action under Code section 2761, subdivisions
 8 (a), in that Respondent committed acts of unprofessional conduct by falsely submitting electronic
 9 time cards for hours she did not work. Complainant refers to and by this reference incorporates
 10 the allegations set forth above in paragraphs 11, as though set forth fully.

11 PRAAYER

12 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
 13 and that following the hearing, the Board issue a decision:

- 14 1. Revoking or suspending Registered Nurse License No. 448180, issued to Pippa Ann
 15 Stewart;
- 16 2. Revoking or suspending Nurse Practitioner Certificate No. 9499, issued to Pippa Ann
 17 Stewart;
- 18 3. Revoking or suspending Nurse Practitioner Furnishing Certificate No. 9499, issued to
 19 Pippa Ann Stewart;
- 20 4. Ordering Pippa Ann Stewart to pay the Board the reasonable costs of the investigation
 21 and enforcement of this case, pursuant to Code section 125.3; and
- 22 5. Taking such other and further action as deemed necessary and proper.

23
 24 DATED: March 15, 2016

25 
 26 LOUISE R. BAILEY, M.ED., RN
 27 Executive Officer
 28 Board of Registered Nursing
 Department of Consumer Affairs
 State of California
 Complainant

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BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

PIPPA ANN STEWART
Registered Nurse License No. 448180,
Nurse Practitioner Certificate No. 9499,
Nurse Practitioner Furnishing Certificate
No. 9499,

Respondent.

Case No. 2016-913

OAH No. 2016090591

PROPOSED DECISION

Jennifer M. Russell, Administrative Law Judge, Office of Administrative Hearings, presided at the hearing in this matter in Los Angeles, California on February 16, 2017. The matter was submitted for decision on the same day.

Steve Pyun, Deputy Attorney General, represented complainant Louise R. Bailey, M.Ed., RN, Executive Officer of the Board of Registered Nursing, Department of Consumer Affairs, State of California. Lindsay M. Johnson, Attorney at Law, represented respondent Pippa Ann Stewart, who was present.

Complainant seeks to discipline respondent's licenses because respondent engaged in unprofessional conduct under the Nursing Practice Act when she was convicted for grand theft as a result of her falsely claiming to have worked providing nursing care and accepting wages based on those claims. Respondent admits to her misconduct and offers evidence of mitigation and rehabilitation. The Administrative Law Judge makes the following Factual Findings, Legal Conclusions, and Order revoking respondent's licenses.

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BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

PIPPA ANN STEWART

Registered Nurse License No. 448180
Nurse Practitioner Certificate No. 9499
Nurse Practitioner Furnishing Certificate No. 9499

Respondent.

Case No. 2016-913

OAH No. 2016090591

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on June 01, 2017.

IT IS SO ORDERED this 02nd day of May, 2017.

Michael D. Jackson, MSA, RN, BCN

Michael D. Jackson, President
Board of Registered Nursing
Department of Consumer Affairs
State of California

FACTUAL FINDINGS

1. Complainant made the Accusation¹ in her official capacity, and respondent filed a timely Notice of Defense.
2. On December 31, 1989, the Board issued Registered Nurse License number 448180 to respondent. The nurse license, which was in full force and effect at all relevant times, is due to expire on October 31, 2017. The license has no history of prior discipline.
3. On October 27, 1997, the Board issued Nurse Practitioner Certificate number 9499 to respondent. The practitioner certificate, which was in full force and effect all relevant times, is due to expire on October 31, 2017.
4. On December 22, 1998, the Board issued Nurse Practitioner Furnishing Certificate number 9499 to respondent. The furnishing certificate, which was in full force and effect at all relevant times, is due to expire on October 31, 2017.

Cause for Discipline

5. It is undisputed that between July 26, 2013 and November 1, 2013, during the course of her per diem employment with HealthCare Partners Medical Group, respondent made timekeeping entries falsely reporting on 98 separate occasions that she worked hours totaling 1,177 hours when in fact she did not do so. As a result of respondent's false reporting, HealthCare Partners paid respondent wages totaling \$65,161 that was not due to her. HealthCare Partners discovered respondent's fraudulent conduct during the course of an internal audit. On November 17, 2013, HealthCare Partners terminated respondent.
6. On March 18, 2015, in *People v. Pippa Ann Stewart* (Super. Ct. Los Angeles County, 2015, NA 100240), respondent was convicted, on her plea of nolo contendere, to violating Penal Code section 487, subdivision (a), grand theft, a felony. The court found a factual basis for respondent's plea, which it entered subject to *People v. West* (1970) 3 Cal.3d 595.² At that time, respondent provided a HealthCare Partners' representative with a check for the amount of \$10,000, and the court ordered respondent to pay a restitution balance totaling \$55,161 in full to avoid the court's imposition of community service. Respondent thereafter liquidated funds from her pension account, which she used to pay the restitution balance. Subsequently, on September 18, 2015, the court deemed the criminal complaint amended to allege a misdemeanor violation of Penal Code section 487, subdivision (a), and

¹ At the administrative hearing the Accusation was amended by interlineation as follows: On page 3 at line 19 the pronoun "his" was omitted and the pronoun "her" was added. On page 4 at line 5 the word "Third" was omitted and the word "Second" was added.

² Specifying that respondent's nolo contendere plea was pursuant to *People v. West* anticipated an amended charge to which respondent would plea for the purpose of receiving a more lenient sentence.

the court, noting that respondent paid restitution in full, suspended imposition of sentence and placed respondent on three years' probation with terms and conditions.

7. Respondent's misconduct and resulting grand theft misdemeanor conviction are substantially related to the qualifications, functions, and duties of a registered nurse and certificated nurse practitioner because, as set forth in Legal Conclusion 3c, such misconduct and conviction involving dishonesty, fraud, and deceit reflect respondent's present or potential unfitness to practice nursing in a manner consistent with the public health, safety, or welfare.

Factors in Aggravation, Mitigation, and Rehabilitation

8. Respondent is a 50-year-old single mother parenting an 11-year-old special needs child and providing care for her 90-year-old mother. At the administrative hearing, respondent explained her employment history as follows: she worked as a per diem nurse practitioner with HealthCare Partners initially at one urgent care facility for 10 years and then rotating through several facilities as needed from 1998 to the time of her November 2013 termination; as a forensic nurse at UCLA Santa Monica Rape Treatment Center without a set work schedule since 2013; as a professor teaching one or two on-line courses at West Coast University since 2012; and as a volunteer at the Venice Family Clinic since 2015. For the past seven years, respondent has been a full-time administrator at Kaiser Permanente (Kaiser) in West Los Angeles, California with oversight responsibilities for the medical office including managing a \$24 million budget, hiring, terminating, and training clinical staff, and making decisions regarding payroll.

9. At the administrative hearing respondent explained how she exploited the disorganization surrounding HealthCare Partners' use of a paper, rather than an electronic, system to report that she worked specific hours she in fact never worked. Respondent appeared cavalier as she testified variously that she had "no good reason" for her misconduct and that she was under pressure to provide financial assistance to "a nephew who was near death in rehab." According to respondent, "There were a lot of things going on. I was working a lot of hours at a lot of places. I was under a lot of stress. I knew at the time that what I was doing was wrong." On cross-examination, respondent was unable to state without equivocation whether she would have stopped if she were not caught. In response to the query, respondent stated, "I'm not sure how to answer the question."

10. Respondent maintained that her misconduct is "an aberration" resulting from "poor decisions." She claimed having "a moral compass" and "stray[ing] from that." She testified that people make mistakes and learn from those mistakes. Respondent asserted, "You have to have a just culture. We all make big and small mistakes; we are all humans." She admitted to making a "huge mistake" while claiming, "I am an honest person." She insisted, "I paid for that mistake from a personal standpoint and from a monetary standpoint. I apologized to a lot of people. I said sorry, and I don't know what else to say. It never occurred before and not since then." She posited that she is a changed person. "I have learned to say no. . . . I have eliminated those who need funds from me. I get sleep. I have

sought counsel with my priest. I take care of myself because I forgot to do that." Respondent identified certain colleagues at Kaiser, her mother and sister, and "several friends who are nurses" as people she informed about her misconduct and to whom she apologized. Queried whether she had informed other persons about her misconduct and conviction, respondent noted that she "most certainly was not broadcasting it. . . . When you go to the Board site there is a link to the accusation. The whole situation has been humiliating. Having somebody read a document like that is humiliating."

11. According to respondent, she convened a meeting with the leadership at the Kaiser where she works even though she "didn't have to tell them" because "they put trust in [her]." "It was the hardest thing. They could have terminated me even though it had nothing to do with Kaiser and I am not protected by the union. They expressed their disappointment and their support." Respondent maintained that her duties and responsibilities at Kaiser were unchanged and that she is under consideration for a promotion there.

12. Joan M. Crawford served as respondent's direct manager at Kaiser for approximately seven years. Ms. Crawford wrote an October 26, 2016 letter stating she is "fully aware of [respondent's] arrest, conviction, and situation with the Board of Registered Nursing" and that respondent's "present situation does not undermine my belief in her integrity, work ethic and continued ability to function as a leader. I have no concerns regarding patient or staff safety in her presence or under her direction." (Exhibit A.) Ms. Crawford additionally prepared a 2016 Performance Appraisal in which she commends respondent's "great knowledge base as a nurse practitioner and leader," "great insight and direction representing the managers and operations," and prudent budget management. (Exhibit G.) Ms. Crawford testified at the administrative hearing, and her testimony was consistent with the content of her October 26, 2016 letter and the 2016 Performance Appraisal she prepared. Ms. Crawford additionally testified that she regards respondent as honest, forthright, respectful, and hardworking. She testified that respondent's conduct was dishonest, but that such conduct does not make respondent dishonest because her dealings with respondent have "only been positive" and "people make mistakes." Ms. Crawford retired from Kaiser in December 2016.

13. Sheree Johnson-Small served as an assistant department administrator under respondent's supervision at Kaiser. Ms. Johnson-Small wrote an undated letter extolling respondent's leadership, knowledge of operational functionality, and fiduciary oversight of a multimillion dollar budget. "Year after year, [respondent] has demonstrated the highest degree of trust and confidence to manage and protect the organization's human resources, property, money, and provide extraordinary care of its assets." (Exhibit C.) Ms. Johnson-Small testified at the administrative hearing, and her testimony revealed that she was not only unknowledgeable about the circumstances leading to respondent's conviction, but also that she was unaware that respondent's conviction was for grand theft. Ms. Johnson-Small's favorable opinion did not change after she was informed about the details of respondent's misconduct. Ms. Johnson-Small regards respondent as honest and forthright. Ms. Johnson-Small testified, "Because [respondent] took responsibility for whatever part she had in that

situation, I don't see that as dishonest. . . . It would be dishonest if she didn't take ownership." Ms. Johnson-Small retired from Kaiser in October 2016.

14. Respondent offered additional reference letters from Kaiser employees including a physician in charge who regards her as "energetically committed to exceptional patient care and services" and who remains "confident that patient safety has not been, nor will be, compromised under her capable administration" and a medical director, who has no reservations about respondent's "ability to perform and execute the requirements of her position." (See Exhibits B and E.) Respondent's personal friend and sister wrote letters commending respondent's "good moral character" (Exhibit. D) and respondent's "interest in diversity care and closing the health care gap for the underserved." (Exhibit F).

15. Respondent additionally offered several certificates certifying her completion of continuing nursing education courses, including Ethical Decision Making on November 23, 2016. (Exhibit H) Respondent volunteers at her child's school and participates in several community healthcare out-reach events and symposia.

16. At the administrative hearing, respondent represented that she is seeking an expungement of her misdemeanor conviction. Respondent has no history of prior disciplinary actions.

Costs of Prosecution

17. The Board incurred \$7,033.13 as its costs of investigation and prosecution in this matter. These costs, established by a Certification of Prosecution Costs and a Certification of Costs of Investigation and Prosecution (Exhibit 3), are reasonable within the meaning of Business and Professions Code section 125.3.

18. Neither party offered evidence of respondent's income, finance, or ability to pay a cost award at the administrative hearing.

LEGAL CONCLUSIONS

1. Complainant has the burden of proving by clear and convincing evidence that suspension or revocation of respondent's registered nurse license is warranted. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) A "clear and convincing" evidentiary standard means that complainant must establish the charging allegations by proof that is clear, explicit and unequivocal—so clear as to leave no substantial doubt, and sufficiently strong to command the unhesitating assent of every reasonable mind. (*In re Marriage of Weaver* (1990) 224 Cal.App.3d 478.)

2. The Board is empowered to take disciplinary action against a person who is certified or licensed pursuant to the Nursing Practice Act for "unprofessional conduct." (Bus. & Prof. Code, § 2761, subd. (a).)

3a. It is unprofessional conduct to be convicted of a crime substantially related to the qualifications, functions, and duties of a registered nurse. (Bus. & Prof. Code, § 2761, subd. (f).)

3b. The record of conviction of a crime is conclusive evidence of the fact that the conviction occurred. (Bus. & Prof. Code, § 2761, subd. (f).)

3c. A conviction or act is substantially related to the qualification, functions or duties of a registered nurse if to a substantial degree it evidences the present or potential unfitness of a registered nurse to practice in a manner consistent with the public health, safety, or welfare. (Cal. Code of Regs., tit 16, § 1444.) Such convictions or acts include dishonesty, fraud, and deceit. (Cal. Code of Regs., tit 16, § 1444, subd. (c).)

4. The Board may recover its reasonable costs of investigation and prosecution from a licensee found to have committed a violation of the Nursing Practice Act. (Bus. & Prof. Code, § 125.3.)

5. With respect to the First Cause for Discipline (Conviction of a Substantially Related Crime) alleged in the Accusation, cause exists pursuant to Business and Professions Code section 2761, subdivision (f), and California Code of Regulations, title 16, section 1444 to discipline respondent's Board-issued license and certificates, in that, as set forth in Factual Findings 6 and 7, complainant has established by clear and convincing evidence that respondent's misdemeanor conviction for grand theft is a crime substantially related to the qualifications, functions, or duties of a registered nurse and certificated nurse practitioner.

6. With respect to the Second Cause for Discipline (Unprofessional Conduct) alleged in the Accusation, cause exists pursuant to Business and Professions Code section 2761, subdivision (a), to discipline respondent's Board-issued license and certificates, in that, as set forth in Factual Findings 5 and 6 and Legal Conclusion 5, complainant has established by clear and convincing evidence that respondent's misdemeanor conviction for grand theft for falsifying time records on 98 separate occasions to obtain wages totaling \$65,161 for work she did not perform constitutes unprofessional conduct.

7. A determination that legal cause exists to discipline respondent's license and certificates does not end the inquiry. Such cause may be overcome with substantial, persuasive evidence of her rehabilitation and good character. The Board has compiled a list of factors to evaluate whether a registered nurse whose license is subject to suspension or revocation has been rehabilitated. That list, which is found in California Code of Regulations, title 16, section 1445, subdivision (b), includes: the nature and severity of acts or offenses; the total criminal record; the time that has elapsed since commission of the acts or offenses; the licensee's compliance with any terms of probation or restitution; and evidence of rehabilitation.

8. Appropriate and significant criminal punishment has been imposed against respondent for her misconduct. The purpose of this administrative proceeding is not to impose additional punishment, but rather to protect the public from dishonest, immoral, disreputable, or incompetent practitioners. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) The goal is the prevention of future harm and the improvement and rehabilitation of the licensee. (*Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757, 772.)

9. In furtherance of that goal, the Board is empowered to take disciplinary action against respondent's registered nurse license and nurse practitioner and furnishing certificates based on "unprofessional conduct," the definition of which includes being convicted of a criminal offense. Respondent has a misdemeanor grand theft conviction, which is substantially related to the qualifications, functions, or duties of a Board-licensure. Respondent falsely claimed that she worked providing nursing care when in fact she had not done so, and as a result of her falsification, her employer—HealthCare Partners—paid her unearned wages totaling \$65,161. (See Factual Finding 5.) Thus, respondent has engaged in unprofessional conduct meriting the discipline of her Board-issued license and certificates. (See, e.g., *Sula v. Board of Registered Nursing* (2012) 205 Cal.App. 4th 1195[indicating that a showing that a licensee engaged in statutorily enumerated conduct provides a basis for discipline].)

10. Respondent's unprofessional conduct during the course of her employment with HealthCare Partners is indefensible. It is conduct involving dishonesty, fraud, and deceit, and as such it is conduct that calls into question her personal and professional integrity. (See *Windham v. Board of Medical Quality Assurance* (1980) 104 Cal. App. 3d 461, 470 [the commission of a crime which has as its hallmark an act of dishonesty cannot be divorced from a healthcare professional's obligation of utmost honesty and integrity].) It is conduct that respondent perpetuated on 98 separate occasions, and as such, contrary to respondent's contentions and those witnesses testifying on respondent's behalf, it is conduct bearing none of the characteristics of a "mistake." A mistake, trivial or grave, is an unintended deviation from right conduct occasioned by poor reasoning, carelessness, or insufficient knowledge. Respondent's testimony establishes that not only were her dishonesty, fraud, and deceit intentional and recurring, but also that her dishonesty, fraud, and deceit were premeditated such that she may not have ceased her misconduct if she were not caught. (Factual Finding 9.) In aggravation, the fact that respondent liquidated funds from her pension savings to pay restitution to HealthCare Partners substantiates respondent's testimony that she had "no good reason" for her misconduct. (Factual Finding 9.) A reasonable inference is that respondent could have readily accessed those funds in the first instance to address whatever financial pressures she claimed to have experienced as a result of her nephew's distressed health.

11. Over the course of her 30-year career in nursing respondent served the profession without incident—until now. The seriousness, extent, and magnitude of respondent's fraud repeated at least 98 times overshadow respondent's achievements. Respondent engaged in misconduct that undermines public trust in the integrity of the

nursing profession. The evidence of respondent's rehabilitation presented at the administrative hearing is insufficient to overcome that breach or to warrant respondent's continued licensure at this time. Less than five years have elapsed since respondent's known last act of dishonesty, fraud, or deceit, and respondent remains on criminal probation. To the extent that respondent expressed any remorse for her misconduct, that expression of remorse was undermined by what amounts to an attempt at minimization of her conduct by her insistence that she engaged in a "mistake." The acceptance of responsibility for the full scope of one's conduct is the cornerstones of rehabilitation. Rehabilitation is a "state of mind" and the law looks with favor upon rewarding with the opportunity to serve one who has achieved "reformation and regeneration." (*Pacheco v. State Bar* (1987) 43 Cal.3d 1041, 1058.) Fully acknowledging the wrongfulness of past actions is an essential step towards rehabilitation. (*Seide v. Committee of Bar Examiners* (1989) 49 Cal.3d 933, 940.) Respondent's rehabilitation was not persuasively established at the administrative hearing. Under these circumstances, the Board need not wait until harm to patients occurs in order to discipline respondent's nurse license and nurse practitioner certificates. (See *Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757, 772-773 discussing *In re Kelley* (1990) 52 Cal.3d 487, 495-496.) As the court in *Griffiths* explains, the purpose of license discipline is the protection of the public, and such protection includes the prevention of future harm as well as the improvement and rehabilitation of the licensee. To delay or preclude license discipline until harm occurs disregards these purposes. It is far more desirable to impose discipline before a licensee harms any patient rather than after harm has occurred.

Costs of Prosecution

12. Cause exists pursuant to Business and Professional Code section 125.3 to order respondent to pay the Board's costs of prosecution.

13. Under *Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal. App. 4th 32, 45, the Board must exercise its discretion to reduce or eliminate costs so as to prevent cost award statutes from deterring licensees with potentially meritorious claims or defenses from exercising their right to a hearing. "Thus the Board may not assess the full costs of investigation and prosecution when to do so will unfairly penalize a [licensee] who has committed some misconduct, but who has used the hearing process to obtain dismissal of other charges or a reduction in the severity of the discipline imposed." (*Id.*) The Board, in imposing costs in such situations, must consider the licensee's subjective good faith belief in the merits of his or her position and the Board must consider whether or not the licensee has raised a colorable defense. The Board must also consider the licensee's ability to make payment.

14. Considering all of the *Zuckerman* factors, including the likely effect of license revocation on respondent's finances and ability to pay a cost award, the Board shall recover its investigatory and prosecution costs in the amount of \$7,033.13 only in the event that respondent's nurse license or nurse practitioner or furnishing certificates, or all three, are reinstated.

ORDER

1. Registered Nurse License number 448180 issued to Pippa Ann Stewart is revoked.
2. Nurse Practitioner Certificate number 9499 issued to Pippa Ann Stewart is revoked.
3. Nurse Practitioner Furnishing Certificate number 9499 issued to Pippa Ann Stewart is revoked.
4. Respondent Pippa Ann Stewart shall pay to the Board its reasonable investigatory and prosecution costs in the amount of \$7,033.13 as a condition precedent to any reinstatement of Registered Nurse License number 448180, Nurse Practitioner Certificate number 9499, Nurse Practitioner Furnishing Certificate number 9499, or any re-licensure by the Board.

DATED: March 20, 2017

DocuSigned by:

Jennifer Russell

C2CF22333C46434...

JENNIFER M. RUSSELL
Administrative Law Judge
Office of Administrative Hearings



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.m.ca.gov



June 5, 2017

Pippa Stewart
17 W 144th Place
Hawthorne, CA 90250

Dear Ms. Stewart:

Enclosed is a copy of the Order Denying Reconsideration of your Petition for Reconsideration of the decision in Case No. 2016-913.

The Decision issued May 2, 2017, with an effective date of June 1, 2017, was stayed until June 9, 2017. The Stay Order is lifted. The new effective date of the Board's decision is June 9, 2017. Please refer to the decision adopted by the Board.

If you have any questions, you may contact the Decisions and Appeals Unit at (916) 515-5250.

Sincerely,
BOARD OF REGISTERED NURSING

Christyl Cobb
Decisions and Appeals Analyst

Encls: Copy of Order Denying Reconsideration
Copy of Decision

cc: Steve Pyun, Deputy Attorney General
Lindsay M. Johnson, Esq.

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

PIPPA ANN STEWART

Registered Nurse License No. 448180
Nurse Practitioner Certificate No. 9499
Nurse Practitioner Furnishing Certificate No. 9499

Respondent

Case No. 2016-913

OAH No. 2016090591

ORDER DENYING RECONSIDERATION

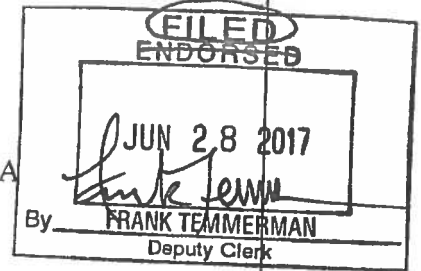
Respondent's request for reconsideration of the decision heretofore made and herein having been read and considered, and determination made that good cause for the granting of reconsideration has not been established, reconsideration of said Decision is hereby denied. The Board's Decision issued on May 2, 2017, becomes effective on June 9, 2017.

IT IS SO ORDERED this 5th day of June 2017.

BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA


Michael D. Jackson, MSN, RN, CEN, PHN
Board President

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SACRAMENTO



PIPPA ANN STEWART,

Petitioner,

v.

BOARD OF REGISTERED NURSING OF THE
STATE OF CALIFORNIA, and DOES 1 through
10, inclusive,

Respondents.

Case No.: 34-2017-80002608

[PROPOSED] ORDER STAYING
ADMINISTRATIVE DECISION
[Code of Civil Procedure §1094.5(h)(1)]

Date: ~~TBD~~ JUN 28 2017

Time: ~~TBD~~ 9:00 a.m.

Place: ~~TBD~~ Dept. 29

Petitioner's Ex Parte Application for Stay of Administrative Decision was considered on
JUN 28 2017 in Department 29, before the Honorable TIMOTHY M. FRAWLEY, Judge presiding.

Lindsay Johnson appeared on behalf of Petitioner, Pippa Ann Stewart. Steve Pyun, Deputy
Attorney General, appeared on behalf of Respondent, the Board of Registered Nursing of the State
of California.

After reviewing and considering the moving papers, as well as any opposition papers, and
good cause appearing therefore,

IT IS SO ORDERED that the Board of Registered Nursing stay the effective date of its
Order of May 2, 2017, in the administrative proceeding entitled *In the Matter of the Accusation
Against Pippa Ann Stewart*, case number 2016090591, pending the entry of judgment of the
administrative mandamus proceeding herein.

Dated: June 28, 2017

By: Timothy M. Frawley
Judge of the Superior Court



[PROPOSED] ORDER STAYING ADMINISTRATIVE DECISION



Fredrick M. Ray
John D. Bishop
Lindsay M. Johnson

October 27, 2020

Pippa Stewart
W 144 Place
Hawthorne, CA 90250

Re: License Status

Dear Ms. Stewart,

This letter is to confirm my understanding of your current license status with the California Board of Registered Nursing.

On July 26, 2019, E. Gonzalez, Deputy Clerk at the Superior Court of the State of California, County of Sacramento, filed the Judgement Denying Petition for Writ of Mandate in Case Number 34-2017-80002608. Upon the entry of this order, the Stay of Administrative Decision that had previously been issued by the Hon. Michael Kenny in the same case number was dissolved and the Board of Registered Nursing's administrative decision went into effect. As a result, your matter with the California Board of Registered Nursing has been fully resolved and the case is closed based on the decision issued.

Very truly yours,

Lindsay M. Johnson
Ray & Bishop, PLC

13

13A

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: Elemental Pharmacy

Physical Address: 6330 South Eastern Avenue Suite 1A

City: Las Vegas

State: NV Zip Code: 89119

Telephone: _____

(800) 201-4223

Fax: (702) 922-3791

Toll Free Number: _____

(800) 201-4223

E-mail: admin@elementalpharmacy.com

Website: TBD

Managing Pharmacist: Jenner Sinang

License Number: 18954

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

Randy L. Case
Print Name of Authorized Person

8/20/20
Date

Board Use Only

Date Processed: _____

Amount: 500.00

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: Elemental Pharmacy

Mailing Address: 6330 S Eastern Suite 1A

City: Las Vegas State: NV Zip: 89119

Telephone: (800) 201-4223 Fax: (702) 922-3791

Contact Person: Randy Case

For any corporation non publicly traded, disclose the following:

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

a) Randy Case	6330 S Eastern Ave Suite 1A, Las Vegas, NV 89119
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? \$1

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 10:00 am 5:00 pm Saturday 10:00 am 2:00 pm
Sunday Closed am Closed pm 24 Hours N/A

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Randy Case

Responsible Person of Elemental 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

Randy Case

Print Name of Authorized Person

8/14/2020

Date

Managing Pharmacist

 Pharmacist Name: Jenner Sinang

 License #: 18954

 Pharmacy Name: Elemental Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



Date

8/14/2020

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, **Elemental Pharmacy 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 08/18/2020, 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 08/18/2020.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202008181013037

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

Elemental Pharmacy LLC

List of Officers and Directors:

Randy Case – Director, President

admin@elementalpharmacy.com

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date August 11, 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 Pharmacy License

Elemental Pharmacy 6330 South Eastern Suite 1A Las Vegas, NV 89119
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Case Randy Lee
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Spiracle Ave Henderson Nevada, 89002

Present Residence Address-Street or RFD 6330 Eastern 1/1/2021 Las Vegas Nevada 89119
 Dates City State/Zip

Present Business Address Owner/Operations 1/1/2021 Nevada
 Dates City State/Zip

Occupation Pocatello, idaho Phone: Residence TBD Business TBD

Date of Birth 59 Place of Birth (City, County, State) Male

Age Blue Blond/grey Caucasian 225 muscular 6 feet 2 inches
 Social Security Number or ITIN Sex

Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Scars on right ankle from surgery

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 RLC RLC

A. **Current Marriage** Separated

Spouse's full name (Maiden) Ashley Brooke Case City, County and State Los Angeles
 SS# or ITIN _____
 Date of Birth _____ Place of Birth _____
 Resident address Alameda Ave 1 Burbank California 91506
 Street City State Zip
 Telephone: Residence _____ Business None
 Spouse's employer LAUSD Occupation Teacher/Librarian
 Address of employer PO Box 513307, Terminal Annex Los Angeles Ca 90051-1307
 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
Michelle Marie Case	July 1995	July 1983	Irreconcilable Diff.	Northglen, Co

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
Sarah marie Case		Los Angeles	Alameda Ave, Burnank, Ca 91506

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 RLC He

FAMILY INFORMATION-Continued

1948

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			
Clarence E Case		E d Place, Yuma, Az 85365	retired
Mother			
Ethel M Case		E d Place, Yuma, Az 85365	Retired
Father-in-Law			
None			
Mother-in-Law			
None			

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
Gary E Case			
		San Diedo, Ca	Glazer
Spouse			
Cheryl M Case			
		None	Deceased
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Kohl Elementary School	Broomfield, Co	1967-1972	☒ Yes ☐ No
High School	Broomfield High School	Broomfield, Co	1973-1979	☒ Yes ☐ No
College University	University of Colorado	Boulder, Colo	1981-1984	☒ Yes ☐ No
Other	Pepperdine University	Malibu, Ca	1992-1996	☒ Yes ☐ No

Type of degree obtained, if any Civil Engineering BS and Masters in Business Administration

College or university where obtained University of Colorado and pepperdine University

Applicant's initial RLC *RLC*
Page 3

- 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
June 2005		DUI	Encino, Ca	July 2005	CHP

- 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
------	--------------	--------	----------	------

in my job at the Metropolitan water District I was the director of real estate and had to testify many times in Eminent Domain trials.

Applicant's initial RLC RLC

- 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
1995-1999	13914 Bora Bora Way, #218D	Marina Del Rey	California
1999-2001	3415 Rowena Ave	Los Angeles	California
2001-2003	12021 Laurel Terrace Drive	Studio City	California
2003-2012	4852 Bellingham Ave	Valley Village	California
2012-2018	11312 Huston Street #5	North Hollywood	California
2018-2019	Hartsook Street	Sherman Oaks	California

Applicant's initial RLC *RLC*

8. EMPLOYMENT:

1951

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 09/1979-1984	Name/Mailing Address of Employer/Business University of Colorado, Boulder, Colo.	Reason for Leaving graduated from college
Title Studebt Asst	Description of Duties Worked for Engineering Dept	Name of Supervisor Professor Johnson
Month and Year 6/84-6/86	Name/Mailing Address of Employer/Business Civil Engeering Design Company, Denver, Colo	Reason for Leaving Took Better Job
Title Civil Engineer	Description of Duties Design Civil Engineering Projects	Name of Supervisor Bob
Month and Year 6/86-10/88	Name/Mailing Address of Employer/Business City of Westminster, Colorado	Reason for Leaving Took a Better Job
Title Civil Engineer	Description of Duties Planning and Civil Engineering for city Projects	Name of Supervisor Rick Mark
Month and Year 10/88-10/97	Name/Mailing Address of Employer/Business Metropolitan Water District of So Cal, Los Angeles	Reason for Leaving Started my own Company
Title Dir of Real Estate	Description of Duties Managed all the real estate assets of the District	Name of Supervisor Gary - Chief Engineer
Month and Year 10/97-10/99	Name/Mailing Address of Employer/Business Strategic Realty Group, Los Angeles, Ca	Reason for Leaving Took a Better Job
Title Owner/CEO	Description of Duties Real estate Consulting	Name of Supervisor Myself
Month and Year 10/99-3/2008	Name/Mailing Address of Employer/Business XO Communications, Reston Virginia	Reason for Leaving Outsourced our Dept.
Title Dir of Real Estate	Description of Duties managed real estate portfoliio in North Amerca	Name of Supervisor Ron Scott
Month and Year 4/04-6/10	Name/Mailing Address of Employer/Business PDCC Development, LLC	Reason for Leaving Financial Crash in US
Title 15% Owner/site manager	Description of Duties redo golf course and develop home sites	Name of Supervisor Board
Month and Year 7/10-7/18	Name/Mailing Address of Employer/Business Strategic Energy Marketing, los Angeles, Ca	Reason for Leaving better opportunity
Title 50% owner and CEO	Description of Duties Energy Consulting	Name of Supervisor Randy Case

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial RLC RLC
Page 6

9. CHARACTER REFERENCES:

1952

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 Gennawey	Home	E Burnuda Street, Long Beach 90814				11
Employer SEM	Business	Energy Consulting Business				
Name Tomas Perez	Home	Bordeaux, Trabuco Canyon, Ca 92679				12
Employer CWE	Business	Crypto Software				
Name Vernon Tucker	Home	h Street, Simi Valley, Ca 93065				5
Employer Lawyer - self	Business	Practices Family Law				
Name Larry kosmont	Home	Street, Manhattan Beach, Ca. 90266				25
Employer The Kosmont Co.	Business	Real Estate Planning and Consulting				
Name Jan Bradford	Home	kirk Street, Sylmar, Ca. 91342				25
Employer Food For Less	Business	Grocery Store Manager				

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

Professional Engineering License in Colorado 1986- ? and California 1990 - ?

Real Estate Brokers License 1996-2020

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.

See Page 10

Applicant's initial RLC *RLC*
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 ☒ ¹⁹⁵³

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 ☒ ^{xx}

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 ☒ ^x

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 ☒ ^x

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 ☒ ^x

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 ☒ ^x



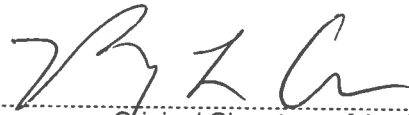
Date of photograph 8/18/20
Applicant's initial MC

ss.

COUNTY OF OrangeI, Randy Lee Case,

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,

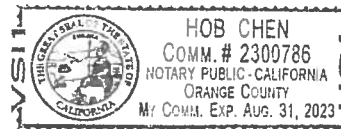
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 ofAugust, 2020 Hob Chen

Notary Public



(seal)

Applicant's initial

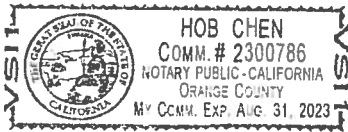
RLC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 18th
day of August, 2020, by Randy Lee Case

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



(Seal)

Signature

A handwritten signature in black ink, appearing to read 'Randy Lee Case', written over a horizontal line.

Question 8 continued:

7/18-Present	Elemental Pharma, Inc	Still in the position
CEO	Hemp Related Business	Board

Question 12 Continued:

1. Strategic Realty Group - California and Los Angeles

Real Estate Brokers License - California..... Business License City of Los Angeles

Randy Case sole owner

2. Strategic Energy Marketing - California

Business License - California

Randy Case and Michael Gennawey owners

3. PDCC Development, LLC - Palm Desert, California

Business licenses for Golf Course, Restaurant and Bar

Randy Case - 15%, Larry Kosmont - 15%, Sung Sang Cho - 70%

Applicant's initial

RCC

Mark I. Sedar

From: randy case <rle
Sent: Monday, May 10, 2021 10:51 AM
To: Mark I. Sedar
Cc: Jenner Sinang
Subject: Fwd: Elemental Pharmacy - Pharmacy application (additional documents being requested by the NV board of pharmacy before the board meeting, is it needed for us to make the June agenda?)
Attachments: Elemental_Good_Standing_05032021.pdf
Follow Up Flag: Follow up
Flag Status: Flagged

Mark, in response to your email dated April 8, 2021 below are the responses you requested. We have attached the Certificate of Good Standing for the Company.

1. Yes Jenner Sinang will be the Managing Pharmacist
2. The updated Certificate of Good Standing is attached below.
3. In the application we submitted I disclosed the DUI I got back in June of 2005. I will expand on that incident. I was at a party in Studio City, California for a birthday celebration for friends of my wife and I. I left the party around 9-10PM and had to take the 101 Freeway to get home. I was speeding a little over the limit and a motorcycle LAPD pulled me over for speeding. Once he approached me he could smell alcohol. I took a breathalyzer and it turned out over the limit to drive with. They arrested me and took me to the Van Nuys jail where I bailed out in about 4 hours. The bail was \$5,000 and the court dates were set. I had a business partner Robert Corado who was a lawyer and represented me. Unfortunately he passed away a number of years ago. The DMV took my license for 3 months and I had to attend alcohol classes and 12 AA meetings. There were fines I paid. There was no jail time or anything like that. There have been no incidents since that one in 2005 and I still to this date attend AA meetings. I have moved several times since that incident so I am sure I threw away any documents about that incident because it was so long ago and there was no need to keep those documents. I hope this has helped better describe that incident.
4. Yes I would change #5 to yes because I lost my California Driver's License for 3 months based on the event described above in #4. The explanation they are asking for on page 2 is stated above. When I filled out the application the first time I was thinking about pharmacy licenses and the like. If you mean any license then the answer should be yes to #5 on Page two of application.

Again thank you for the opportunity to be a part of the Pharmacy family in Nevada.

Warm regards,

Randy L Case
 Chief Executive Officer
 Elemental Pharma, Inc.
 (714) Mobile
randy.case@elementalpharmainc.com

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

1958

Date AUGUST 18, 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 Pharmacy

Elemental Pharmacy / 6330 South Eastern Avenue Suite 1A Las Vegas, NV 89119
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Sinang Jenner Uy
Last Name First Name Middle Name
n/a
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Alphonse Drive Las Vegas NV / 89122
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 (702) 992 - 3791

Manila, Philippines
Date of Birth Place of Birth (City, County, State)

44 years old Male
Age Social Security Number or ITIN Sex

Brown Black Beige 200 lbs Medium 5'-10"
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 February 10th, 1997

Place Newark, New Jersey (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial JS

A. Current Marriage none

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
----------------	-------------------------	---------------------------	------------------	-----------------------

n/a

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

never married

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
------	------------	-------------	-------------------

none

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 JS

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

Emiliano Sinang		Sophie Court Sugar Land, Texas 77479	Retired
-----------------	--	--------------------------------------	---------

Mother

Nancy Sinang		Sophie Cour Sugar Land, Texas 77479	Retired
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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
---------------	------------	---------	------------

Jennifer Potato		Sophie Court Sugar Land, TX 77479	Registered Nurse
-----------------	--	-----------------------------------	------------------

Spouse

Albert Potato		Sophie Court Sugar Land, TX 77479	Registered Nurse
---------------	--	-----------------------------------	------------------

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Our lady of Grace Montessori	Manila, Philippines		Yes ☒ No ☐
High School	Kearny High School	Kearny, New Jersey	1991 to 1995	Yes ☒ No ☐
College	Temple University College of Pharmacy	Philadelphia, PA	2004 to 2008	Yes ☒ No ☐
University	University of Virginia	Charlottesville, VA	1998 to 2000	Yes ☒ No ☐

Type of degree obtained, if any Doctor of Pharmacy (PharmD) and Bachelor of arts in BiologyCollege or university where obtained PharmD from Temple University / BA in Biology from University of Virginia

Applicant's initial

Js

5 MILITARY INFORMATION:

1961

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 Hudson State New Jersey 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 JS

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
2020 to 2020	Alphonse Drive	Las Vegas	Nevada
2010 - 2020	King Galloway Drive	Lewisville	Texas
2008 - 2010	15150 Blanco Road	San Antonio	Texas
2004 to 2008	7900 Lindberg Blvd	Philadelphia	Pennsylvania
2002 to 2004	4406 Sophie Court	Sugar Land	Texas
1998 to 2002	4428 Plantation Road	Roanoke	Virginia

Applicant's initial

JS

8. EMPLOYMENT:

1963

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.

04/2015	Walmart Pharmacy / 7451 McCart Ave Forth Worth, TX 76133	40 hours a week (Greater than > 6,000 hours)
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Filling and verifying prescriptions. Counseling patients.	Rebecca Rodriguez
Title	Description of Duties	Name of Supervisor
06/2010	John Peter Smith Hospital / 1500 South Main St Forth Worth, TX 76104	40 hours a week (Greater than > 6,000 hours)
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Ambulatory Staff Pharmacist	Filling and verifying prescriptions. Counseling patients.	Alycen Lacombe
Title	Description of Duties	Name of Supervisor
05/2008	Walgreens Pharmacy / 410 West Cypress St. San Antonio, TX 78212	Alycen Lacombe
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Filling and verifying prescriptions. Counseling patients.	40 hours a week (Greater than > 6,000 hours)
Title	Description of Duties	Name of Supervisor
12/2015	University Medical Center / 1800 West Charleston Blvd, Las Vegas, NV 89102	40 hours a week (Greater than > 6,000 hours)
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Inpatient Staff Pharmacist	Entering and verifying prescription orders including general ambulatory, nicu, picu, ED	Mary Staples
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 JS

9. CHARACTER REFERENCES:

1964

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 Mollie Harlow	Home					
Employer Walmart Pharmacy	Business	2310 E Serene Ave	Las Vegas, NV	89123	(479) 866 - 5899	5 years
Name Rebecca Rodriguez	Home					
Employer Walmart Pharmacy	Business	7451 McCart Ave	Forth Worth, TX	76133	(817) 361 - 7284	5 years
Name Trang Tran	Home					
Employer Walgreens Pharmacy	Business	7200 Arroyo Crossing Parkway	Las Vegas, NV	89113	(702) 496 - 8604	5 years
Name Caroline Tabe	Home					
Employer John Peter Smith Hospital	Business	1500 South Main St	Forth Worth, TX	76104	(817) 657 - 7796	10 years
Name Bailey Tyler Wynne	Home	1500 South Main St	Forth Worth, TX	76104		
Employer John Peter Smith Hospital	Business	1500 South Main St	Forth Worth, TX	76104	(903) 245 - 0051	10 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

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

JS

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 08/18/2020

Applicant's initial JS

COUNTY OF

Denton

I, JENNER Uy SINANG

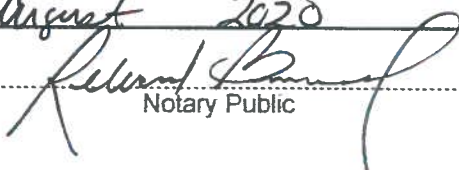
being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or 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 18th day of

August 2020


Notary Public

(seal)



Applicant's Initial

JS

UNITED STATES OF AMERICA

No.



DEPARTMENT OF JUSTICE

NATURALIZATION

Personal description of holder
as of date of naturalization:

Date of birth:

Sex: MALE

Height: 5 feet 06 inches

Marital status: SINGLE

Country of former nationality:

PHILIPPINES



Jenner Sinang

INS Registration No.

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

Jenner Sinang
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Attorney General

at: NEWARK, NJ

The Attorney General having found that:

JENNER SINANG

then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

U.S. IMMIGRATION & NATURALIZATION SERVICE

at: NEWARK, NJ

on: FEBRUARY 10TH, 1997

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

J. Edgar Hoover
Commissioner of Immigration and Naturalization

DEPARTMENT OF JUSTICE

13B

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 0300)
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: PipelineRx

Physical Address: 7455 Arryo Crossing Pkwy #220

City: Las Vegas NV

State: Zip Code: 89113

Telephone: 847-696-9101 ext 1001

Fax: 847-696-1349

Toll Free Number: 877-696-9101

E-mail: lstevens@pipelinerx.com

Website: www.pipelinerx.com

Managing Pharmacist: Pamela Obah

LIC 18363

License Number: PHO 3643

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:

Remote Order processing see attached Description

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.

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

Brian J Roberts

Print Name of Authorized Person

Date

7-20-20

Board Use Only

Date Processed:

Amount:

500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Pipeline Health Holdings, LLCMailing Address: 600 California St #520City: San Francisco State: CA Zip: 94108Telephone: 847-696-9101 ext 1001 Fax: 847-696-1349Contact Person: Linda Stevens, Sr. VP

For any corporation non publicly traded, disclose the following:

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

a) Pipeline Buyer, Inc 50 Kennedy Plaza 12th Floor Providence, RI 02903
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: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Our hours vary depending on our clients needs. We are capable of 24/7. See attached description of service.
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: PHO 3643Doc # 20160539723-08# 20170327874-51

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Brian J Roberts, CEO

Responsible Person of Pamela Obah

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

Brian J Roberts, CEO

Print Name of Authorized Person

7-20-20

Date

Managing Pharmacist

Pharmacist Name: Pamela ObahLicense #: 18363Pharmacy Name: PipelineRX

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

7/13/2020

Date

Attachment A

PipelineRx Description of Service

PipelineRx provides Remote Medication Order Entry and verification services to hospitals as our primary service. In addition, we provide the following services outpatient services in a hospital setting, MTM services, consulting services, and Transitions of Care. PipelineRx does not purchase, dispense, distribute, store drugs of any kind. We only provide the services listed above with no dispensing. PipelineRx provides services to hospitals on a national basis. PipelineRx holds pharmacy resident licenses in the states of Illinois, South Carolina, Nevada and Colorado. In addition, we have nonresident licenses in 35 states.

Where state regulations allow- PipelineRx pharmacists work from residence-based, HIPAA-compliant, fully secure, closed-door offices, as permitted by each State Board of Pharmacy. Our pharmacist hold state pharmacy licenses to deliver services to patients located in the states. PipelineRx also provides service from our licensed pharmacies where states require this and follow those licensing requirements.

Our PipelineRx servers are secured in an Enterprise-level collocation facility in Santa Rosa, California with a disaster recovery hot-site in Chicago, Illinois. All equipment is owned by PipelineRx. Our servers run in a virtualized environment to ensure reliability and robustness. Our pharmacists are equipped with Pipeline-owned laptops, monitors and Cisco VOIP phones. All calls are routed through our virtual PBX to our distributed network of highly skilled professionals working in HIPAA-compliant secure locations. All communication with Pipeline RX, including the receipt of CPOE, faxed or scanned orders are done over secure and encrypted communications channels.

Our pharmacists work in a paperless environment; at no point are the medication orders or any other documents printed, nor does any PHI reside on the Pipeline pharmacists staff computers. All our activities are done in accordance with all Federal, State, and local laws including, but not limited to HIPAA and ARRA/HITECH.

Specifically, upon receiving an order, the remote pharmacist reviews the order against the patient's clinical data to check for appropriateness, including dosage levels and possible drug-drug interactions, remotely enters the order into the facility's pharmacy information system (i.e. Meditech, HBOC, Cerner, CPIS), and authorizes the nurse to obtain the drug for administration to the patient. In addition, the remote pharmacist is available (if needed by the hospital), by phone or audio-visual connectivity, to consult directly with on-site staff (nursing or medical). Also include standard and customizable reports providing the hospitals with detailed information and statistics regarding all services provided.

All pharmacist providing service to our clients are in compliance with all Boards of Pharmacy rules and regulations. PipelineRx understands and complies with all the Board of Pharmacy Rules and Regulations.

Please let me know if you need any additional information.



Company Officers

Company Officer	Business Address and phone	Home Address and Phone	Title
Brian Roberts	600 California Street Ste. 520 San Francisco, CA 94108 415-329-0717	San Antonio Ave. Alameda, CA 94501 BD	CEO-Manager
Randy Hyun	600 California Street Ste. 520 San Francisco, CA 94108	1 Pine St. Bellaire, TX 77401 BD	President-Manager
Michael Myers	600 California Street Ste. 520 San Francisco, CA 94108 415-329-0717	Lincoln Ave Louisville, CO 80027 BD	COO
Stephen Andrews	600 California Street Ste. 520 San Francisco, CA 94108 415-329-0717	Thackeray Wellesley, MA 02481 BD	CFO

Company Ownership – All parties owning more than 10%

PipelineRx Buyer, Inc. 100%
50 Kennedy Plaza
12th Floor
Providence, RI 02903
Fein: 84-1490425
State of Incorporation: Delaware

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, **PIPELINE HEALTH HOLDINGS LLC**, as a **FOREIGN LIMITED-LIABILITY COMPANY** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/25/2016, 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 03/23/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202103231530057

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

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 3.16.2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
 Nature of Pharmacy or Wholesaler
PipelineRx 7455 Arroyo Crossings Pkwy #220 Las Vegas, NV 89113
 Name and Address of Business for Which Designated Representative is Requested
PipelineRx
 If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Obah Pamela Nneka
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

1 Britton Rose Dr Las Vegas 89178
 Present Residence Address-Street or RFD City State/Zip

7455 Arroyo Crossings PKWY #220 Las Vegas 89113
 Present Business Address City State/Zip

Regional Manager/PIC/Pharmacist 1/10/18 to Present
 Present Position with the Pharmacy or Wholesaler Dates

Phone:
 Residence _____
 Business 702-745-9630

Los Angeles, LA County, CA
 Date of Birth _____ Place of Birth (City, County, State)

45 Female
 Age Sex

Black Black Brown 155 NA 5'4
 Color of Eyes Color of Hair Complexion Weight Build Height

NA
 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 [Signature] Page 1

MARITAL INFORMATION-Continued

A. Current Marriage NA

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
Vishal Chopra	12/2019	NA	Divorce	Clark County NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

NA

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
------	------------	-------------	-------------------

NA

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 KS

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	NA - Deceased			
Mother	NA - Deceased			
Father-in-Law	NA			
Mother-in-Law	NA			

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
	Obinna Obah		NA	Engineer
Spouse	Ijeoma Obah	NA		NA
	Ijendu Obah		NA	Accounting
Spouse	Tina Obah	NA	NA	NA
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate	
Grammar School	NA			Yes ☐	No ☐
High School	Edward C Reed High	Sparks, NV		Yes ☒	No ☐
College University	UNLV	Las Vegas, NV		Yes ☒	No ☐
Other	Harding University	Searcy, AR	2007-2012	Yes ☒	No ☐

Type of degree obtained, if any Doctorate of PharmacyCollege or university where obtained Harding University College of PharmacyApplicant'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 _____ 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
9/2014 to Present	Britton Rose Dr	Las Vegas	NV
1/2002 to 9/2014	11960 Lemon Balm	Las Vegas	NV

Applicant's initial



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.

1/2018 to Present	PipelineRx 7455 Arroyo Crossings Pkwy #220	3000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist/RM	Team & client management & Staffing	Kevin Jones
Title	Description of Duties	Name of Supervisor
4/2014 to 12/2017	WARMC 2735 Silver Creek Rd	4000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Clinical Pharmacist/DOP	Regulatory, Staffing management	Bill Lord
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 <u>Robert Brown</u>	Home	<u>Las Vegas, NV</u>				<u>6.92</u>
Employer <u>Retired</u>	Business					
Name <u>Abdi Moalim</u>	Home	<u>Phoenix, AZ</u>				<u>7.5</u>
Employer <u>NA</u>	Business <u>NA</u>					
Name <u>Bill Trinh</u>	Home	<u>Phoenix, AZ</u>				<u>7.5</u>
Employer <u>NA</u>	Business <u>NA</u>					
Name <u>Felix Egbase</u>	Home	<u>NA</u>				<u>10</u>
Employer <u>NA</u>	Business <u>Aaron Pharmacy Las Vegas NV</u>					
Name <u>Michael Poli</u>	Home	<u>NA</u>				<u>6</u>
Employer <u>NA</u>	Business <u>NA</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

See attached

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:

Required board of pharmacy visit per licensing requirements for AL, SC, GA. OK

Applicant's initial: K

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 3/18/21

Applicant's initial 

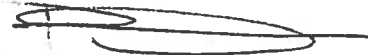
STATE OF NEVADA

ss.

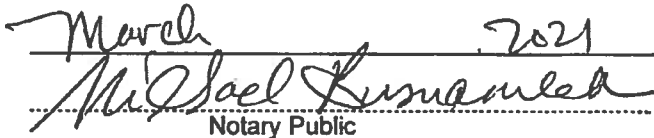
COUNTY OF CLARKI, Pamela Dbah, being duly sworn, depose and say I have read the

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,

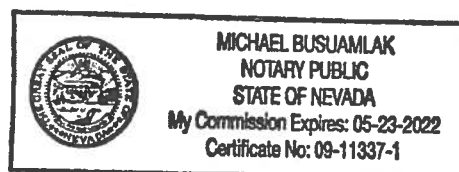
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of
March 2021

 Notary Public

(seal)

Applicant's initial PD

Page 9

ADDITIONAL INFORMATION

[Lined area for additional information]

Applicant's initial



Profession	State	State Type	Years
Pharmacist	Alabama	Board of Pharmacy	3
Pharmacist	Arizona	Board of Pharmacy	7.9
Pharmacist	Arkansas	Board of Pharmacy	0.5
Pharmacist	Florida	Board of Pharmacy	2
Pharmacist	Georgia	Board of Pharmacy	1
Pharmacist	Kentucky	Board of Pharmacy	0.5
Pharmacist	Louisiana	Board of Pharmacy	2
Pharmacist	Michigan	Board of Pharmacy	1
Pharmacist	Minnesota	Board of Pharmacy	2
Pharmacist	Mississippi	Board of Pharmacy	1
Pharmacist	Nevada	Board of Pharmacy	8.5
Pharmacist	New Hampshire	Board of Pharmacy	0.6
Pharmacist	New York	Board of Pharmacy	0.6
Pharmacist	North Carolina	Board of Pharmacy	0.6
Pharmacist	Ohio	Board of Pharmacy	0
Pharmacist	Oklahoma	Board of Pharmacy	0.5
Pharmacist	South Carolina	Board of Pharmacy	3
Pharmacist	Tennessee	Board of Pharmacy	2
Pharmacist	Texas	Board of Pharmacy	0.5
Pharmacist	Virginia	Board of Pharmacy	0.6



July 13, 2020

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

Re: Change of Ownership PipelineRx Permit # PHO3643

To Whom It May Concern,

I am submitting the enclosed CHOW application for Pipeline Health Holdings LLC dba PipelineRx, ("PipelineRx") a currently registered NON-RESIDENT STATE PHARMACY. PipelineRx is a non-dispensing pharmacy. PipelineRx provides tailored pharmacy support to community hospitals, multi-facility health systems, and specialty facilities.

On July 2, 2020, PipelineRx entered into a purchase agreement, pursuant to which PipelineRx will be acquired by PipelineRx Buyer, Inc. ("PipelineRx Buyer").

Following closing of the transaction PipelineRx will be a wholly owned subsidiary of PipelineRx Buyer. Closing of the transaction is scheduled to occur on or about August 18, 2020.

Ultimately, despite the change in ownership of PipelineRx, there will be no material change in operations for PipelineRx or the entity's Employer Identification Number (EIN). The Pharmacist in Charge, the pharmacy staff, pharmacy management and authorized agents will remain in place. This dedicated team of professionals will continue to provide superior pharmacy support services to Nevada hospitals, health systems and facilities.

Please contact me at lstevens@pipelinerx.com or (847) 687-7602 at your earliest convenience should you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Stevens", is written over a horizontal line.

Linda Stevens
Sr. VP Client Operations



Colorado Board of Pharmacy, Case #: 2016-1152

On August 31, 2016, the Colorado Board of Pharmacy ("Board of Pharmacy") issued a Stipulation and Final Agency Order by and between the Board of Pharmacy and Pipeline Rx, 5600 North River Road, #854, Rosemont, IL 60018 (Colorado Non-Resident Pharmacy Permit #: OSP 6500)

Board of Pharmacy alleges Pipeline Rx failed to submit a timely Change in Pharmacist-in-Charge Application in October 2015. Pipeline Rx acknowledge submitting the incorrect Change in Pharmacist-in-Charge Application and agreed to pay the Board of Pharmacy fine of \$1,150.

Upon receipt of fine, and signed Stipulation and Final Agency Order, Board of Pharmacy considered the matter closed and took no further action. Pipeline Rx's Colorado Non-Resident Pharmacy Permit remains active and in good standing.

Linda Stevens
Sr. VP Client Operations

**COLORADO****Department of
Regulatory Agencies**

Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

August 31, 2016

Pipeline Rx
Attn: Pharmacist Manager
5600 N River Rd # 854
Rosemont, IL 60018-6705

Also sent via email: lstevens@pipelinerx.com**RE: Pipeline Rx, OSP 6500 and Case 2016-1152**

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 August 31, 2016.

Please note that pursuant to section 8 - Fine with Surcharge - Respondent pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No cents (\$1,150.00)

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist



BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2016-1152**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF PIPELINE RX, REGISTRATION NO. OSP 6500,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Pipeline Rx ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2016-1152, as follows:

FINDINGS AND CONCLUSIONS

- 1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).**
- 2. Respondent Pharmacy was originally registered in the State of Colorado on or about October 3, 2014, being issued registration number OSP 6500, and has been so registered at all times relevant to this disciplinary action.**
- 3. Respondent Pharmacy's address of record with the Board and current location is 5600 North River Road, #854, Rosemont, Illinois 60018-6705.**
- 4. Respondent Pharmacy admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.**
- 5. Respondent Pharmacy failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this case, 73 days transpired between October 1, 2015, the date the previous pharmacist manager ceased the position, and December 14, 2015, the date the application and fee were received.**
- 6. On or about March 3, 2016, the Board initiated a complaint against Respondent Pharmacy because of the delay of 73 days in submitting an application detailing a change in pharmacist manager and fee.**

7. Respondent Pharmacy's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-116. Prescription drug outlet under charge of pharmacist.

(1) (a) A prescription drug outlet must be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

(b) The registration of any prescription drug outlet becomes void if the pharmacist manager in whose name the prescription drug outlet registration was issued ceases to be engaged as the manager. The owner shall close the prescription drug outlet unless the owner: (I) Employs a new pharmacist manager; and (II) Within thirty days after termination of the former manager's employment: (A) Applies to transfer the registration to the new pharmacist manager; and (B) Pays the registration transfer fee.

12-42.5-123. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy practice.

Pharmacy Board Rules and Regulations

5.00.70. Change in Pharmacist Manager.

a. An in-state and non-resident prescription drug outlet shall be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the

registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), 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 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents (\$1,150.00). 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. Respondent Pharmacy shall write its registration number (OSP 6500) and the case number (2016-1152) on the check.
9. **Compliance.** Respondent Pharmacy shall submit all future applications and appropriate fees to the Board detailing changes in pharmacist manager within the required time frame specified by Board rule or statute in effect at the time of such pharmacist manager change.
10. **Other Requirements.** Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
 - a. promptly pay all Respondent Pharmacy's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;

- b. to respond to said formal notice of charges;
- c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. to appeal this Final Agency 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 Respondent Pharmacy to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.
13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Pharmacy's 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.
14. **Completion of Terms.** Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Pharmacy from the Final Agency Order, and Respondent Pharmacy's registration will be restored to active and unencumbered status.
15. **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 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.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **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.

18. **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

Respondent Pharmacy

Michael Farrow Dated: 8/22/16
 Authorized Representative / Title
MICHAEL FARROW, CFO
 Subscribed and sworn to before me in the County of _____,
 State of _____, this _____ day of _____, 2016,
 by Michael Farrow, authorized representative
 of Pipeline Rx. MICHAEL FARROW, CFO

My commission expires:

See Attached
Acknowledgment

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 31st day of August, 2016.

State Board of Pharmacy

BY: Andrea Faley
 Andrea Faley
 Program Director

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me on this 22
day of August, 2016, by Michael Farrow

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



(Seal)

Signature

A handwritten signature in dark ink, appearing to read "Michael Farrow", written over a horizontal line.

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 31 day of August 2016, addressed as follows:

Pipeline Rx
Attn: Pharmacist Manager
5600 N. River Road, #854
Rosemont, IL 60018-6705
Email: lstevens@pipelinerx.com



Agent of the Board

13C

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: Plus One Pharmacy, LLC
Physical Address: 6545 ~~1525~~ S. Fort Apache Rd Suite #140
City: Las Vegas State: NV Zip Code: 89148 Telephone: 702-591-3099
Fax: N/A Toll Free Number: N/A
E-mail: anupatel17@yahoo.com
Website: N/A
Managing Pharmacist: David Shimp License Number: 12826

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.

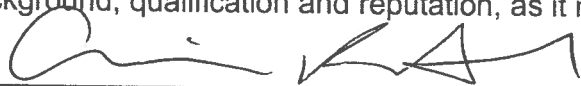
Within the last five (5) years:

- 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

Anisha Patel
Print Name of Authorized Person

4/12/2020
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: 3225 McLeod Dr Suite 110City: Las Vegas State: NV Zip: 89121Telephone: 702-591-3099 Fax: _____Contact Person: Anisha Patel

For any corporation non publicly traded, disclose the following:

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

a) Anisha Patel - McLeod Dr Las Vegas, NV 89121
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. 1003) What was the price paid per share? 0

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 7 pmSaturday 9 am 2 pmSunday closed am _____ pm24 Hours N/AA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20201755142

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Anisha Patel

Responsible Person of Plus One 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

Anisha Patel

Print Name of Authorized Person

4/12/20

Date

Managing Pharmacist

Pharmacist Name: David Shimp

License #: 12826

Pharmacy Name: Plus One 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: <u>Virginia</u>	Date: <u>11-16-2012</u>	Case #: <u>147441</u>
	State: <u>Michigan</u>	Date: <u>2-21-13</u>	Case #: <u>53-12-126631</u>
	State: <u>Oregon</u>	Date: <u>9-11-13</u>	Case #: <u>2013-0232</u>
And/or Criminal Action:	State: <u>Nevada</u>	Date: <u>5-15-12</u>	Case #: <u>C280141</u>
	County: <u>Clark</u>	Court: <u>8 Judicial District Court</u>	
<u>Previously been reported</u>			

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

Feb - 2 - 2021
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***Business Entity - Filing Acknowledgement**

04/06/2020

Work Order Item Number: W2020040601195 - 509159
Filing Number: 20200591384
Filing Type: Articles of Organization
Filing Date/Time: 04/06/2020 14:43:48 PM
Filing Page(s): 2

Indexed Entity Information:**Entity ID:** E5913852020-9**Entity Name:** Plus One Pharmacy, LLC**Entity Status:** Active**Expiration Date:** None

Commercial Registered Agent

ANDERSON REGISTERED AGENTS

3225 MCLEOD DRIVE #110, LAS VEGAS, NV 89121, 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,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

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

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
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North Las Vegas, NV 89030
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Fax (702) 486-2888

Business Entity - Filing Acknowledgement

04/06/2020

Work Order Item Number: W2020040601195 - 509160
Filing Number: 20200591386
Filing Type: Initial List
Filing Date/Time: 04/06/2020 14:43:48 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E5913852020-9

Entity Name: Plus One Pharmacy, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

ANDERSON REGISTERED AGENTS

3225 MCLEOD DRIVE #110, LAS VEGAS, NV 89121, 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

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number E5913852020-9 Filing Number 20200591384 Filed On 04/06/2020 14:43:48 PM Number of Pages 2
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Formation - Limited-Liability Company

- | | |
|---|--|
| ☒ NRS 86 - Articles of Organization Limited-Liability Company | ☐ NRS 86.544 - Registration of Foreign Limited-Liability Company |
| ☐ NRS 89 - Articles of Organization Professional Limited-Liability Company | ☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company |

1. Name Being Registered in Nevada: (See instructions)	Plus One Pharmacy, LLC		
2. Foreign Entity Name: (Name in home jurisdiction)			
3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)	3a) Jurisdiction of formation: _____ 3b) Date formed: _____ 3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐		
4. Registered Agent for Service of Process*: (check only one box)	☒ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below) ANDERSON REGISTERED AGENTS Name of Registered Agent OR Title of Office or Position with Entity 3225 MCLEOD DRIVE #110 LAS VEGAS Nevada 89121 Street Address City Zip Code Mailing Address (if different from street address) City Nevada Zip Code		
4a. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> X A.T. Mathis 04/06/2020 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date		
5. Management: (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) ☒ Manager(s) OR ☐ Member(s)		
6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions) Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions) IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	1) Anisha Patel Name 3225 McLeod Drive, Suite 100 Las Vegas NV 89121 Address City State Zip Code		
7. Dissolution Date: (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual):		



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Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)				
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company ☐ Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐			
10. Records Office: (Foreign Limited-Liability Companies)	Address Country	City	State	Zip code
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address Country	City	State	Zip code
12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 -Each Organizer must be a licensed professional) Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process. 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. Amanda Phillips Name Country Address City State Zip/Postal Code X Amanda Phillips (attach additional page if necessary)			

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
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Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Plus One Pharmacy, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E5913852020-9
Secretary of State	Filing Number
State Of Nevada	20200591386
	Filed On
	04/06/2020 14:43:48 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 and 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
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Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGER:

Anisha Patel

Name

USA

Country

McLeod Drive, Suite 100

Address

Las Vegas

City

NV

State

89121

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 **Amanda Phillips**

**Signature of Officer, Manager, Managing
 Member, General Partner, Managing Partner,
 Trustee, Member, Owner of Business,
 Partner or Authorized Signer** FORM WILL BE RETURNED IF

UNSIGNED

Organizer

Title

04/06/2020

Date

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 **Plus One Pharmacy, LLC** did, on 04/06/2020, 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 04/06/2020.

Barbara K. Cegavske

Certificate Number: B20200406712233

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

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Plus One Pharmacy, LLC

Nevada Business Identification # NV20201755142

Expiration Date: 04/30/2021

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 04/06/2020.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Certificate Number: B20200406712234

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

BARBARA K. CEGAVSKE
Secretary of State

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 4/17/20

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
Plus One Pharmacy 6525 S. Fort Apache Rd #140 Las Vegas, NV 89148
 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 Patel First Name Anisha Middle Name
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A
 Present Residence Address-Street or RFD Venficello dr. City Las Vegas State/Zip NV 89138
 Present Business Address _____ City _____ State/Zip _____
 Occupation N/A Dates _____ Phone Residence _____ Business N/A
CPA
 Date of Birth _____ Place of Birth (City, County, State) West Covina, CA Sex Female
 Age 39 Social Security Number or ITIN _____
 Color of Eyes Brown Color of Hair Black Complexion medium Weight 105 lbs Build petite Height 5'0"
 Scars, tattoos or distinguishing marks and/or characteristics N/A
 Are you a citizen of the United States? ☒ Yes ☐ No If alien, registration No N/A
 If naturalized, certificate No N/A Date N/A
 Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

 Applicant's initial AP

MARITAL INFORMATION-Continued

A. Current Marriage 3/4/2009 Dholka, Gujarat India
 Date City, County and State
 Spouse's full name (Maiden) Ritesh R. Patel SS# or ITIN _____
 Date of Birth _____ Place of Birth Dholka, India
 Resident address Venticello dr. Las Vegas NV 89138
 Street City State Zip
 Telephone: Residence _____ Business 702-527-7977
 Spouse's employer CURRY Leaf Occupation Self-employed
 Address of employer 5025 S. Fort Apache Rd #101 Las Vegas, NV 89148
 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				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
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>Shaan Patel</u>	<u>...</u>	<u>Las Vegas, NV</u>	<u>1 Venticello dr. Las Vegas, NV 89138</u>
<u>Riaan Patel</u>	<u>...</u>	<u>Las Vegas, NV</u>	<u>Venticello dr. Las Vegas, NV 89138</u>
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 AP

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			
Kavir N. Patel		123 chambolle ct. Las Vegas, NV 89144	self-employed
Mother			
Jaya K. Patel		chambolle ct. Las Vegas, NV 89144	home-maker
Father-in-Law			
Ramesh H. Patel		Kapurwada, Dholka Gujarat India	
Mother-in-Law			
Nalababen Patel		Ventcello dr. Las Vegas, NV 89138	home-maker

Father

Kavir N. Patel

123 chambolle ct. Las Vegas, NV 89144 self-employed

Mother

Jaya K. Patel

chambolle ct. Las Vegas, NV 89144 home-maker

Father-in-Law

Ramesh H. Patel

Kapurwada, Dholka Gujarat India

Mother-in-Law

Nalababen Patel

Ventcello dr. Las Vegas, NV 89138 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			
Kamalesh Patel		Amador Ranch Las Vegas, NV 89149	engineer
Meeta Patel		Amador Ranch Las Vegas, NV 89149	pharmacist
Spouse			
Rajesh Patel		Bayhaven ct Las Vegas, NV 89131	self-employed
Sanka Patel		Bayhaven ct. Las Vegas, NV 89131	Dentist
Spouse			
MA			
Spouse			
N/A			
Spouse			
N/A			
Spouse			
MA			

Spouse

Kamalesh Patel

Amador Ranch Las Vegas, NV 89149 engineer

Meeta Patel

Amador Ranch Las Vegas, NV 89149 pharmacist

Spouse

Rajesh Patel

Bayhaven ct Las Vegas, NV 89131 self-employed

Sanka Patel

Bayhaven ct. Las Vegas, NV 89131 Dentist

Spouse

MA

Spouse

N/A

Spouse

N/A

Spouse

MA

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	N/A			Yes ☐ No ☒
High School	Diamond Bar HS	Diamond Bar, CA	1996-1999	Yes ☒ No ☐
College University	CAL Poly Pomona	Pomona, CA	1999-2002	Yes ☒ No ☐
Other	University of Las Vegas	Las Vegas, NV	2005-2007	Yes ☒ No ☐

Type of degree obtained, if any BS in Business Admin/CIS ; MS in AccountancyCollege or university where obtained Cal-Poly Pomona ; UNLVApplicant's initial AP

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch NIA 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 NIA 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
----------------	-----	--------	-------------------------	-----------------	------------------

NIAB. 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? NIA city, county and state _____G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? NIA 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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NIANIANIAApplicant's initial AP

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
Present - 06/2018	Ventucello Dr	Las Vegas	NV 89138
2002 - 06/2018	1500 chambolle ct.	Las Vegas,	NV 89144
1995 - 2002	1628 Fire Hollow dr.	Diamond Bar,	CA 91765
N/A			

Applicant's initial

AP

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>Nate Nash</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89106</u>	-	<u>11 10 years</u>
Employer <u>self employed</u>	Business					
Name <u>Tammi Owens</u>	Home	<u>Reno, NV</u>				<u>11 15 years</u>
Employer <u>GCB</u>	Business					
Name <u>Parvin Patel</u>	Home	<u>Las Vegas, NV</u>				<u>20 years</u>
Employer <u>Self employed</u>	Business					
Name <u>David Reed</u>	Home	<u>Las Vegas, NV</u>				<u>6 years</u>
Employer <u>Banker</u>	Business	<u>Wells Fargo</u>				
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
<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

CPA - Nevada - 2009 (held since)

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

AP

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 ☒



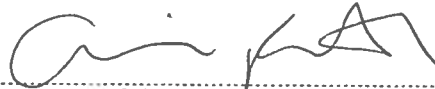
STATE OF Nevada

ss.

COUNTY OF Clark

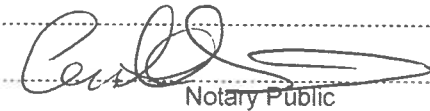
I, Anisha Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.



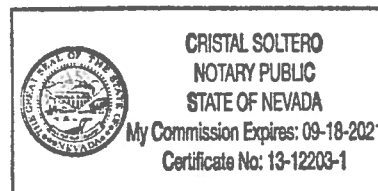
Original Signature of Applicant

Subscribed and Sworn to before me this 17th day of April, 2020



Notary Public

(seal)



Applicant's initial



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APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 2-2-21

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 Plus One Pharmacy
Nature of Pharmacy or Wholesaler
6545 S Fort Apache #140 LV NV 89148
Name and Address of Business for Which Designated Representative Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Shimp David Ailen
Last Name First Name Middle Name

N/A
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Deer Lake St Las Vegas NV 89134
Present Residence Address-Street or RFD City State/Zip

6545 S Fort Apache #140 Las Vegas NV 89148
Present Business Address City State/Zip

Pharmacist in Charge
Present Position with the Pharmacy or Wholesaler Dates

Phone:
 Residence

Business N/A

Scottsbluff Nebraska
Date of Birth Place of Birth (City, County, State)

M
Age Social Security Number Sex

Blue Blond white 179 5-10
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

MARITAL INFORMATION-Continued

A. **Current Marriage** 12-1-18 Las Vegas Clark Nevada
Date City, County and State
 Spouse's full name (Maiden) Larry D Rodriguez
SS# or ITIN
 Date of Birth Place of Birth Vargas San Jose Costa Rica
 Resident address Deer Lake St Las Vegas NV 89134
Street City State Zip
 Telephone: Residence Business
 Spouse's employer N/A Occupation Home maker
 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
Jacqueline	9-19-16	8-25-14	DIVORCE	Las Vegas NV
Connie Hooper	8-13-1991	9-9-1989	DIVORCE	Medford Oregon
Eva	1-29-1987	7-11-81	DIVORCE	Kings Beach California

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Do Not Know					

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
None			

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 DS

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

Richard F Shimp ?		Thomasville Georgia	deceased
-------------------	--	---------------------	----------

Mother

Elnora I Shimp		Rancho Cordova California	deceased
----------------	--	---------------------------	----------

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
---------------	------------	---------	------------

Kevin Shimp	-	Abbott Ford Way Rancho Cordova California	Mechanic
-------------	---	---	----------

Spouse

Wife June Shimp		same address	unemployed
-----------------	--	--------------	------------

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☐ No ☐
High School	Kinney High	Rancho Cordova California		Yes ☒ No ☐
College				Yes ☐ No ☐
University				Yes ☐ No ☐
Other	Oregon State University	Corvallis Oregon	1990-1994	Yes ☒ No ☐

Type of degree obtained, if any B.S. in PharmacyCollege or university where obtained Oregon State University

Applicant

DS

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
10-9-2008	53	Reckless Driving	Las Vegas, Nevada		Nevada Highway
				Finalized 7-16-2015	Patrol

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 DS

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.

May 2003	Meditech Laboratories 3200 Polaris Ave	17,440
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
PIC	Pharmacist	Joan Simpson
Title	Description of Duties	Name of Supervisor
I have been a licensed Pharmacist in Nevada since 1996		
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.

DS

Applicant

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
Defendant	6-25-2009	Superior Court California San Diego		7-19-2016
		37201100092682		

- 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
2-1996 to 10-1998	9589 W Chadstone	Las Vegas	NV Clark
10-1998 to 8-2011	8908 Rocky Shore Dr	Las Vegas	NV Clark
8-2011 to 5-2014	3644 S. Ft Apache Rd #1078	Las Vegas	NV
5-2014 to 11-2016	3037 Wonderview Dr.	Las Vegas	NV
11-2016 to 3-2017	8721 Pennyslope Ave	Las Vegas	NV
3-2017 to 9-2017	Villa Arriba Condominium	Escazu, Costa Rica	
9-2017 to 11-2017	Jaco Park Condominium	Jaco beach	Costa Rica
11-2017 to 3-2018	4470 Melrose Abby Pl	Las Vegas	NV.
3-2018 to 8-2018	10540 Blenheim Ave	Las Vegas	NV.
8-2018 to 9-2019	8820 Valla Ridge Dr.	Las Vegas	NV
9-2019 through current 2-2021		Deer Lake St	
		Las Vegas	NV.

Applicant

DS

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>Sally Chia</u>	Home	<u>Las Vegas</u>	<u>NV</u>			<u>4</u>
Employer <u>Refill Pharmacy</u>	Business	<u>Pharmacy</u>				
Name <u>Ashkan Mousa</u>	Home	<u>Vinograd</u>	<u>Las Vegas</u>	<u>NV</u>		<u>20</u>
Employer <u>Wellness Pharmacy</u>	Business	<u>Pharmacy</u>				
Name <u>Jim Koppert</u>	Home	<u>Gold River</u>	<u>California</u>			<u>50</u>
Employer <u>retired</u>	Business	<u>Business machines</u>				
Name <u>Dale Wolf</u>	Home	<u>Las Vegas</u>	<u>NV</u>			<u>16</u>
Employer <u>retired</u>	Business					
Name <u>Dan Harris</u>	Home	<u>Pahrump</u>	<u>NV</u>			<u>42</u>
Employer <u>Self-employed</u>	Business	<u>Farming</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

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:

Reno, Nevada year 2003 to obtain new pharmacy license
Henrico Virginia year 2013 for reinstatement of my Virginia R.Ph License

Applicant

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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 2-1-2021

Applicant DS

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, David A. Shimp, 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

David A. Shimp
2-2-2021

[Signature]
DIEGO CASTILLO-RAMOS NOTARY PUBLIC
2 / 2 / 2021



ADDITIONAL INFORMATION

[illegible]

Applicant

E-FILED

JUL 22 2015

Initials LB

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

AND FOR THE COUNTY OF CLARK

THE STATE OF NEVADA,

Plaintiff

vs.

SHIMP, David Allen

Defendant

Case No. C-12-280141-1

Department No. 8

PETITION AND ORDER HONORABLY DISCHARGING PROBATIONER

To the Honorable Judge DOUGLAS SMITH, of the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, the Undersigned Chief Probation Officer for the State of Nevada now reports as follows concerning the above Defendant: Said Defendant was placed on probation by order of the Court for a term of a fixed said Order being dated the 25 of July, 2012. Said Probationer has satisfactorily completed all of the conditions of probation or has demonstrated fitness for honorable discharge but because of economic hardship, verified by the Division, has been unable to make restitution as ordered by the court.

THEREFORE, the undersigned petitions and recommends that said Probationer be Honorably discharged and released from further supervision in accordance with NRS 176A.850.

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person. Attached are documents explaining restoration of Civil Rights and Sealing of records.

Dated this 17 day of July, 2015

B. Wood
Natalie A. Wood, Chief Parole and Probation

VIRGINIA:**BEFORE THE BOARD OF PHARMACY**

IN RE: DAVID A. SHIMP
PHARMACIST REINSTATEMENT APPLICANT
License No. 0202-209023

ORDER

Pursuant to § 2.2-4020, § 2.2-4021, § 54.1-110, § 54.1-2400(11) and § 54.1-2409 of the Code of Virginia (1950), as amended ("Code"), a formal administrative hearing was held before the Board of Pharmacy ("Board") on September 10, 2013, in Henrico, Virginia, to receive and act upon the application of David A. Shimp to reinstate his license to practice pharmacy in the Commonwealth of Virginia, which was mandatorily suspended by the Department of Health Professions on November 16, 2012, pursuant to § 54.1-2409 of the Code. The case was prosecuted by James E. Schliessmann, Senior Assistant Attorney General. Erin L. Barrett, Assistant Attorney General, was present as legal counsel for the Board. Mr. Shimp was present and was represented by Joel M. McCray, Esquire. The proceedings were recorded by a certified court reporter.

Upon consideration of the evidence presented, the Board adopted the following Findings of Fact and Conclusions of Law.

FINDINGS OF FACT

The Board finds that:

1. David A. Shimp held license number 0202-209023 issued by the Board to practice pharmacy in the Commonwealth of Virginia. Said license was mandatorily suspended by an Order of the Department of Health Professions entered on November 16, 2012.
2. On August 8, 2012, Mr. Shimp was convicted in the District Court of Clark County, Nevada, of one count of reckless driving in a manner that proximately causes the death of, or

D. Shimp

substantial bodily harm to, another person, a felony. He was sentenced to between 28 and 72 months in jail, all suspended; he was given 5 years of probation, six months of house arrest, and a curfew; he was required to refrain from alcohol and drugs; he had to attend a victim impact panel; he had to submit to substance abuse counseling and random urinalysis, at his expense, for as long as deemed necessary; and he had to pay a \$5,000.00 fine or complete 500 hours of community service.

3. Mr. Shimp has paid all of his fines and has been compliant with his probation. His Probation and Parole Officer state that Mr. Shimp may complete his probation early.

4. Mr. Shimp has provided evidence to the Board that he has completed ten (10) hours of continuing education for the years 2012-2013.

5. The Board finds that Mr. Shimp is safe and competent to return to the practice of pharmacy in the Commonwealth.

CONCLUSIONS OF LAW

The Board concludes that this matter is properly before the Board, and it is at the Board's discretion to approve or deny reinstatement.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusion of Law, it is hereby ORDERED that the application for reinstatement of the license of David A. Shimp to practice pharmacy be, and hereby is, APPROVED conditioned on his providing proof of completion of five (5) additional hours of continuing education to the Board. Upon receipt of the documentation, the Board shall issue Mr. Shimp an unrestricted license to practice pharmacy.

As provided by Rule 2A:2 of the Supreme Court of Virginia, Mr. Shimp has thirty (30) days from the service date in which to appeal this decision by filing, in writing, a Notice of Appeal with

D. Shimp

Caroline D. Juran, Executive Director, Board of Pharmacy, 9960 Mayland Drive, Suite 300, Henrico, Virginia, 23233-1463. The service date shall be defined as the date Mr. Shimp actually received this decision or the date it was mailed to him, whichever occurred first. In the event this decision is served upon him by mail, three (3) days are added to that period.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public release, inspection and copying upon request.

FOR THE BOARD:


Caroline D. Juran
Executive Director

Entered: September 17, 2013

BOARD OF PHARMACY
OF THE STATE OF OREGON

Case No. 2013-0232

In the Matter of the
Pharmacist License of

DAVID ALLEN SHIMP, R.Ph.

NOTICE OF PROPOSED
DISCIPLINARY ACTION;
ANSWER REQUIRED

Licensee

The Oregon Board of Pharmacy proposes to discipline you pursuant to ORS 689.445, 689.135, 689.405 and 689.145, because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as alleged below:

On 8/21/2009, the Justice Court for Las Vegas Township of Clark County, Nevada charged you with Driving and/or Being in Actual Physical Control While Under the Influence of Intoxicating Liquor Causing Death and/or Substantial Bodily Harm (Felony - NRS 484.3795).

On 7/25/2012, you plead guilty to the crime of Reckless Driving (Category B Felony) for the aforementioned. The District Court of Clark County, Nevada adjudged you guilty on 8/8/2012.

On 11/16/2012, the Virginia Department of Health Professions suspended your license to practice as a pharmacist (License No 0202-209023) in the Commonwealth of Virginia for the Reckless Driving felony conviction.

On 2/21/2013, in File Number 53-12-126631 the Michigan Department of Licensing and Regulatory Affairs suspended your license to practice as a pharmacist in Michigan based on your felony conviction and pursuant to section 16239(5) of the Public Health Code. On 4/17/2013, an Order Dissolving Summary Suspension was issued.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(c) and (i) and in violation of and grounds for discipline pursuant to ORS 689.405(1)(a), (e)(A), and (j).

Based on these alleged violations, the Board proposes to impose a \$1,000 civil penalty per violation.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 21 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's final order, and hereby freely and voluntarily waive those rights. I agree to the Board entering the Consent Order.

David Allen Shimp, R.Ph.
Licensee (License No. RPH-0008664)

9-7-13

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

9/11/13

Date

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

036643

File Number: 53-12-126631

ORDER OF SUMMARY SUSPENSION

Administrative Complaint has been filed against the above-named Respondent by the Public Health Code, 1978 PA 368, as amended; MCL 333.16233 promulgated thereunder, and the Administrative Procedures Act, 1969 PA 306, as amended; MCL 24.201 et seq. and

16233(5) of the Public Health Code, supra, mandates the Department of Licensing and Regulatory Affairs, hereafter Department, to find that the public health, safety or welfare requires emergency action if a licensee or registrant is convicted of a crime punishable by imprisonment for a maximum of two years; or a crime involving the illegal delivery, possession or use of a controlled substance; and

Respondent's conviction as set forth in the Administrative Complaint is in violation of section 16233(5) of the Public Health Code, supra, the public health, safety or welfare requires emergency action; now

THEY ORDERED that Respondent's license to practice as a pharmacist in the State of Michigan shall be and hereby is SUMMARILY SUSPENDED, and this Order is served.

Section 16233(6) of the Public Health Code, supra, provides that a controlled substance prescription is automatically void if a licensee's license to practice is suspended or revoked under the Public Health Code.

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

2-036643

File Number: 53-12-126631

ADMINISTRATIVE COMPLAINT

COMES the Michigan Department of Licensing and Regulatory
Complainant, by Carole H. Engle, Director, Bureau of Health Care
Complaint against David Shimp, R.Ph. , hereafter Respondent,
on and belief as follows:

Michigan Board of Pharmacy, hereafter Board, is an
established by the Public Health Code, 1978 PA 368, as
et seq. Pursuant to section 16226 of the Public Health Code,
Disciplinary Subcommittee is empowered to discipline licensees for

Section 16233(5) of the Public Health Code, supra, provides in
ows:

If a licensee or registrant is convicted of a felony; a misdemeanor punishable by imprisonment for a maximum term of two years; or a misdemeanor involving the illegal delivery, possession or use of a controlled substance, the department shall find that the public health, safety, or welfare requires emergency action and, in accordance with section 92 of the administrative procedures act of 1969, shall summarily suspend the licensee's license or the registrant's registration.

On August 8, 2012, in Clark County District Court of Nevada, convicted of Reckless Driving, a felony, in case number C-12-280141- sentenced to a maximum of 72 months and minimum of 28 months suspended; placed on probation for a period of five years with red to pay \$175.00 in fees; and pay a \$5,000.00 fine or complete nity service. A copy of the conviction documents, marked Exhibit incorporated.

WHEREAS, the Board of Pharmacy of the State of Oregon Proposed Disciplinary Action; Answer Required ("Notice"), hereby inc regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the licen and

WHEREAS, the parties are desirous of resolving and settling the above-noted Notice without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with t and the right to judicial review of the Board's final order, and hereby waives those rights; and

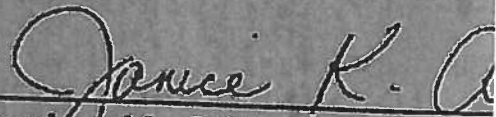
WHEREAS, the licensee admits that the facts alleged in the above that the licensee's conduct, as admitted, violated the statutes and rules of that legal cause exists pursuant to ORS 689.405, ORS 689.445, ORS 689 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set

The Board finds that the allegations in the Notice are true and here

1. The licensee is reprimanded.
2. The Board imposes a civil penalty in the amount of \$ stayed pending no further similar violation for three (3) years.

...document was served upon all parties and/or attorneys c²⁰⁴⁴
by Inter-Departmental mail to those parties employed by the State
UPS/Next Day Air, facsimile, and/or by mailing same to them via
certified mail, return receipt requested, at their respective addresses
this 17th day of April, 2013.


Janice K. Atkins
Michigan Administrative

William Hurth
Health Professions Division
611 W. Ottawa, 1st Fl., P.O. Box 30674
Lansing, MI 48909

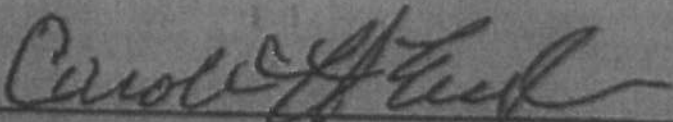
Debra M. Gagliardi
Department of Attorney
Licensing and Regulation
525 W. Ottawa St., P.O.
Lansing, MI, MI 48909

David Shimp, R.Ph.
3644 South Fort Apache Road, #1078
Las Vegas, NV 89147

Carol Holmes
Carol Holmes, P.C.
136 Sandhills Lane
Lake Orion, MI 48362-

es, Department of Licensing and Regulatory Affairs, P.O. Box
an 48909.

DENT IS FURTHER NOTIFIED that, pursuant to section
Health Code, supra, Respondent's failure to submit a written
ys, as noted above, shall be treated as an admission of the
erein and shall result in transmittal of this Complaint directly to
Subcommittee for imposition of an appropriate sanction.


Carole H. Engle, Director
Bureau of Health Care Services

ge of an Administrative Complaint in the matter of David Shimp, R.Ph., File
ore the Disciplinary Subcommittee of the Michigan Board of Pharmacy,
page included.

Filing Type:

Issued and entered
this 17th day of April, 2013
by Shawn Downey
Administrative Law Judge

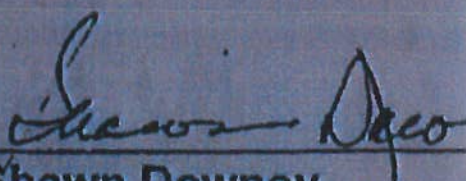
ORDER DISSOLVING SUMMARY SUSPENSION

WHEREAS, a hearing was held on April 1, 2013, in the above Respondent's petition to dissolve the Order of Summary Suspension issued by the Department on February 21, 2013 by the Director of the Bureau of Health Care Regulation and Enforcement, Department of Licensing and Regulatory Affairs (Department); and

WHEREAS, the undersigned Administrative Law Judge has been requested to make a decision, subsequent to hearing, on whether the Order of Summary Suspension shall be continued or dissolved; and

WHEREAS, the undersigned Administrative Law Judge has reached the conclusion of the hearing, that sufficient evidence has not been presented to justify a finding that the public health, safety, or welfare requires emergency suspension or continuation of the Order of Summary Suspension.

NOW THEREFORE, IT IS ORDERED that the Order of Summary Suspension issued by the Department on February 21, 2013, shall be and hereby is dissolved.


Shawn Downey
Administrative Law Judge

COUNT II

Respondent's conduct, as set forth above in paragraph 5, evidences a
Complainant of Respondent's conviction within 30 days of the date of
required by section 16222(3) of the Public Health Code, supra, in
221(j) of the Public Health Code, supra.

This complaint is based upon files and records maintained by
attached Affidavit of Terri Schrauben.

FORE, Complainant requests that a hearing be scheduled
Administrative Procedures Act of 1969, MCL 24.201 et seq; the Public
rules promulgated thereunder, to determine whether disciplinary
against Respondent for the reasons set forth above.

OR, pending a hearing and final determination of the within cause,
in 16233(5) of the Public Health Code, supra, Complainant states
safety, and welfare requires emergency action and Respondent's

13D

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: PREMIER PHARMACY

Physical Address: 6530 S. BUFFALO DR STE 110

City: LAS VEGAS State: NV Zip Code: 89113 Telephone: 702-444-2021

Fax: 702-444-2053 Toll Free Number: N/A

E-mail: PREMIERPHARMACYLV@GMAIL.COM

Website: N/A

Managing Pharmacist: JORGE RAMIREZ- SILVA License Number: 17092

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

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.

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

JOHNNY NGUYEN

Print Name of Authorized Person

02/24/2021

Date

Board Use Only

Date Processed: _____

Amount: 500

Managing Pharmacist

 Pharmacist Name: JORGE RAMIREZ-SILVA

 License #: 17092

 Pharmacy Name: PREMIER 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.

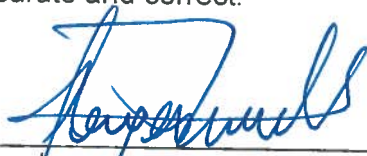
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	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

02.24.2021.

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 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, **Premier Pharmacy 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 02/16/2021, 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 02/22/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202102221445648

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

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
*Deputy Secretary for
Commercial Recordings*

STATE OF NEVADA

**OFFICE OF THE
SECRETARY OF STATE**

*Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888*

Business Entity - Filing Acknowledgement

02/16/2021

Work Order Item Number: W2021021601915 - 1131841
Filing Number: 20211239879
Filing Type: Articles of Organization
Filing Date/Time: 02/16/2021 16:50:13 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E12398802021-1

Entity Name: Premier Pharmacy LLC

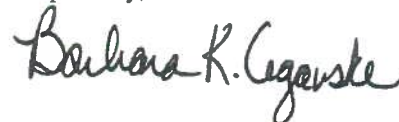
Entity Status: Active

Expiration Date: None

Commercial Registered Agent
NORTHWEST REGISTERED AGENT, LLC.
401 RYLAND ST STE 200-A, Reno, NV 89502, 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**

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

02/16/2021

Work Order Item Number: W2021021601915 - 1131842
Filing Number: 20211239881
Filing Type: Initial List
Filing Date/Time: 02/16/2021 16:50:14 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E12398802021-1

Entity Status: Active

Entity Name: Premier Pharmacy LLC

Expiration Date: None

Commercial Registered Agent
NORTHWEST REGISTERED AGENT, LLC.
401 RYLAND ST STE 200-A, Reno, NV 89502, 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. CEGAUSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

www.nvsilverflume.gov

Filed in the Office of <i>Barbara K. Cegauske</i>	Business Number E12398802021-1
Secretary of State State Of Nevada	Filing Number 20211239879
	Filed On 02/16/2021 16:50:13 PM
	Number of Pages 2

Formation - Limited-Liability Company

- | | |
|---|--|
| ☒ NRS 86 - Articles of Organization Limited-Liability Company | ☐ NRS 86.544 - Registration of Foreign Limited-Liability Company |
| ☐ NRS 89 - Articles of Organization Professional Limited-Liability Company | ☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company |

1. Name Being Registered in Nevada: (See instructions)	Premier Pharmacy LLC
2. Foreign Entity Name: (Name in home jurisdiction)	
3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)	3a) Jurisdiction of formation: _____ 3b) Date formed: _____ 3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐
4. Registered Agent for Service of Process*: (check only one box)	☒ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below) NORTHWEST REGISTERED AGENT, LLC. Name of Registered Agent OR Title of Office or Position with Entity 401 RYLAND ST STE 200-A Reno Nevada 89502 Street Address City State Zip Code Mailing Address (If different from street address) City Nevada Zip Code
4a. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> X Tom Glover, Manager of Northwest Registered Agent LLC 02/16/2021 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
5. Management: (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) ☒ Manager(s) OR ☐ Member(s)
6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions) Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions) IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	1) Johnny Nguyen Name 401 Ryland St. STE 200-A Reno NV 89502 Address City State Zip Code
7. Dissolution Date: (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual): _____



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)																
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company ☐ Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐															
10. Records Office: (Foreign Limited-Liability Companies)	Address Country	City	State	Zip code												
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address Country	City	State	Zip code												
12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 - Each Organizer must be a licensed professional.) Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process. 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. <table style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Morgan Noble</td> <td style="border: 1px solid black; padding: 2px;">United States</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Country</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">401 Ryland St. STE 200-A</td> <td style="border: 1px solid black; padding: 2px;">Reno</td> </tr> <tr> <td style="text-align: center;">Address</td> <td style="text-align: center;">City</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">X Morgan Noble</td> <td style="border: 1px solid black; padding: 2px;">NV 89502</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">State Zip/Postal Code</td> </tr> </table> (attach additional page if necessary)				Morgan Noble	United States	Name	Country	401 Ryland St. STE 200-A	Reno	Address	City	X Morgan Noble	NV 89502	Signature	State Zip/Postal Code
Morgan Noble	United States															
Name	Country															
401 Ryland St. STE 200-A	Reno															
Address	City															
X Morgan Noble	NV 89502															
Signature	State Zip/Postal Code															

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Premier Pharmacy LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E12398802021-1
Secretary of State State Of Nevada	Filing Number 20211239881
	Filed On 02/16/2021 16:50:14 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 and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
 Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE <u>MANAGER</u> :			
Johnny Nguyen	USA		
Name	Country		
401 Ryland St. STE 200-A	Reno	NV	89502
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 Morgan Noble

Signature of Officer, Manager, Managing
 Member, General Partner, Managing Partner,
 Trustee, Member, Owner of Business,
 Partner or Authorized Signer FORM WILL BE RETURNED IF

UNSIGNED

Organizer

Title

02/16/2021

Date

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 **Premier Pharmacy LLC** did, on 02/16/2021, 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.



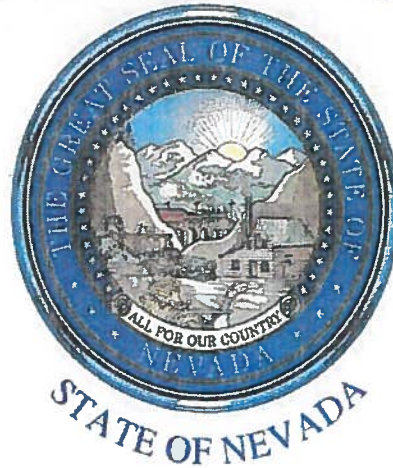
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/16/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202102161434870
You may verify this certificate
online at <http://www.nvsos.gov>

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Premier Pharmacy LLC

Nevada Business Identification # NV20212018103

Expiration Date: 02/28/2022

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.



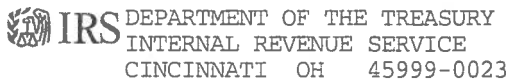
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/16/2021.

A handwritten signature in black ink that reads "Barbara K. Cegavske".

Certificate Number: B202102161434871

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

BARBARA K. CEGAVSKE
Secretary of State



Date of this notice: 02-19-2021

Employer Identification Number:
86-2166349

Form: SS-4

Number of this notice: CP 575 A

PREMIER PHARMACY LLC
JOHNNY NGUYEN MBR
6530 S BUFFALO DR STE 110
LAS VEGAS, NV 89113

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 86-2166349. 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 941	07/31/2021
Form 940	01/31/2022
Form 1065	03/15/2022

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.

(IRS USE ONLY) 575A

02-19-2021 PREM B 9999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

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.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is PREM. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A

02-19-2021 PREM B 9999999999 SS-4

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

999999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 02-19-2021
EMPLOYER IDENTIFICATION NUMBER: 86-2166349
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

PREMIER PHARMACY LLC
JOHNNY NGUYEN MBR
6530 S BUFFALO DR STE 110
LAS VEGAS, NV 89113

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 02/24/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for PHARMACY

Nature of Pharmacy or Wholesaler
PREMIER PHARMACY, 6530 S. BUFFALO DR STE 110, LAS VEGAS, NV 89113
Name and Address of Business for Which Designated Representative Is Requested
PREMIER PHARMACY
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

RAMIREZ-SILVA JORGE RAFAEL
Last Name First Name Middle Name
N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

GROVE PARK ST. HENDERSON NV, 89002
Present Residence Address-Street or RFD City State/Zip

N/A Dates
Present Business Address City State/Zip

N/A Dates
Present Position with the Pharmacy or Wholesaler

Phone:
Residence

Business

SANTIAGO, CHILE
Date of Birth Place of Birth (City, County, State)

49 MALE
Age Social Security Number or ITIN Sex

GREEN BROWN WHITE 190 LBS HEAVY 5' 6"
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 JRS

Page 1

MARITAL INFORMATION-Continued

A. Current Marriage 05/21/2005 LAS VEGAS, CLARK COUNTY, NEVADA

Spouse's full name (Maiden) CAROL SAMPSON SS# or ITIN

Date of Birth Place of Birth LAS VEGAS, NEVADA, USA

Resident address 5 GROVE PARK ST. HENDERSON NV 89002

Street City State Zip

Telephone: Residence 702- Business 877-845-4805

Spouse's employer PANORAMA MORTGAGE GROUP Occupation LOAN PROCESSOR

Address of employer 350 S. RAMPART BLVD., STE 310, LAS VEGAS, NV 89145

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
SOFIA ELENA RAMIREZ		HENDERSON, NV	5 GROVE PARK ST.

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 JRS

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			
JORGE LUIS RAMIREZ COHEN	JUAN MALEBRAN	PUENTE ALTO, CHILE	RETIREE
Mother			
JULIA MARGARITA SILVA PADILLA	JUAN MALEBRAN	PUENTE ALTO, CHILE	HOMEMAKER
Father-in-Law			
ALLEN ARDEN SAMPSON	2 PACIFIC AVE	HENDERSON, NV 89105	RETIREE -VETERAN
Mother-in-Law			
MARCIA SAMPSON	. PACIFIC AVE	HENDERSON, NV 89105	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
MARGARITA DESIREE RAMIREZ SILVA		AV. GABRIELA ORIENTE	PUENTE ALTO, CHILE
Spouse			
JUAN CARLOS OPAZO SOTO		AV. GABRIELA ORIENTE	PUENTE ALTO, CHILE
AUTO MECHANIC			

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	INSTITUTO NACIONAL JOSE MIGUEL CARRERA	SANTIAGO, CHILE	1976-1985	Yes ☒ No ☐
High School	INSTITUTO NACIONAL JOSE MIGUEL CARRERA	SANTIAGO, CHILE	1986-1989	Yes ☒ No ☐
College University	UNIVERSIDAD DE CHILE, SANTIAGO, CHILE (PHARMACY SCHOOL)		1990-2000	Yes ☒ No ☐
Other				Yes ☐ No ☒

Type of degree obtained, if any DOCTOR OF PHARMACEUTICAL CHEMISTRY / CLINICAL PHARMACYCollege or university where obtained UNIVERSIDAD DE CHILE, SANTIAGO, CHILE (PHARMACY SCHOOL)Applicant's initial JRS

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 _____ 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 **JRS**

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
01/1990-05/2003	JUAN MALEBRAN 2788,	PUENTE ALTO,	CHILE
05/03/2003 - 02/02/2007	7000 PARADISE AVE , APT 1054	LAS VEGAS, NV 89123 ,	CLARK COUNTY
02/02/2007- PRESENT	GROVE PARK ST.	HENDERSON, NV 89002,	CLARK COUNTY

Applicant's initial JRS

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 05/2003	Name/Mailing Address of Employer/Business COLONIAL HOME CARE / OUT OF BUSINESS	Number of Employed Hours 6,240
Title CLINICAL COORDINATOR	Description of Duties COORDINATE CARE OF PATIENTS	Name of Supervisor DARRIS CLARK RN
Month and Year 06/2006	Name/Mailing Address of Employer/Business WALGREENS/2880 N. LAS VEGAS BLVD	Number of Employed Hours 22,880
Title STAFF PHARMACIST	Description of Duties ALL RPH DUTIES ON RETAIL SETTING	Name of Supervisor JULIE HAMILTON
Month and Year 08/2017	Name/Mailing Address of Employer/Business CVS/ 3501 STOCKTON HILL RD., KINGMAN, AZ 86409	Number of Employed Hours 6,240
Title PHARMACYMANAGER	Description of Duties ALL DUTIES OF A RXM	Name of Supervisor JOHN CERNI
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 JRS

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>DARRIS CLARK, RN</u>	Home <u>DE FLAMINGO RD,</u>	<u>LAS VEGAS, NV</u>				<u>18</u>
Employer <u>MANAGER</u>	Business <u>COLONIAL HOME CARE / OUT OF BUSINESS</u>					
Name <u>JULIE HAMILTON</u>	Home <u>WINDMILL ,</u>	<u>LAS VEGAS , NV 89123</u>			<u>4</u>	<u>6</u>
Employer <u>WALGREENS</u>	Business <u>WALGREENS/2880 N. LAS VEGAS BLVD</u>					
Name <u>SHELLY VERMA</u>	Home <u>W HORIZON,</u>	<u>HENDERSON 89012</u>				<u>6</u>
Employer <u>WALGREENS</u>	Business <u>WALGREENS/2880 N. LAS VEGAS BLVD NV 89030</u>					
Name <u>PAMELA BLEDSOE</u>	Home <u>FLAMINGO RD,</u>	<u>LAS VEGAS, NV</u>				<u>18</u>
Employer <u>CLINICAL DIRECTOR</u>	Business <u>COLONIAL HOME CARE / OUT OF BUSINESS</u>					
Name <u>ELLEN SIMMS , RN</u>	Home <u>NANCY JEAN COVE,</u>	<u>CEDAR PARK, TX 78613</u>				<u>17</u>
Employer <u>CLINICAL SUPERVISOR</u>	Business <u>COLONIAL HOME CARE/OUT OF BUSINESS</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

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 JRS

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 02/24/2021

Applicant's initial JRS

STATE OF Texas

SS.

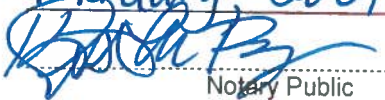
COUNTY OF Tarrant

I, JORGE RAMIREZ-SILVA, 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,

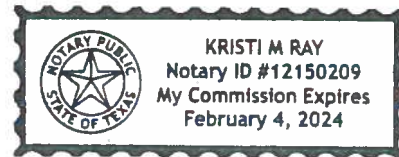
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of
February, 2021


Notary Public



(seal)

Applicant's initial JRS

ADDITIONAL INFORMATION

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 JRS

Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 02/24/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

 Application for PHARMACY

PREMIER PHARMACY, 6530 S. BUFFALO DR STE 110, LAS VEGAS, NV 89113		Nature of License
PREMIER PHARMACY		Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated		

1. PERSONAL INFORMATION:

NGUYEN	JOHNNY	MINH
Last Name	First Name	Middle Name
N/A		
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
NOB HILL DR	NORTH RICHLAND HILLS	TX/76182
Present Residence Address-Street or RFD	City	State/Zip
711 E LAMAR BLVD STE 100	2019-PRESENT	TX/76011
Present Business Address	Dates	City
ARLINGTON		State/Zip
PHARMACIST	Dates 2019-PRESENT	
Occupation		Phone:
		Residence
		Business
	DALLAS, DALLAS, TX	817-459-8400
Date of Birth	Place of Birth (City, County, State)	
30	MALE	
Age	Social Security Number or ITIN	Sex
BROWN	BLACK	TAN
Color of Eyes	Color of Hair	Complexion
	145	LEAN
	Weight	Build
		5'6"
		Height

 Scars, tattoos or distinguishing marks and/or characteristics N/A

 Are you a citizen of the United States? ☒ Yes ☐ No ☐ If alien, registration No N/A

 If naturalized, certificate No N/A Date N/A

 Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

 Single ☐ ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

 Applicant's initial JMN

MARITAL INFORMATION-Continued

A. Current Marriage 7/29/2018 HURST, TARRANT, TX
Date City, County and State
 Spouse's full name (Maiden) LINDA LAN NGUYEN SS# or ITIN#
 Date of Birth _____ Place of Birth FORT WORTH, TX
 Resident address NOB HILL DR NORTH RICHLAND HILLS TX 76182
Street City State Zip
 Telephone: Residence _____ Business 682-323-5258
 Spouse's employer BALL PARK PHARMACY Occupation PHARMACIST
 Address of employer 1900 BALLPARK WAY ARLINGTON TX 76006
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: N/A

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses: N/A

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
THEA NGUYEN		GRAPEVINE, TX	4 NOB HILL DR, NORTH RICHLAND HILLS, TX 76182
EMMA NGUYEN		GRAPEVINE, TX	4 NOB HILL DR, NORTH RICHLAND HILLS, TX 76182

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 JMN

Page 2

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
BILLY NGUYEN Father		1 CARVER LANE IRVING, TX 76051	SHIPPING & RECEIVING
HIEU NGUYEN Mother		CARVER LANE IRVING, TX 76051	SEWER
THANG QUOC NGUYEN Father-in-Law		1 NOB HILL DR, NORTH RICHLAND HILLS, TX 76182	CONVENIENT STORE MANAGER
LIEU THI BUI Mother-in-Law		1 NOB HILL DR, NORTH RICHLAND HILLS, TX 76182	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
HENRY NGUYEN Spouse		7 RATON DR, ARLINGTON, TX 76018	QUALITY ASSURANCE
XUAN NGUYEN		7 RATON DR, ARLINGTON, TX 76018	DENTAL HYGIENIST
KENNY NGUYEN Spouse		1 CARVER LANE IRVING, TX 76051	VIDEOGRAPHER
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate	
Grammar School J.O. DAVIS	310 DAVIS DR IRVING, TX 75061	1995 - 2001	☒ Yes	☐ No
High School IRVING HIGH SCHOOL	900 N O'CONNOR RD IRVING, TX 75061	2005-2009	☒ Yes	☐ No
College University UNIVERSITY OF TEXAS - ARLINGTON	701 S NEDDERMAN DR ARLINGTON, TX 76019	2009-2013	☒ Yes	☐ No
Other UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER	3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	2015-2019	☒ Yes	☐ No

Type of degree obtained, if any B.S. BIOLOGY, PHARM. D.College or university where obtained UNIVERSITY OF TEXAS - ARLINGTON, UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTERApplicant's initial JMN

Page 3

March 11, 2020

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 JMN

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
07/2018 - PRESENT	NOB HILL DR	NORTH RICHLAND HILLS	TX
11/1990 - 08/2016	1400 CARVER LANE	IRVING	TX

Applicant's initial JMN

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
07/2019	DFW WELLNESS PHARMACY/ 711 E LAMAR BLVD STE 101, ARLINGTON, TX 76011/PHARMACY	N/A
Title	Description of Duties	Name of Supervisor
PHARMACIST	DISPENSING, DISTRIBUTION OF, AND RECORDKEEPING RELATING TO PRESCRIPTION DRUGS	LATA NARAWANE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2013	DFW WELLNESS PHARMACY/ 711 E LAMAR BLVD STE 101, ARLINGTON, TX 76011/PHARMACY	N/A
Title	Description of Duties	Name of Supervisor
PHARMACY TECHNICIAN	DATA ENTRY, CLERICAL DUTIES, FILLING PRESCRIPTIONS	LATA NARAWANE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2013	CVS/2500 W PARK ROW DR, PANTEGO, TX 76013/ PHARMACY	OTHER JOB OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PHARMACY TECHNICIAN	DATA ENTRY, CLERICAL DUTIES, FILLING PRESCRIPTIONS	ELLOISE
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 JMN

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 THUAN BUI	Home	PAIGE POINT CIRCLE, CYPRESS, TX 77434				6
Employer CHI ST LUKES HEALTH - THE VINTAGE HOSPITAL	Business	20171 CHASEWOOD PARK DR, HOUSTON, TX 77070			832-534-5000	
Name JUN WANG	Home	PAIGE POINT CIRCLE, CYPRESS, TX 77434				6
Employer CVS	Business	8960 BARKER CYPRESS ROAD, CYPRESS, TX 77433			281-656-3520	
Name DANIEL SON	Home	WINDHAVEN PKWY #4117, LEWISVILLE, TX 75056				21
Employer FIDELITY INVESTMENTS	Business	5905 LEGACY DR #A100, PLANO, TX 75024			800-544-8645	
Name DONNA SON	Home	WINDHAVEN PKWY #4117, LEWISVILLE, TX 75056				21
Employer EDGEMERE	Business	8523 THACKERY ST, DALLAS, TX 75225			214-265-9100	
Name MICHAEL LOPEZ	Home	LEWIS PLACE #1663, ADDISON, TX 75001				24
Employer J. HILBURN	Business	883 TRINITY DR, LEWISVILLE, TX 75056			866-789-5381	

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.

TYPE:	WHEN:	NAME:	LOCATION:	LICENSING AGENCY:
PHARMACY	12/06/2018	SUMMIT PHARMACY	11877 E ARAPAHOE RD STE 150 CENTENNIAL, CO 80112	COLORADO STATE BOARD OF PHARMACY

Applicant's initial JMN

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 ☒

OKLAHOMA STATE BOARD OF PHARMACY - NEW PHARMACIST INTERVIEW

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 02/24/2021

Applicant's initial JMN

STATE OF Texas

ss.

COUNTY OF TarrantI, JOHNNY NGUYEN,

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,

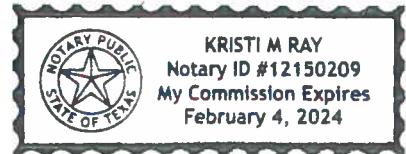
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of

February 2021
[Signature]

Notary Public



(seal)

Applicant's initial JMN

[illegible]

Page 10

13E

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: US Pharmacy

Physical Address: 3550 E Flamingo Rd Suite 135

City: Las Vegas NV State: NV Zip Code: 89121 Telephone: 702-901-1293

Fax: - Toll Free Number: NA

E-mail: uspharmacy20@gmail.com

Website: -

Managing Pharmacist: Fernesser Tracey License Number: 09913

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: Delivery local

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.

Fernesser Darlene Tracey

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

FERNESSER DARLENE TRACEY

Print Name of Authorized Person

14 Oct 2020

Date

Board Use Only

Date Processed: _____

Amount: 500.00

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 X

List names of 4 largest partners and percentage of ownership:

Name: Fernesser D. Tracey %: 51
 Name: Tania Pieta Hernández %: 25
 Name: Javier Hernández Díaz %: 24
 Name: _____ %: _____

Partnership Name: US Pharmacy LLC
 Mailing Address: 4839 Sangay Way
 City, State Zip Code: Las Vegas, NV 89147
 Telephone Number: 702-901-1293 Fax Number: NA
 Contact Person: Javier Hernández Díaz

List any physician shareholders and percentage of ownership.

Name: None %: _____
 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: NV 20201882758

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, FERNESSER DARLENE TRACEY

Responsible Person of US 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.

Fernesser Darlene Tracey

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

FERNESSER DARLENE TRACEY

Print Name of Authorized Person

14 OCTOBER 2020

Date

Managing Pharmacist

Pharmacist Name: FERNESSER DARLENE TRACEY

License #: 09913

Pharmacy Name: US 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?	☐	☒

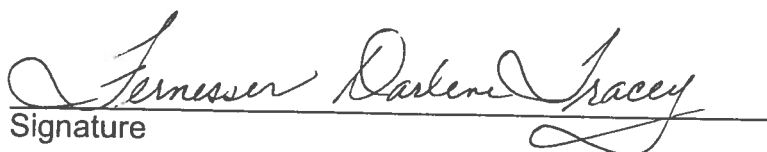
If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: NV Date: JAN 2013 Case #: unknown
 And/or Criminal Action: State: _____ Date: _____ Case #: _____
 County: _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

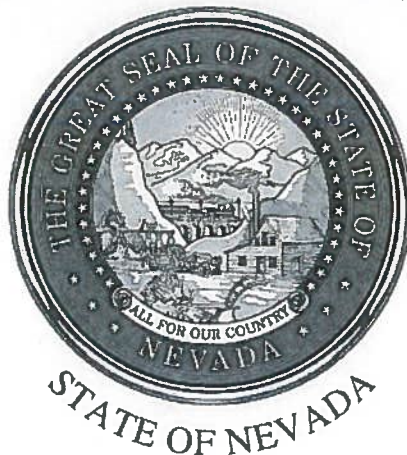
1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada 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

14 OCTOBER 2020
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, **U.S PHARMACY 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 09/01/2020, 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 10/02/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202010021122079

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

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

Javier Hernandez Diaz
5839 Candia Ct
Las Vegas, NV 89141, USA

Work Order #: W2020100201028
September 28, 2020
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 358334

Charges

Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Business Entity Certificate Request	20200955061	9/28/2020 10:00:00 AM	Approved	1	\$50.00	\$50.00
Business Entity Certificate Request			Pending	1	\$50.00	\$50.00
Total						\$100.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6016619249056851503052	Success	\$100.00
Total			\$100.00

Credit Balance: \$0.00

Javier Hernandez Diaz
5839 Candia Ct
Las Vegas, NV 89141, USA

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 14 OCTOBER 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 PHARMACY
U.S. PHARMACY 3550 E FLAMINGO RD SUITE 135 LAS VEGAS, NV 89121
 Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

TRACEY FERNESSE DARLENE
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

ROAN AVENUE LAS VEGAS NV 89119
 Present Residence Address-Street or RFD City State/Zip

3550 E FLAMINGO RD #135 LAS VEGAS NV 89120
 Present Business Address Dates City State/Zip

PHARMACIST PHARMACY
 Present Position with the Pharmacy or Wholesaler Dates

Phone:
 Residence 702-901-1293

Business 702-901-1293

66 SAN FRANCISCO, SAN FRANCISCO, CA
 Date of Birth Place of Birth (City, County, State)

66 --- F
 Age Social Security Number or ITIN Sex

BROWN DK BROWN/GRAY DARK 145 5'2"
 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 sh

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
KENDELL DUTSON	31 OCT 1999	10 SEPT 1988	DIVORCE	LAS VEGAS, CLARK, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
KENDELL DUTSON	365 S 100 W	HYRUM	UT	84319	702-328-4487

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
NATHANIEL DUTSON		LAS VEGAS, NV	VIA MANTOVA HENDERSON, NV 89011

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			
NATHANIEL TRACEY		KNOWLES AVE DALY CITY, CA 94014	
Mother			
GLADYS WASHINGTON		KNOWLES AVE DALY CITY, CA 94014	
Father-in-Law			
Mother-in-Law			

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			
ADRIENNE TRACEY		LOCHARD ST OAKLAND, CA 94605	
Spouse			
ANTHONY BRACKS			
Spouse			
Spouse			
Spouse			

Spouse

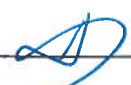
Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	DANIEL WEBSTER	?		Yes ☐ No ☐
High School	JEFFERSON	DALY CITY, CA	SEP 1968-JUN 1972	Yes ☒ No ☐
College	UOP SCHOOL OF PHARMACY	STOCKTON, CA	SEP 1972-APR 1976	Yes ☒ No ☐
University				Yes ☐ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any BACHELOR OF SCIENCECollege or university where obtained UOP SCHOOL OF PHARMACYApplicant'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
Nov 1991 - present	ROAN AVENUE	LAS VEGAS	NV

Applicant's initial

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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
JAN 2020	AMF PHARMACY	560
Title	Description of Duties	Name of Supervisor
FLOATER PHARMACIST	fill prescriptions consult w/providers, assess charts	RACHEL PENA
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
FEB 2019	OPTUM RX 1901 S JONES LV, NV 89146	90
Title	Description of Duties	Name of Supervisor
RELIEF PHARMACIST	cover days off for pharmacist	GREG
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
OCT 2016	FIRST CLASS RX PHARMACY	4160
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	supervise techs, counsel pts, fill prescriptions	SANDRA MARTIN
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
JUL 2010	CVS PHARMACY 8580 W CHARLESTON	8000+
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	counsel pts. supervise & schedule techs, fill prescriptions	RHONDA LUNSFORD
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 <u>CAROL SIMON</u>	Home					
Employer <u>unknown</u>	Business					
Name <u>CONNIE OSBORNE</u>	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

see following
page

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 - CA 1976-1990 Insurance agent - NV 2014-2016
Pharmacist - NV 1988 - 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:

NV BOARD of PHARMACY 2013 insufficient CE hours

Applicant's initial

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Page 7 A

9. CHARACTER REFERENCES:

2101

List five character reference who have known 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>CAROL SIMON</u>	Home	<u>GEARY</u>	<u>LAS VEGAS, NV</u>	<u>89109</u>		<u>6</u>
Employer <u>unknown</u>	Business					
Name <u>CONNIE OSBORNE</u>	Home	<u>ISLAND PARADISE AVE</u>	<u>NV</u>	<u>89031</u>		<u>10</u>
Employer <u>housewife</u>	Business	<u>homemaker</u>				<u>16</u>
Name <u>DOUGLAS BYRD</u>	Home	<u>CADENCE CROSSING</u>	<u>LAS VEGAS, NV</u>	<u>89178</u>		<u>17</u>
Employer <u>BELLAGIO HOTEL</u>	Business	<u>marketing</u>				
Name <u>JACKIE ALLEN</u>	Home	<u>RAWHIDE ST</u>	<u>LAS VEGAS, NV</u>	<u>89119</u>		<u>5</u>
Employer <u>USPS</u>	Business					
Name <u>JEFF BRADSHAW</u>	Home	<u>LAS VEGAS, NV</u>				<u>5</u>
Employer <u>unknown</u>	Business	<u>SEARCH AND RESCUE</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

Pharmacist - CA 1976 - 1980 Insurance agent - NV 2014 - 2016
Pharmacist - NV 1988 - present

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

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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 AS

STATE OF NEVADA

SS.

COUNTY OF CLARK

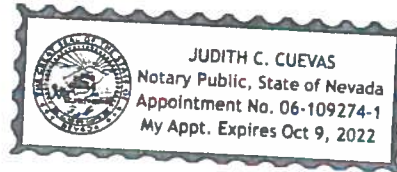
I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a 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.

Tennessee Darlene Tracey
Original Signature of Applicant

Subscribed and Sworn to before me this 14 day of

October, 2020
Judith C Cuevas
Notary Public



(seal)

Applicant's initial

J

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Applicant's initial

A handwritten signature in blue ink, consisting of a stylized 'y' or 'g' shape.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 14 OCTOBER 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 PHARMACY
 US PHARMACY
3550 E FLAMINGO RD SUITE 135 LAS VEGAS, NV 89121
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

TRACEY FERNESSER DARLENE
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

ROAN AVENUE LAS VEGAS NV 89119
 Present Residence Address-Street or RFD City State/Zip

3550 E FLAMINGO RD #135 LAS VEGAS NV 89129
 Present Business Address City State/Zip

PHARMACIST PHARMACY
 Occupation Dates

Phone: Residence _____ Business 702-901-1293

66 SAN FRANCISCO, SAN FRANCISCO, CA
 Date of Birth Place of Birth (City, County, State)

66 F
 Age Social Security Number or ITIN Sex

BROWN DR BROWN/GRAY DARK 145 5'2"
 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 D

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
KENDELL DUTSON	31 OCT 1999	10 SEPT 1988	DIVORCE	LAS VEGAS, CLARK, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
KENDELL DUTSON	365 S 100 W	HYRUM	UT	84319	702-328-4487

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
NATHANIEL DUTSON	3	LAS VEGAS, NV	VIA MANTOVA HENDERSON, NV 89011

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

D

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			

Father

NATHANIEL TRACEY

KNOWLES AVE DALY CITY, CA 94014 deceased

Mother

GLADYS WASHINGTON

KNOWLES AVE DALY CITY, CA 94014 deceased

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			

Spouse

ADRIENNE TRACEY

LOCHARD ST OAKLAND, CA 94605

ANTHONY BRACKS

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	DANIEL WEBSTER	?	—	N/A
High School	JEFFERSON	DALY CITY, CA	SEP 1968 - JUN 1972	Yes ☒ No ☐
College				Yes ☒ No ☐
University				Yes ☒ No ☐
Other	UOP SCHOOL OF PHARMACY STOCKTON, CA		SEP 1972 - APR 1976	Yes ☒ No ☐

Type of degree obtained, if any BACHELOR OF SCIENCE

College or university where obtained UOP SCHOOL OF PHARMACY

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

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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

- 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
Nov 1991 - present	1 ROAN AVENUE	LAS VEGAS	NV

Applicant's initial



8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	LV, NV 89121 US PHARMACY 3550 E FLAMINGO #135	N/A
Title	Description of Duties	Name of Supervisor
PHARMACIST	fill prescriptions Counsel patients, consult w/providers	FERN TRACEY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN - APR 2020	LV, NV 89109 AHF PHARMACY 3201 S MARYLAND PKWY #218	position ended - Covid shutdowns
Title	Description of Duties	Name of Supervisor
RELIEF PHARMACIST	consult w/providers, assess charts	RACHEL PEÑA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
FEB - JUL 2019	LV, NV 89146 OPTUM RX 1901 S JONES	dismissed
Title	Description of Duties	Name of Supervisor
RELIEF PHARMACIST	cover for pharmacist on days off	GREG CRAIG PIVO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCT 2018	PO Box 95784 LV, NV 89193 CURIS CONSULTING, RPH	no business clients
Title	Description of Duties	Name of Supervisor
OWNER	medication counsel Medicare pts on compliance	FERN TRACEY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCT 2016 - OCT 2018	8846 S EASTERN LV, NV 89123 FIRST CLASS RX PHARMACY	position ended
Title	Description of Duties	Name of Supervisor
PHARMACIST	manage pharmacy, supervise techs, counsel pts.	SANDRA MARTIN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
AUG 2016 - OCT 2016	LV, NV 89119 ONE POINT PHARMACY E WARM SPRINGS	resigned
Title	Description of Duties	Name of Supervisor
PHARMACIST	fill prescriptions during closed hours (graveyard)	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN - OCT 2016	LV, NV 89117 FARMERS INSURANCE 7965 W SAHARA	insufficient income
Title	Description of Duties	Name of Supervisor
AGENT	Provide insur policies Counsel customers on insurance needs	RYAN KIEFER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 2015 - present	EMPIRE PHARMACY CONSULTANTS	N/A
Title	Description of Duties	Name of Supervisor
RELIEF PHARMACIST	on-call relief for local pharmacies	N/A

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JD

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 <u>SEP 2014 - AUG 2015</u>	Name/Mailing Address of Employer/Business <u>AIL INSURANCE 6655 W SAHARA #100 LV, NV 89146</u>	Reason for Leaving <u>insufficient income</u>
Title <u>AGENT</u>	Description of Duties <u>write insurance policies, counsel customers</u>	Name of Supervisor <u>BRAD</u>
Month and Year <u>JUL 2010 - SEP 2014</u>	Name/Mailing Address of Employer/Business <u>CVS PHARMACY</u>	Reason for Leaving <u>terminated</u>
Title <u>PHARMACIST</u>	Description of Duties <u>fill prescriptions, counsel pts, supervise techs</u>	Name of Supervisor <u>RHONDA LUNSFORD</u>
Month and Year <u>MAR 2000 - JUN 2010</u>	Name/Mailing Address of Employer/Business <u>VONS various in LAS VEGAS & HENDERSON</u>	Reason for Leaving <u>store closing</u>
Title <u>PHARMACIST</u>	Description of Duties <u>fill prescriptions, manage pharmacy</u>	Name of Supervisor <u>ROY SAKO</u>
Month and Year <u>JAN 1994 - MAR 2000</u>	Name/Mailing Address of Employer/Business <u>G & A MEDICAL SERVICES</u>	Reason for Leaving <u>resigned</u>
Title <u>PER DIEM PHARMACIST</u>	Description of Duties <u>fill prescriptions cover pharmacist's time off</u>	Name of Supervisor <u>MARY GREER</u>
Month and Year <u>DEC 1991 - APR 1994</u>	Name/Mailing Address of Employer/Business <u>WAL MART PHARMACY</u>	Reason for Leaving <u>terminated</u>
Title <u>PHARMACY MANAGER</u>	Description of Duties <u>supervise techs, counsel pts, fill prescriptions</u>	Name of Supervisor <u>can't recall</u>
Month and Year <u>OCT - NOV 1989</u>	Name/Mailing Address of Employer/Business <u>MEDCO</u>	Reason for Leaving <u>terminated</u>
Title <u>PHARMACIST</u>	Description of Duties <u>fill prescriptions at mail-order pharmacy</u>	Name of Supervisor <u>can't recall</u>
Month and Year <u>OCT 1988 - SEP 1989</u>	Name/Mailing Address of Employer/Business <u>ALPHA BETA / LUCKY</u>	Reason for Leaving <u>resigned</u>
Title <u>RELIEF PHARMACIST</u>	Description of Duties <u>fill prescriptions, counsel pts</u>	Name of Supervisor <u>can't recall</u>
Month and Year <u>JULY 1986 - AUG 1988</u>	Name/Mailing Address of Employer/Business <u>RX RELIEF - OAKLAND, CA</u>	Reason for Leaving <u>resigned</u>
Title <u>RELIEF PHARMACIST</u>	Description of Duties <u>coverage for pharmacist days off</u>	Name of Supervisor <u>GARY ANTIZONA</u>

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial dh

9. CHARACTER REFERENCES:

List five character reference who have known 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>CAROL SIMON</u>	Home	<u>GEARY</u>			<u>LAS VEGAS, NV 89109</u>	<u>6</u>
Employer <u>unknown</u>	Business					
Name <u>CONNIE OSBORNE</u>	Home	<u>ISLAND PARADISE AVE</u>	<u>NV</u>	<u>89031</u>		<u>10</u>
Employer <u>housewife</u>	Business	<u>homemaker</u>				
Name <u>DOUGLAS BYRD</u>	Home	<u>CADENCE CROSSING</u>	<u>NV</u>	<u>89178</u>		<u>17</u>
Employer <u>BELLAGIO HOTEL</u>	Business	<u>marketing</u>				
Name <u>JACKIE ALLEN</u>	Home	<u>RAWHIDE ST</u>	<u>NV</u>	<u>89119</u>		<u>5</u>
Employer <u>USPS</u>	Business					
Name <u>JEFF BRADSHAW</u>	Home	<u>LAS VEGAS, NV</u>				<u>5</u>
Employer <u>unknown</u>	Business	<u>SEARCH AND RESCUE</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

Pharmacist - CA 1976 - 1980 Insurance agent - NV 2014 - 2016
Pharmacist - NV 1988 - 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 

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:

NV Board of Pharmacy 2013 insufficient CE hours

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 ☒

A



Date of photograph _____

Applicant's initial AS

STATE OF NEVADA

SS.

COUNTY OF CLARK

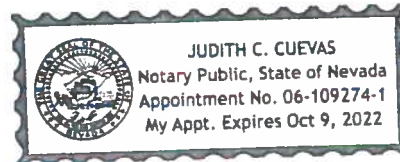
I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

Fernesser Darlene Tracey
Original Signature of Applicant

Subscribed and Sworn to before me this 14 day of

October, 20*20*
Judith C Cuevas
Notary Public



(seal)

Applicant's initial

DT

Page 9

ADDITIONAL INFORMATION

Handwritten blue ink scribble covering the majority of the page.

Applicant's initial  Page 10

Date 10/13/2020

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 Pharmacy
 Nature of License
US Pharmacy 3550 E Flamingo Rd Suite 135, LV, NV 89121
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Prieto-Hernandez Tania
 Last Name First Name Middle Name
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Sangay Way Las Vegas NV 89147
 Present Residence Address-Street or RFD City State/Zip
 Present Business Address City State/Zip
 Occupation Dates
 Phone: Residence Business
1-1-1-1 Pinar del Rio, Cuba
 Date of Birth Place of Birth (City, County, State)
47
 Age Social Security Number or ITIN Sex
Brown Black Normal 130 Normal 5'4"
 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 08/09/2019

Place Las Vegas, Nevada (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial TPH

A. **Current Marriage** 07/24/2008 Pinar del Rio, Cuba
 Spouse's full name (Maiden) ^{Date} Felipe Curbelo-Flores City, County and State 8
 SS# or ITIN _____
 Date of Birth _____ Place of Birth Cuba
 Resident address _____
 Street Sangay Way City LV State NV Zip 89147
 Telephone: Residence 8 Business 702-462-9099
 Spouse's employer Home Health Urgent Occupation Licensed Practical Nurse (LPN)
 Address of employer 5300 W Sahara Ave S 201 City LV State NV Zip 89146
 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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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>Kevin Curbelo Prieto</u>	<u>1-1-1988</u>	<u>Cuba</u>	<u>Sangay Way, Las Vegas, NV, 89147</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 TPH

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
Marcial G Prieto		Pinar del Rio, Cuba	Retired
Father			

Barbara G Hernandez		Pinar del Rio, Cuba	deceased
Mother			

Felipe Corbello Maestre		Pinar del Rio, Cuba	Retired
Father-in-Law			

Caridad Flores Rodriguez		Harvard St, LV, NV 89107	Housekeeping
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	IPVCE Federico E	Cuba	3	☒ Yes ☐ No
High School	IPVCE Federico E	Cuba	3	☒ Yes ☐ No
College University	UH	Cuba	5	☒ Yes ☐ No
Other				☐ Yes ☐ No

Type of degree obtained, if any Law DegreeCollege or university where obtained U Havana CubaApplicant's initial TPH

5 MILITARY INFORMATION:

Yes ☐ No ☒

Date of separation _____ Type of discharge _____

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.)

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.

[illegible]

Applicant's initial TPH

- 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
12/2019 To Present	Sangay Way	LV	NV 89147
05/2013 to 12/19	1104 Date st	LV	NV 89108
01/2013 to 05/13	613 Harvard st	LV	NV 89102
1/1995 to 1/2013	Pinar del Rio	Cuba	Cuba

Applicant's initial TPH

8. EMPLOYMENT:

2121

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.

5/2013	Master Corp 5165 S Decatur Blv, LV, NV 89118	40 H
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Housekeeping		Mary Adams
Title	Description of Duties	Name of Supervisor
1/2014	Arizona Charles Hotel 740 S Decatur Blv, LV, NV	40 H
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
EVS Manager		Nash Espinosa
Title	Description of Duties	Name of Supervisor
11/2017	First Class Rx 3783 E Desert Inn Rd, LV, NV 89121	40 H
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Technician		Sandra Martin
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 TPH

9. CHARACTER REFERENCES:

2122

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
Gladys Name	Home	Musical Ln, LV, NV 89145			78	7
RN Employer	Home	417 Foxvale Ave, LV, NV 89032			702-643-1552	
Nilda Fernandez Name	Home	3 W Desert Inn Rd #1004, LV, NV				3
RN Home Health Employer	Business	5300 W Sahara Ave, Suite 201, LV, NV 89146			702-462-9099	
Julio Perez Name	Home	28 Warnock Rd, LV, NV 89108				8
Adult Daycare Employer	Business	2575 S Cimarron Rd #200 LV, NV 89117			702-871-0002	
Martín Cordova Name	Home	7 Morris St, LV, NV 89122				15
Transamerica Employer	Business	4765 S Durango Dr #200, LV, NV 89147			702-236-2529	
Ma Eugenia Name	Home	1 White Pepper St Dr, LV, NV 89147				
RN Home Health Employer	Business	5300 W Sahara Ave Suite 201, LV, NV, 89146			702-462-9099	

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.

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.....

.....

Applicant's initial TPH
Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for 2123 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 10/10/20

Applicant's initial TPH

SS.

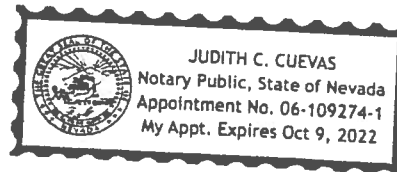
COUNTY OF Clark

I, Tania Prieto Hernandez, 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 14 day ofOctober, 2020
Notary Public

(seal)

Applicant's initial TPH

Date 10/14/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
 Nature of License
3530 E Flamingo Rd Ste 135, LV, NV, 89121
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name JHD Hernandez Diaz First Name JAVIER Middle Name
 Alias(es, Nicknames, Maiden Name, Other Name, Changes, Legal or Otherwise)
N/A

Present Residence Address-Street or RFD. CANDIA COURT City LAS VEGAS State/Zip NV/89141
 Dates 10/14/20

Present Business Address 3530 E Flamingo Rd Ste 135 City LAS VEGAS State/Zip NV/89141
 Dates 10/14/20

Occupation Business Owner Phone: Residence 702 901-1293
 Business

Date of Birth 1-1-1990 Place of Birth (City, County, State) LA HAVANA, Cuba

Age 30 Social Security Number or ITIN Sex Male

Color of Eyes Brown Color of Hair Brown Complexion Golden Weight 225 POUNDS Build Normal Height 5'10"

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 JHD

A. **Current Marriage** May 2 of 2017 Las Vegas, NV, Clark
 Spouse's full name (Maiden) Cristina Miranda City, County and State
SS# or ITIN
 Date of Birth 1/1/1971 Place of Birth Spain
 Resident address CANDIA CT Las Vegas NV 89141
Street City State Zip
 Telephone: Residence 702-280-1820 Business 702-280-1820
 Spouse's employer N/A Occupation Housewife
 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			
	N/A			
	N/A			

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
	N/A				
	N/A				
	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
Marco Hernandez-Miranda	' ' ,	Las Vegas, NV	7 Candia Ct, LV, NV, 89141

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 IHD

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	JHD Javier Hernandez Estrada		Chile Engineer
--------	---------------------------------	--	----------------

Mother	Judith Diaz Cata		Cuba Hairdressing
--------	------------------	--	-------------------

Father-in-Law	N/A		
---------------	-----	--	--

Mother-in-Law	N/A		
---------------	-----	--	--

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Spouse	N/A		
--------	-----	--	--

Spouse	N/A		
--------	-----	--	--

Spouse	N/A		
--------	-----	--	--

Spouse	N/A		
--------	-----	--	--

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 Psychology Degree

College or university where obtained Universidad Particular de Loja (UTPL) Ecuador

Applicant's initial JHD

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

JHD

- 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
JUN/1/19 to date	CANDIA CT	LAS VEGAS	NV
MAY/1/17 to MAY/30/19	9000 Las Vegas Blvd S	Las Vegas	NV
OCT/2015 to MAY/2017	2112 TAM DR APT 1	LAS VEGAS	NV
NOV/2008 to SEP/2015	505 Ernesto Moya	Quito	Pichincha, Ecuador
JAN/1995 to NOV/2008	Ave 51 number 10040	LA HAVANA	LA HAVANA, Cuba

Applicant's initial

JHD

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
Current	My Happy Therapy LLC Ste 101 3530 E Flamingo Ave	Current
Title	Description of Duties	Name of Supervisor
Manager	Running all Admin services for office	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Oct/2017	Mind Relief LLC 3530 E Flamingo Ste 100	Best payment.
Title	Description of Duties	Name of Supervisor
Technician	Neurofeedback Tech	Ernesto Rodriguez
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MARCH/16	Balanced Mind Centers 26805 Jones Blvd Ste 205	Better opportunity
Title	Description of Duties	Name of Supervisor
Technician	Neurofeedback Technician	Avi O'Hagan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nov/2014	ADK AND ASSOCIATES / 8227 Los Chillos Eumom	Moving from country
Title	Description of Duties	Name of Supervisor
Sales	Sales of medical equipment	
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 JHD

5. 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>Daniel Valdivia</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89</u>		<u>6 years</u>
Employer <u>Limitless Wellness Center</u>	Business	<u>Las Vegas Blvd</u>	<u>NV</u>	<u>89119</u>	<u>702-513-5292</u>	<u>6 years</u>
Name <u>Alejo Diaz Perez</u>	Home	<u>Las Vegas Blvd</u>	<u>NV</u>	<u>89109</u>	<u>702-513-5292</u>	<u>8 years</u>
Employer <u>Insight Behavioral</u>	Business	<u>Las Vegas Blvd</u>	<u>NV</u>	<u>89121</u>	<u>702-513-5292</u>	<u>8 years</u>
Name <u>Ernesto Beritez</u>	Home	<u>Muscara Way</u>	<u>NV</u>	<u>89141</u>		<u>15 years</u>
Employer <u>Unemployed</u>	Business				<u>786-832-5680</u>	<u>6 years</u>
Name <u>Patrice Fernandez</u>	Home	<u>Las Vegas Blvd</u>	<u>NV</u>	<u>89146</u>		<u>6 years</u>
Employer <u>Golden Home Care</u>	Business	<u>3530 E Flamingo Rd Ste 101</u>	<u>NV</u>	<u>89119</u>	<u>786-832-5680</u>	<u>6 years</u>
Name <u>Yasmany Rodriguez</u>	Home	<u>Las Vegas Blvd</u>	<u>NV</u>	<u>89109</u>		<u>8 years</u>
Employer <u>Insight Behavioral</u>	Business	<u>3777 Pecos - Hileon Int</u>	<u>NV</u>	<u>89121</u>	<u>702-513-5292</u>	<u>8 years</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

JHD

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:

still in process

For a Home Health Agency 1 year ago

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 ☒



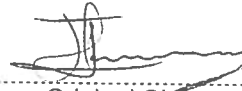
Date of photograph 10/14/2020

Applicant's initial JHD

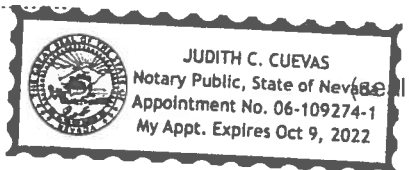
COUNTY OF CLARK

I, JAVIER HERRANDEZ DIAZ, 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 14 day ofOctober, 2020Judith C. Cuevas
Notary Public

Applicant's initial

JHD

Applicant's initial JHD

14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: **PH 03262**)

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

☐ Publicly Traded Corporation – Pages 1,2,3,8

☐ Partnership - Pages 1,2,6,8

☒ Non Publicly Traded Corporation – Pages 1,2,4,8

☐ Sole Owner – Pages 1,2,7,8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AlleReach Pharmacy

Physical Address: 7920 Elmbrook Drive Suite 108, Dallas, TX 75247

Mailing Address: 70 NE Loop Suite 600

City: San Antonio State: TX Zip Code: 78216

Telephone: 972-457-1500 Fax: 972-457-1490

Toll Free Number: 888-277-7002 (Required per NAC 639.708)

E-mail: compliance@allereach.com Website: AlleReach.com

Managing Pharmacist: Erica Noelle Leger License Number: 50813

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

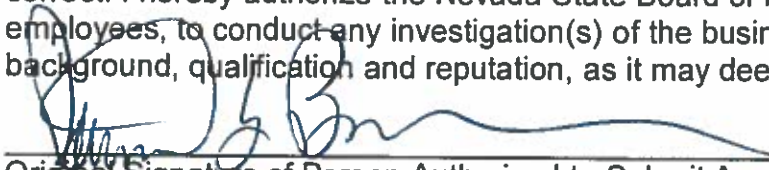
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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


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

David S. Boone, CEO

Print Name of Authorized Person

Date

10/2/2020

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral _____ Limited XPartnership Name: Total Vein Pharmacy, LLCMailing Address: 70 NE Loop 410 Suite 600City: San Antonio State: TX Zip Code: 78216Telephone Number: 210-265-3187 Fax Number: _____Contact Person: David Cheetham, General Manager-PharmacyList 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>AlleReach Pharmacy Services, LLC</u>	<u>L</u>	<u>100%</u>
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

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

Sunday Closed am _____ pm 24 Hours _____

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

**STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

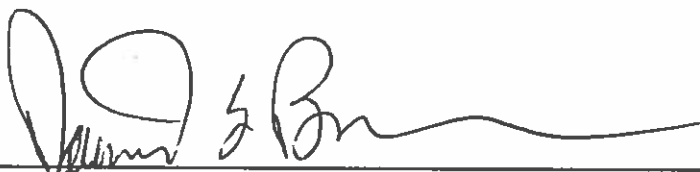
I, David S. Boone

Responsible Person of AlleReach Pharmacy

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

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

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



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

David S. Boone, Chief Executive Officer

Print Name of Authorized Person

10/8/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Bexar COUNTY)

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

1. I am the Chief Executive Officer for AlleReach Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

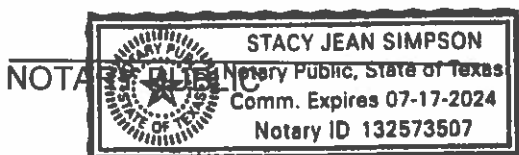
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

David S. Boone
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
8 day of October, 2020



Stacy Jean Simpson

Posted April 1, 2020



TEXAS STATE BOARD OF PHARMACY

Re: Allereach Pharmacy

Address: 7920 Elmbrook Drive, Suite 108
Dallas, Texas 75247

License No.: 29292

Date Issued: June 4, 2014

Licensure Status: Active

Expiration Date: June 30, 2022

Type of Pharmacy: Community Sterile Compounding

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Allereach Pharmacy (Texas Pharmacy License #29292) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

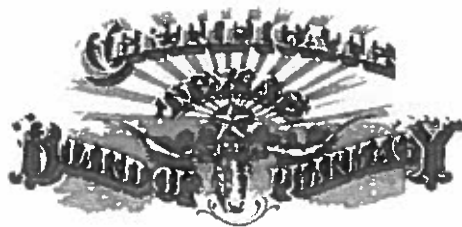
A handwritten signature in black ink that reads "Megan G. Holloway".

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



July 13, 2020
Date

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



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

License No. **29292**

Expiration Date: **6/30/2022**

Balances: **0**

**ALLEREACH PHARMACY
7920 ELMBROOK DRIVE STE 108
DALLAS TX 75247**



A handwritten signature in black ink, appearing to read "Allison", is written over a horizontal line.

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TOTAL VEIN PHARMACY, LLC (file number 801879397), a Domestic Limited Liability Company (LLC), was filed in this office on November 06, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 21, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

Certificate of Cleanroom Certification

is presented to

ALLREACH PHARMACY

7920 ELMBROOK, SUITE 108

DALLAS, TX 75247

PHARMACY

IV CLEAN ROOM

ISO CLASS 7 CLEAN ROOM

THIS ROOM IS IN COMPLIANCE

WITH ISO 14644-1:2015 / CETA CAG-003-2006 V13

USP < 797 > / TSBP 291.133 FOR AN

ISO CLASS 7 CLEAN ROOM

AirScan Technologies

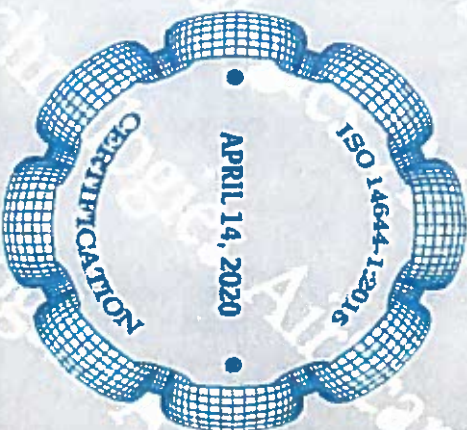
PO Box 1539

Springtown, TX 76082

800-800-5108

SERVICED BY: **ETHAN BRINKMAN**

First Certification at Facility by Cleanroom



Certificate of Cleanroom Certification

is presented to

ALLREACH PHARMACY

7920 ELMBROOK, SUITE 108

DALLAS, TX 75247

PHARMACY

ANTE ROOM

ISO CLASS 8 CLEAN ROOM

THIS ROOM IS IN COMPLIANCE

WITH ISO 14644-1:2015 / CETA CAG-003-2006 V13

USP < 797 > / TSBP 291.133 FOR AN

ISO CLASS 8 CLEAN ROOM

AirScan Technologies

PO Box 1539

Springtown, TX 76082

800-800-5108

SERVICED BY: ETHAN BRINKMAN

First Certificate of Compliance



**AlleReach Pharmacy Services, LLC/Total Vein Pharmacy
Corporate Officers**

Corporate Address:

70 NE Loop 410 Suite 600
San Antonio, TX 78216

Pharmacy Address:

7920 Elmbrook Drive, Suite 108
Dallas, 75247

David Boone, Chief Executive Officer

DOB:

SSN:

Residential Address:

Purdue Ave, Dallas, TX 75225

AlleReach Pharmacy Services, LLC/ Total Vein Pharmacy, LLC
dba AlleReach Pharmacy
Corporate Officers

Corporate Address:

70 NE Loop 410 Suite 600
San Antonio, TX 78216

Pharmacy Address:

7920 Elmbrook Drive, Suite 108
Dallas, TX 75247

David S. Boone, Chief Executive Officer

DOB: [REDACTED]

[REDACTED]

Residential Address:

[REDACTED] Purdue Ave, Dallas, TX 75225

David Cheetham, Executive Vice President and General Manager

DOB: [REDACTED]

SSN: [REDACTED]

Residential Address:

[REDACTED] Norway Road, Dallas, TX 75230

Confidentiality Statement: The information contained on this document is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential and exempt from disclosure under the law. If the reader of this message is not the intended recipient, you are hereby notified that the law strictly prohibits any disclosure, copying, and dissemination of this communication or action take in reliance on the contents of this document. If you have received this letter in error, please notify the sender immediately at compliance@allereach.com to arrange for return of this document.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLEREACH PHARMACY SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLEREACH PHARMACY SERVICES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2019.

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



7661091 8300

SR# 20211718723

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: 203184297

Date: 05-12-21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "ALLEREACH PHARMACY SERVICES, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE SEVENTEENTH DAY OF OCTOBER, A.D. 2019, AT 2:33 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "ALLEREACH PHARMACY SERVICES, LLC".



7661091 8100H
SR# 20211718723

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: 203184330

Date: 05-12-21

14B

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 03548**)
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: Braun Pharma LLC

Physical Address: 1919 N. Clybourn Ave.

Mailing Address: 1919 N. Clybourn Ave.

City: Chicago State: IL Zip Code: 60614

Telephone: 773-549-0634 Fax: 773-549-2753

✓ Toll Free Number: 877-549-6907 (Required per NAC 639.708)

E-mail: Sharron@braunrx.com Website: www.braunrx.com

Managing Pharmacist: Sharron Seymour License Number: 051289557

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

Alissa Wolbers
Print Name of Authorized Person

10/26/2020
Date

Page 2

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

OWNERSHIP IS A PARTNERSHIP

General _____

Limited XPartnership Name: Optio RX, LLCMailing Address: 311 S. Wacker Dr. Suite 2640City: Chicago State: IL Zip Code: 60606Telephone Number: (310) 547-7168 Fax Number: _____Contact Person: Donna UhsinnList 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>Optio RX</u>		<u>100%</u>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 7 pmSaturday 9 am 4 pmSunday _____ am _____ pm
Closed24 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, Sharron Seymour

Responsible Person of Braun Pharma, 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.

Sharron Seymour RPL

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

Sharron Seymour

Print Name of Authorized Person

10/26/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
Cook) ss.
COUNTY)

I, Sharron Seymour, 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 Braun Pharma 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, Sharron Seymour, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Sharron Seymour
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
28 day of October, 2020.
Ann E Maxwell
NOTARY PUBLIC



OPTIO RX OFFICERS

MARC WANK CEO
? CHIPPENHAM CT
FRANKLIN, TN 37069-4015

DOB

EMAIL: MARC@OPTIORX.COM

GRANT CHRISTIANSON CFO
1 SEVEN PINES LANE
CHAMPLIN, MN 55316-3577

EMAIL: GRANTC@OPTIORX.COM

JIM COX COO
1 SIERRA CT W
SARTELL, MN 56377

EMAIL: JCOX@OPTIORX.COM

BRETT PINE PRESIDENT
MARVELL LANE
HIGHLAND PARK, IL 600-5133

EMAIL: BRETT@BRAUNRX.COM

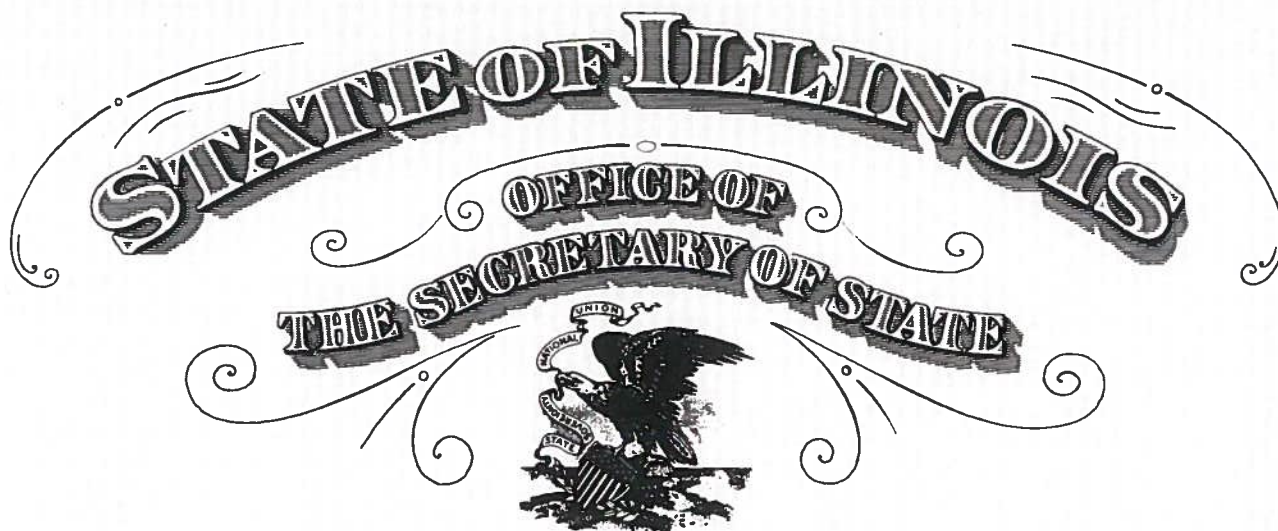


Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4182146

File Number

0660688-1



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

BRAUN PHARMA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 04, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of JANUARY A.D. 2021 .

Jesse White

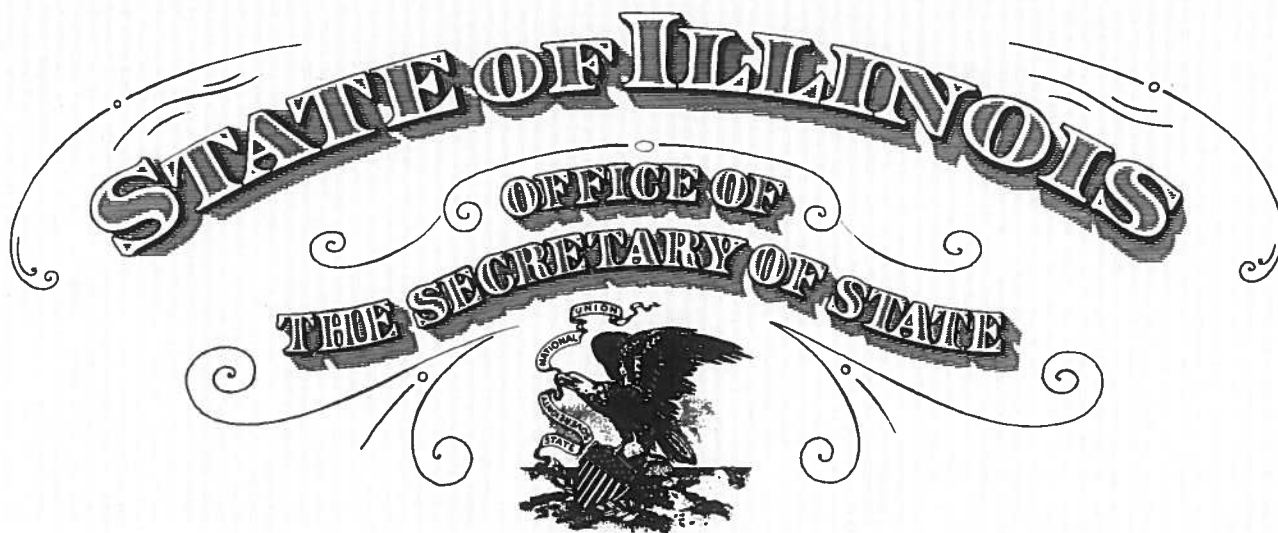
SECRETARY OF STATE

Authentication #: 2102802154 verifiable until 01/28/2022

Authenticate at: <http://www.cyberdriveillinois.com>

File Number

0660688-1



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

BRAUN PHARMA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 04, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of JANUARY A.D. 2021 .

Jesse White

SECRETARY OF STATE

Authentication #: 2102802154 verifiable until 01/28/2022

Authenticate at: <http://www.cyberdriveillinois.com>

14C



RECEIVED
6/16/2020

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: Pharmacy Shop Inc. DBA: Ed Snell's Pharmacy Shop + Oxygen

Physical Address: 1015 E. Young St.

Mailing Address: _____

City: Pocatello State: Id Zip Code: 83201

Telephone: 208 232 0049 Fax: 208 232 3963

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: ben@edsnellspharmacy.com Website: www.edsnellspharmacy.com

Managing Pharmacist: Toni Cantrell License Number: P5939

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.

Benjamin E. Snell
Original Signature of Person Authorized to Submit Application, no copies or stamps

Benjamin E. Snell
Print Name of Authorized Person

6-11-2020
Date

Page 2

Board Use Only

Date Processed: JUN 17 2020

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Benjamin E. Snell
 Business Name: Pharmacy Shop Inc. DBA: Ed Snell's Pharmacy Shop + Oxygen
 Current Business Address: 1015 E. Young St.
 City: Pocatello State: ID Zip Code: 83201
 Telephone: 208-232-0049 Fax: 208-232-3963

List any physician shareholders and percentage of ownership.

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

Hours of Operation for the pharmacy:

Monday thru Friday 9:30 am 6:30 pm Saturday 10 am 2 pm
 Sunday Ø am Ø 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, Benjamin E. Snell

Responsible Person of Pharmacy Shop Inc. DBA: Ed Snell's Pharmacy Shop + Oxygen
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.

Benjamin E. Snell

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

Benjamin E. Snell

Print Name of Authorized Person

6-11-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Idaho)
Bannock) ss.
COUNTY)

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

1. I am the Owner for Ed Snell's Pharmacy Shop Oxyech (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.

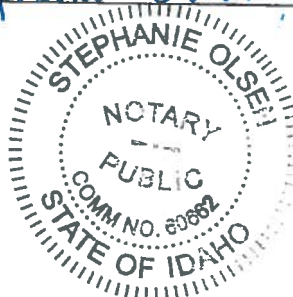
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Benjamin E. Snell, 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
11 day of June, 2020
Stephanie Olson
NOTARY PUBLIC

Benjamin E Snell
~~Stephanie Olson~~
Name



November 19, 2021



Idaho State Board of Pharmacy

2168

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>
P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

April 8, 2020

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521



CERTIFICATION

This is to certify that a search of the available records of the Idaho State Board of Pharmacy indicates the following:

ED SNELLS PHARMACY SHOP
1015 E YOUNG ST
POCATELLO, ID 83201

LICENSE TYPE:	RETAIL PHARMACY
LICENSE NUMBER:	801RP
ORIGINAL DATE ISSUED:	06/17/2002
CURRENT STATUS:	Active
DISCIPLINARY ACTION:	None
EXPIRATION DATE:	12/31/2020

If disciplinary action is indicated, details will be made available from the public file upon written request.

A handwritten signature in blue ink, appearing to read "Cathy Hutson".

By: Cathy Hutson
Title: Licensing Specialist



14D

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 03667)
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: Paragon Infusion Care, Inc.

Physical Address: 3033 W. President George Bush Highway, Suite 100A, Plano, TX 75075

Mailing Address: 3033 W. President George Bush Highway, Suite 100, Plano, TX 75075

City: Plano State: TX Zip Code: 75075

Telephone: 972-588-1000 Fax: 972-588-1001

Toll Free Number: 866-972-5888 (Required per NAC 639.708)

E-mail: licensingDAL@paragonhealthcare.com Website: www.paragonhealthcare.com

Managing Pharmacist: Heidi Robbin License Number: Texas: 62675

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

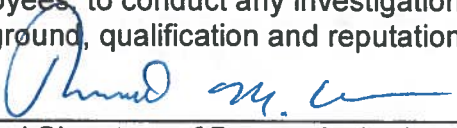
Within the last five (5) years:

- 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

Rick Allen
Print Name of Authorized Person

8/21/2020
Date

Page 2

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

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: TexasParent Company if any: Paragon Healthcare, Inc.Mailing Address: 3033 W. President George Bush Highway, Suite 100City: Plano State: TX Zip: 75075Telephone: 972-58-1000 Fax: 972-588-1001Contact Person: Heidi Robbin

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 Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9am am 6pm pm

Saturday (Closed) _____ am _____ pm

Sunday _____ am _____ pm
(Closed)24 Hours _____ **24 hr/7 days On Call
Pharmacy Staff available**

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, Rick Allen

Responsible Person of Paragon Infusion 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.

Richard M. Allen

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

Richard M. Allen

Print Name of Authorized Person

8/7/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
Dallas) ss.
COUNTY)

I, Richard M. Allen, 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 Pres/CEO for PARAGON INFUSION CARE (the INC

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.

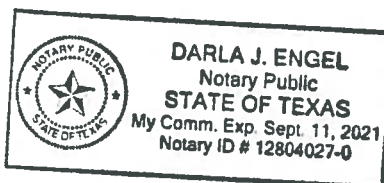
FURTHER AFFIANT SAYETH NOT.

I, Richard M. Allen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
7 day of August, 2020.

Darla J. Engel
NOTARY PUBLIC





TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 22975

PARAGON INFUSION CARE, INC.

License Information

License Status Active
 License # 22975
 Expiration Date 12/31/2021
 Date License Issued 12/17/2003

Address

STE 100A
 3033 W PRESIDENT GEORGE BUSH HWY
 PLANO, TX 75075
 County COLLIN
 Phone (972) 588-1000

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 Sterile Compounding
 Type of Ownership Corporation
 Type of Pharmacy Community Independent
 # of Hospital beds 0

Employment Information

Pharmacist in Charge
 ROBBIN, HEIDI ELIZABETH

Pharmacy Profile *

Accessible to disabled persons? Yes

Participates in the Texas Medicaid program? No

Translating services (Listed Below If Available)

Spanish
 Vietnamese
 Other

* 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

- 280867 22975 PARAGONINFUSIONCAREINC 2019-08 08-2024.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
 No Out-Patient Prescriptions
 Yes Ship Prescription Out of State
 No Class D (Expanded Formulary)
 No Class D (Alternative Visit Schedule)
 Yes Compounding Sterile-Risk Level Low
 Yes Compounding Sterile-Risk Level Med
 Yes Compounding Sterile-Risk Level High
 No Compounding Non-Sterile
 Yes 24 Hour Service
 Yes Closed Door
 No Compounding, Office Use
 Yes Home Delivery
 Yes Infusion
 No Pharmacist Administered Immunizations
 No Veterinary Prescriptions

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
DIEP, COURTNEY PHUONGTHAO	35043	11/03/1994	01/31/2022	Staff	Active
EVANS, KORBIN	65462	08/15/2019	10/31/2021	Staff	Active
GARIBALDI, ASHLY	62237	02/22/2018	06/30/2022	Staff	Active
GERHARD, ALEXANDRA CORINNE	63562	09/14/2018	06/30/2022	Staff	Active
HUNG, CLAIRE	55183	07/31/2014	06/30/2022	Staff	Active
MOYLAN, GRACE RENEE	61037	08/03/2017	02/28/2023	Staff	Active
RASHID, AFFAN MUNIB	59787	11/03/2016	02/28/2023	Staff	Active
ROBBIN, HEIDI ELIZABETH	62675	07/05/2018	07/31/2022	PIC	Active
SAMUEL, NEETU DESHPANDE	40898	07/30/2002	11/30/2022	Staff	Active
TIDWELL, DARYN CASH	54985	07/17/2014	02/28/2022	Staff	Active
VU, DONA	45447	08/02/2007	01/31/2022	Staff	Active

Page 1 of 1 20 ▼

View 1 - 11 of 11

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
AGUILLON, ANTHONY	161967	06/22/2010	01/31/2022	Staff	Active
BAYSINGER, MAGGIE JOHNSON	224769	11/06/2013	11/30/2021	Staff	Active
BETZER, CHRISTINA ANN	161451	06/03/2008	10/31/2022	Staff	Active
BROWN, ERIC SEBASTIAN	114133	05/28/2004	04/30/2021	Staff	Active
CALZADA, CHARLES	187230	06/11/2010	10/31/2022	Staff	Active
CAVINESS, KYMAN	226557	01/06/2014	11/30/2021	Staff	Active
CHEV, MARDI M.	118488	07/14/2004	12/31/2022	Staff	Active
DAO, TRINA T	277666	12/06/2017	01/31/2022	Staff	Active
DAVIS, JASON DOUGLAS	216134	01/29/2013	07/31/2021	Staff	Active
HADLEY, GARRETT MICHAEL	231550	06/12/2014	06/30/2022	Staff	Active
HOWARD, BRITTANY Alysse	208161	05/08/2012	11/30/2022	Staff	Active
IRAHETA, KEVIN ALEXIS	230790	05/19/2014	05/31/2022	Staff	Active
JACKSON, ELIZABETH MARIE	215441	01/04/2013	06/30/2021	Staff	Active
JOHNSON, CEDRIC TYRONE	234069	09/03/2014	09/30/2022	Staff	Active
JORDAN, MARIA JANISE	237417	12/01/2014	10/31/2021	Staff	Active
LANGSTON, DEBORAH SUE	117869	07/07/2004	09/30/2021	Staff	Active
LUVERO, DOMINICK	161946	10/29/2009	08/31/2021	Staff	Active
MONTOYA, STEVEN GEORGE	125712	11/30/2004	08/31/2022	Staff	Active
MULAMA, BRIAN OTIENO	254229	03/30/2016	07/31/2021	Staff	Active
PATINO, MARIA DEL CARMEN	182849	02/24/2011	02/28/2023	Staff	Active

Page 1 of 2 20 ▼

View 1 - 20 of 22

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode
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Page 0 of 0 20 ▼

No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
PARAGON INFUSION CARE, INC.	OWNER	17111 PRESTON ROAD, ST	DALLAS	TX	75248
MCANALLY, W BRUCE	OFFICER	,			
BRAYTON, JOE	OFFICER	,			
WILLIAMS, JOE	OFFICER	,			
ALLEN, RICHARD MARVIN	OFFICER	,			

Page 1 of 1 20 ▼

View 1 - 5 of 5

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, **Paragon Infusion Care, 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 08/09/2020, 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 03/16/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202103161512700

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

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



OFFICE OF THE
SECRETARY OF STATE

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Sarah Gutherman
140 Grand St Ste 300
White Plains, NY 10601, USA

Work Order #: W2021031600933
March 16, 2021
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 16069

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20211309910	3/16/2021 10:53:24 AM	Approved	1	\$50.00	\$50.00
Total							\$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6159171923066085203283	Success	\$50.00
Total			\$50.00

Credit Balance: \$0.00

Sarah Gutherman
140 Grand St Ste 300
White Plains, NY 10601, USA



TEXAS STATE BOARD OF PHARMACY

2179

Texas Pharmacy License # 22975

PARAGON INFUSION CARE, INC.

License Information

License Status Active

License # 22975

Expiration Date 12/31/2021

Date License Issued 12/17/2003

Address

STE 100A

3033 W PRESIDENT GEORGE BUSH HWY

PLANO, TX 75075

County COLLIN

Phone (972) 588-1000

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 Sterile Compounding

Type of Ownership Corporation

Type of Pharmacy Community Independent

of Hospital beds 0

Employment Information

Pharmacist in Charge

ROBBIN, HEIDI ELIZABETH

Pharmacy Profile *

Accessible to disabled persons?

Yes

Participates in the Texas Medicaid program?

No

Translating services (Listed Below If Available)

Spanish

Vietnamese

Other

* 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

404 Error

You have reached an error page. Please check the link. If you find that you can't find the information you need please contact the TSBP webmaster email address with questions.



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

License No. **22975**

Expiration Date: **12/31/2021**

Balances: 3

**PARAGON INFUSION CARE, INC.
STE 100A
3033 W PRESIDENT GEORGE BUSH HWY
PLANO TX 75075**



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

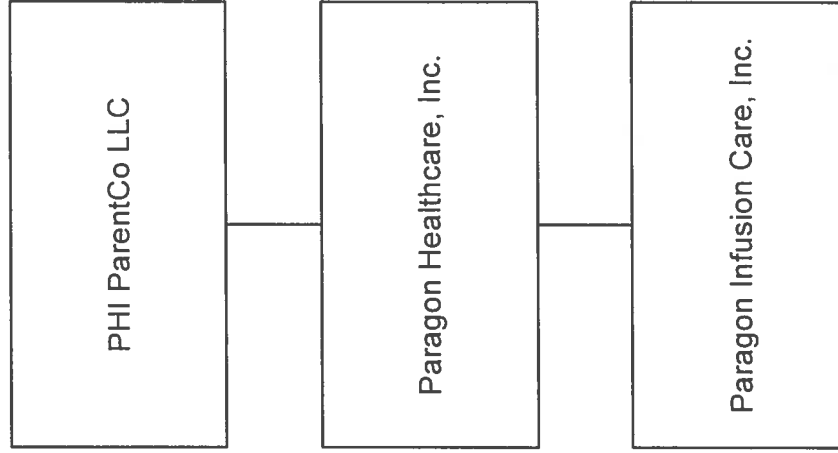
MUST BE DISPLAYED IN FULL PUBLIC VIEW

Officer List

Rick Allen—President/CEO

Joe Brayton—EVP/Chief Strategy Officer

Post-Closing Ownership





Paragon Healthcare Inc.
17111 Preston Road, Ste 160
Dallas, Texas 75248
866-972-5888 (Toll-Free)
866-491-5888 (Fax)

August 12, 2020

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

To Whom It May Concern:

Under his employment with the Option Care franchise in Rockwall, Texas (Rockwall Drug), on or about July 8th, 1996, a letter was sent to Mr. Allen warning that insufficient funds had been received on his license renewal application fee. The employer told Mr. Allen that per his employment agreement, the employer would submit the required license renewal fee and delinquent penalty due to the Texas State Board of Pharmacy by July 29th, 1996.

On or about August 21st, 1996, Mr. Allen learned that the fees had not been paid and immediately submitted the fees and penalty.

On or about August 30th, 1997, a compliance officer of the Texas State Board of Pharmacy conducted an inspection of Rockwall Drug and found that Mr. Allen had acted in the practice of pharmacy during the delinquent time noted above (on or about July 1st – 21st, 1996).

Agreed Board Order (#K-97-009), dated February 10th, 1998, Mr. Allen's license \$18743 was suspended for a period of one (1) year; such suspension for probated and license was still active with regard to

O: 972.588.1000

F: 972.588.1001

17111 Preston Rd. Suite 160

Dallas, TX 75248

ParagonHealthcare.com

Austin | Corpus Christi | Dallas | Denver | Fayetteville

Fresno | Houston | Nashville | San Antonio

practicing pharmacy. Mr. Allen's license has since been in good standing.

Respectfully,

Richard Allen, Rph

President/CEO

Paragon Healthcare, Inc.

Direct: 972-588-1007

Email: rallen@paragonhealthcare.com

O: 972.588.1000

F: 972.588.1001

17111 Preston Rd. Suite 160

Dallas, TX 75248

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AGREED BOARD ORDER #K-97-009

RE: IN THE MATTER OF BEFORE THE TEXAS STATE
 RICHARD MARVIN ALLEN BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of
Pharmacy the matter of pharmacist license number 18743 issued to Richard
Marvin Allen, [REDACTED] DOB [REDACTED]

By letter dated October 27, 1997, the Texas State Board of Pharmacy
gave preliminary notice to Richard Marvin Allen of its intent to take disciplinary
action with respect to pharmacist license number 18743 held by Richard Marvin
Allen as a result of information received by the board and a subsequent
investigation which produced evidence indicating that Richard Marvin Allen may
have violated Section 19(a), Section 24(h), and Section 26(a)(1), (2), (12), and
(13) of the Texas Pharmacy Act, Tex. Rev. Civ. Stat. Ann. art. 4542a-1 (Vernon
Supp. 1997); and Section 281.24(a)(13), Section 295.3(b), and Section 295.7(1),
(2), and (3)(A) of the Texas Pharmacy Rules of Procedure, Tex. Admin. Code
Ann. tit. 22 (1997), in that allegedly:

PREVIOUS HISTORY

On or about July 8, 1996, the Texas State Board of Pharmacy issued a Warning
Letter to Richard Marvin Allen regarding his pharmacist license renewal
application after the check submitted by Richard Marvin Allen to pay for his
pharmacist license renewal fee was returned for insufficient funds. Because the
pharmacist license renewal fee was not received by the Board, Richard Marvin
Allen's pharmacist license was not renewed. The pharmacist license held by
Richard Marvin Allen expired on June 30, 1996. In the Warning Letter, the
Board notified Richard Marvin Allen that engaging in the practice of pharmacy
with a delinquent license was a violation of the Texas Pharmacy Act and
constituted grounds for disciplinary action. Richard Marvin Allen was instructed

Agreed Board Order #K-97-009
Richard Marvin Allen
Page 2

that he needed to pay the pharmacist license renewal fee and delinquent penalty by July 29, 1996 in order to renew his license. Richard Marvin Allen failed to respond by that date. On or about August 21, 1996, Richard Marvin Allen renewed his pharmacist license by submitting the required renewal fee and delinquent penalty to the Texas State Board of Pharmacy.

COUNT

On or about July 1, 1996 through on or about July 21, 1996, Richard Marvin Allen, while acting as an employee (staff pharmacist) at Rockwell Drug, 407 D South Goliad, Rockwall, Texas 75087, was unlawfully engaged in the practice of pharmacy with a delinquent license. On or about August 30, 1997, a compliance officer for the Texas State Board of Pharmacy conducted an inspection of Rockwell Drug and found that Richard Marvin Allen had practiced pharmacy with a delinquent license at Rockwell Drug from July 1, 1996 through July 21, 1996. On or about August 21, 1996, Richard Marvin Allen renewed his pharmacist license.

By letter dated October 27, 1997, Richard Marvin Allen 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 his signature on this Order, Richard Marvin Allen neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and waives his right to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Order.

Richard Marvin Allen understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that presentation to and consideration of this Order by the Board shall not unfairly or

Agreed Board Order #K-97-009
 Richard Marvin Allen
 Page 4

And it is so ORDERED.

SIGNED AND ENTERED ON THIS 10th day of February, 1998.

Jim Hume
 MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

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

APPROVED AS TO FORM AND AGREED TO:

Richard M. Allen
 Richard Marvin Allen, R.Ph.

Cynthia Villarreal-Reyna
 General Counsel
 Texas State Board of Pharmacy

THE STATE OF TEXAS
 COUNTY OF TRAVIS
 I, ALLISON BENZ, R.P.H., M.S., DIRECTOR OF PROFESSIONAL SERVICES OF
 THE TEXAS STATE BOARD OF PHARMACY, DO HEREBY CERTIFY THAT I AM
 AN OFFICIAL CUSTODIAN OF THE RECORDS OF SAID BOARD, AND THAT THE
 FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS THE
 SAME APPEARS ON FILE IN THE RECORDS OF THE TEXAS STATE BOARD OF
 PHARMACY. WITNESS MY OFFICIAL HAND AND SEAL OF OFFICE, THIS THE
10th DAY OF February, A.D. 2011
Allison Benz
 ALLISON BENZ, R.P.H., M.S.
 DIRECTOR OF PROFESSIONAL SERVICES

TEXAS STATE BOARD OF PHARMACY

License No.
18743

Expiration Date
6/30/2021

RICHARD MARVIN ALLEN

ALLEN, RICHARD MARVIN

REGISTERED PHARMACIST



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



Paragon Healthcare Inc.
 17111 Preston Road, Ste 160
 Dallas, Texas 75248
 866-972-5888 (Toll-Free)
 866-491-5888 (Fax)

August 12, 2020

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

To Whom It May Concern:

On or around March 7th, 2016, a pharmacist employee of Paragon Infusion Care misfilled a prescription while working in a relief capacity at Paragon Infusion Care in Houston, Texas. The misfill caused a patient to receive three inappropriately dosed administrations of medication though no the patient came to no demonstrable harm.

On July 14th, 2017, the Texas State Board of Pharmacy provided notice via letter of intent to take disciplinary action based on the above. An informal conference was held with the pharmacist-in-question as well as a corporate representative on December 12th, 2017 during which it was agreed that Paragon Infusion Care would submit to a non-disciplinary, remedial plan to prevent future incidences. The remedial plan (#H-16-045-B) was entered on February 6th, 2018. Paragon Infusion Care remains compliant with the requirements of this remedial plan.

Respectfully,

Eric Ho
 Chief Pharmacy Officer
 Paragon Healthcare, Inc.
 Direct: 972-588-1094
 Email: rallen@paragonhealthcare.com

O: 972.588.1000

F: 972.588.1001

17111 Preston Rd. Suite 160

Dallas, TX 75248

ParagonHealthcare.com

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Fresno | Houston | Nashville | San Antonio

REMEDIAL PLAN #H-16-045-B

**RE: IN THE MATTER OF
PARAGON INFUSION CARE-HOUSTON
(PHARMACY LICENSE #25484)**

**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 25484 issued to Paragon Infusion Care-Houston (Respondent), 6721 Portwest Drive, Suite 100, Houston, Texas 77024.

By letter dated July 14, 2017, 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 the applicable law set forth below. An informal conference was held in the Board's office on December 12, 2017, with Eric Ho, Vice President Specialty Pharmacy & Industry Affairs, Paragon Infusion Care, Inc., on behalf of Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

BOARD HISTORY

Respondent has not previously been offered a Remedial Plan and has not been the subject of disciplinary action with the Board.

FINDINGS

1. On or about March 7, 2016, Melanie Kay Diamond, while acting as an employee (staff pharmacist) of Paragon Infusion Care-Houston, 6721 Portwest Drive, Suite 100, Houston, Texas 77024, dispensed 5 elastomeric pumps containing Invanz 1gm intravenous solution to patient J.T. on a new facsimile prescription calling for Invanz 500 mg intravenous solution. The prescription pumps were labeled Invanz 1gm/100 ml elastomeric with directions to "administer 1 gm (100 ml) IV over 30 minutes every 24 hours via elastomeric through 03/21/2016." Patient J.T. was administered three doses of the drug as directed and experienced adverse effects, including muscle weakness. The prescription was assigned prescription number 90034299.
2. Respondent does not admit or deny the Finding(s) and Applicable Law contained herein but, rather, has agreed to settle in good faith to avoid the cost, expense, and uncertainty of litigation.



Paragon Healthcare Inc.
17111 Preston Road, Ste 160
Dallas, Texas 75248
866-972-5888 (Toll-Free)
866-491-5888 (Fax)

August 12, 2020

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

To Whom It May Concern:

On November 18th, 2019, the Colorado Board of Pharmacy conducted a routine inspection of Paragon Infusion Care in Englewood, Colorado and noted certain deficiencies related to cleanroom facility maintenance and daily prescription printout recordkeeping. These two findings were deemed repeat deficiencies previously documented in prior inspections.

On November 25th, 2019, the board took disciplinary action based upon the above. The pharmacy entered into an agreement (Case No. 2019-8217) with the board to immediately resolve all deficiencies and paid a fine at which time the matter was resolved. Paragon Infusion Care has maintained full compliance with the board's request following the agreement.

Respectfully,

Eric Ho PharmD
Chief Pharmacy Officer
Paragon Healthcare, Inc.
Direct: 972-588-1007
Email: rallen@paragonhealthcare.com

O: 972.588.1000

F: 972.588.1001

17111 Preston Rd. Suite 160

Dallas, TX 75248

ParagonHealthcare.com

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Fresno | Houston | Nashville | San Antonio



December 19, 2019

Colorado Department of Regulatory Agencies
 State Board of Pharmacy
 1560 Broadway, Suite 1350
 Denver, CO 80202

Re: License Number PDO.0370000030
 Case Number: 2019-8217

Dear Colorado State Board of Pharmacy,

This letter is in response to the complaint filed November 25, 2019 against Paragon Infusion Care. The items noted in the complaint have been addressed as follows:

- Complaint 1
 - There are various areas in both the clean room as well as the ante room where paint and sheet rock lining is chipped off. Moreover, there are 2 ceiling tiles that are dislodged from coving creating opening within the clean room.
- Response 1
 - All areas in the clean room and ante room where paint and sheet rock lining was chipped off have been repaired. Our clean room certified contractors have also placed a strip of stainless steel protective metal around the perimeter of both rooms to prevent further chipping from occurring. Both rooms have been repainted with medical grade paint.
 - The light fixtures with a gap in the coving have been fixed. No gaps are present thus eliminating openings within the clean room.
- Complaint 2
 - Daily printouts shall include the number of refills authorized and the number of refills dispensed to date.
- Response 2
 - Our daily printout has been updated to include all of the following information as required by the Pharmacy Practice Act:
 - (1) The serial number (rx number);
 - (2) The name of the patient;
 - (3) The name of the practitioner;
 - (4) For each controlled substance dispenses, the practitioner's Drug Enforcement Administration registration number;
 - (5) The date of issue by the practitioner, the date dispensed shall be presumed to be the date of issue.
 - (6) The total number of refills authorized;
 - (7) Date dispensed;
 - (8) The name and strength of the drug dispensed;

- (9) The quantity of the drug dispensed;
- (10) In the case of a refill, the total number of refills dispensed to date.

Paragon Infusion Care is now in compliance with the Pharmacists, Pharmacy Business, and Pharmaceuticals Practice Act.

If you require any further information, please contact Melinda Gonzales, Pharmacist-In-Charge at melindagonzales@paragonhealthcare.com or 303-770-5065.

Sincerely,

Melinda Gonzales

Melinda Gonzales, PharmD
Center Operations Manager, Pharmacist-in-Charge
Paragon Infusion Care
8811 American Way, Suite 150 Englewood, CO 80112
303-770-5065


COLORADO

 Department of
Regulatory Agencies

Division of Professions and Occupations

THE COLORADO STATE BOARD OF PHARMACY

 1560 Broadway, Suite 1300, Denver, CO 80202-5146
 303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

Date of Inspection: _____ Time In/Out: _____ / _____

 PDO Name Paragon Infusion Care Registration No 37-30 Expiration Date 10/20

 Address 8811 American Way, Ste 150 City Englewood Zip 80112

 Pharmacist Manager Melinda Gonzales Lic No 22061 Email _____

RPH on Duty _____ Lic No _____ Email _____

Physical/Postings	Compliant?	Immunizations	Compliant?
5.01.31b&c: Clean, sanitary, adequate space	NO	19.01.10: Authorization, ACPE training, CPR	N/A
5.01.31d,f&g: Hot & cold water, frig & freezer	YES	19.01.40: Administration records	N/A
5.01.50: Pharmacy security	YES	19.01.50: Off-site administration	N/A
CRS 12-280-122:RPH/tech ratio 1:1 nametags	YES	Non-Sterile Compounding	
CRS 12-280-118:Licenses and registrations posted	YES		
11.08.00, 7.00.30b: Employee list, tech posting	YES	21.10.10: P&P Manual annual review _____	N/A
5.01.31l: Prior inspection _____ # deficiencies	YES	21.10.20: Training of personnel	N/A
3.00.51: Initial interpretation and final evaluation	NO	21.10.60: Components-expiration dating	N/A
23.00.60: PDMP notice, 20.00.70; CPP notice	YES	21.10.90: Formulation records	N/A
5.01.31h: Professional reference library	YES	21.11.00: Compounding records/labeling	N/A
Recordkeeping		21.10.80: Beyond use dating, studies on site	N/A
		Central Prescription Processing/Remote Pharmacy Practice	
11.03.00: CS Inventory date _____ Close	YES		
11.06.00: CII, CIII-V, RX drug receipts dated	YES	20.01.20 & 26.00.20: Policy and procedure manual, written agreements _____	N/A
11.06.05: Receipts from registered sources	YES	20.00.90: Records of receipt/delivery	N/A
11.07.20: Casual Sale records	N/A	3.00.90e: Return to stock records	N/A
11.07.10: Floor stock distribution	N/A	Prepackaging/Labeling/Return Drug	
11.04.20: Daily printouts	N/A		
3.00.90b: RTS records	NO	3.01.20: Prepack labeling and records	N/A
25.00.16: SPDO: CS inv., distribution, use records	N/A	3.01.22: Automated cassette labeling & records	N/A
27.00.30: HSP: CS inv., records of distribution	N/A	3.03.00: Customized medication packages	N/A
Dispensing		3.00.80: Return for dispensing or donation	N/A
		21.00.20: Casual sale of compounded products	N/A
11.04.10: Hardcopy of order filed appropriately	NO	Drug Therapy Management	
CII orders reviewed: _____	YES		
CIII-V orders reviewed: _____	YES	6.00.40: General authorization plan/protocols	N/A
RX orders reviewed: _____	YES	6.00.30: Pharmacist qualifications	N/A
2.01.53: Required order transfer information	N/A	6.00.60: Recordkeeping	N/A
2.01.10: Information to appear on each order	NO	E-kits	
3.00.55: Prescription flavoring	N/A		
Dispensing errors/valid prescription orders	NO	10.00.40: Labeling & contents of kit	N/A
Prescription labeling	YES	10.00.71: Removal and replacement of med	N/A

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name Paragon Infusion Care Pharmacist Manager Melinda Gonzales

Sterile Compounding			
Risk Level	Compliant?	Cytotoxic Drug Preparation	Compliant?
Low- greater than 12 hr BUD	YES	5.01.31: Cytotoxic compounding reference	N/A
Low - less than 12 hr BUD/ Radiopharmaceuticals	N/A	21.22.10a: ISO 7, physically separated, negative pressure	N/A
Medium	YES	21.22.10b: Appropriate PPE	N/A
High	N/A		
Policy and Procedure Manual/Reference		Sterile Product Packaging	
21.20.30: P&P Manual annual review <u>7/6/17</u>	NO	3.01.30c: P&P Manual annual review	N/A
5.01.31h: Sterile compounding reference	YES	3.01.30d: Didactic and experiential training	N/A
		3.01.30h: Appropriate BUD	N/A
		3.01.30i: Recalls	N/A
Environmental/Equipment		Casual sale/distribution	
21.20.70a: ISO area certification date	YES	21.00.20a: Distribution to in-state hospital/practitioner for administration	N/A
21.20.60c: Cleanroom surfaces compliant	NO	21.00.20b: Distribution no more than 10%	N/A
21.20.70d: Airborne microorganism testing	YES	21.21.70: Labeling of distributed CSPs	N/A
21.20.70f: Pressure differential recorded daily	NO		
21.20.80: Daily, weekly, monthly cleaning	YES		
21.21.20: Daily ACD accuracy assessments	N/A		
Personnel training		Radiopharmaceuticals	
21.20.50: Didactic/media fill testing	YES	Compounding: YES _____ NO _____	
21.20.70e: Glove fingertip sampling performed	YES	12.00.40: Nuclear Pharmacist training	N/A
		12.00.32: Professional reference library	N/A
		12.00.45: CDPHE Radioactive materials license	N/A
		12.00.70c: Labeling of radiopharmaceuticals	N/A
		12.00.71: Dispensing records - filed by date	N/A
		12.00.72: Distribution records: up to 10%	N/A
Recordkeeping/Labeling			
21.21.50: Formulation records	YES		
21.21.60: Compounding records	YES		
21.21.40: Beyond use dating	YES		
21.21.70: Labeling of dispensed CSPs	YES		
High Risk Compounding/Extended BUD			
21.21.30c: Sterility testing	N/A		
21.21.30d: Endotoxin testing	N/A		
21.21.40d: Lab testing of product stability, potency	N/A		

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name Paragon Infusion Care Pharmacist Manager Melinda Gonzales

11/18/19

1. There are various areas in both clean room as well as ante room where paint and sheet rock lining is chipped off. Moreover, there are 2 ceiling tiles that are dislodged from coving creating open spacing.
REPEAT DEFICIENCY

2. Daily printouts shall include the number of refills authorized and number of refills dispensed to date. See at least 40 examples in 2019.
REPEAT DEFICIENCY

3. Pressure differential readings shall be recorded each regular business day. See examples.
REPEAT DEFICIENCY

4. When a generic drug is dispensed on an order for the brand name drug, the NDC number of the generic drug dispensed shall be detailed on the corresponding order. See examples.
REPEAT DEFICIENCY

5. The pharmacist manager shall review, date and sign the sterile compounding policy and procedure manual within 30 days of assuming the duty. Last done 7/6/17

6. The pharmacist manager shall review, date and sign the sterile compounding policy and procedure manual at at least once annually. Last done 7/6/17.

7. Currently, large stocks of prescription drugs are stored in a back delivery-garage area. Please remove.

8. Electronically-signed practitioner controlled substance orders are not acceptable. See examples.

9. Daily printouts shall include the date each order was originally issued by the corresponding prescribing practitioner. See examples.

10. Controlled substance daily printouts shall be signed by all pharmacists working on each day. See numerous examples.

11. The pharmacist manager shall review, date and sign the pharmacy's notice of initial interpretation/final evaluation. Last done by a previous pharmacist manager in 2010 and, as such, it's unclear if still an accurate representation.

12. Prescription orders shall be filed in numerical sequence. See numerous examples.

13. Prescription orders shall detail an Rx number. See numerous examples.

14. Controlled substance orders shall detail the DEA number of prescribing practitioner. See examples.

Tier 3

Pursuant to CRS 12-280-108, the Colorado State Board of Pharmacy has the authority to inspect all registered outlets and investigate violations of the Board's Rules and Regulations, CRS Title 12, 280 of the Pharmacists, Pharmacy Business, and Pharmaceuticals Act; and the CRS Title 18, Article 18 of the Uniform Controlled Substance Act of 1992

I ACKNOWLEDGE THAT THE CONTENTS OF THIS
INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.



PHARMACIST'S SIGNATURE

DATE

INSPECTOR'S SIGNATURE



OTHER INSPECTORS PRESENT:

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-8217

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF PARAGON INFUSION CARE, REGISTRATION NO. PDO 37-30,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Paragon Infusion Care ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-8217, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2019).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about July 29, 1992, being issued registration number PDO 37-30, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 8811 American Way, Ste. 150, Englewood, CO, 80112.
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 November 18, 2019, Board inspectors conducted an inspection and found a deficiency that was repeated over the course of consecutive inspections.
6. Board Inspector found the following repeat deficiencies:
 - a) There are various areas in both the clean room as well as the ante room where paint and sheet rock lining is chipped off. Moreover, there are 2 ceiling tiles that are dislodged from coving creating opening within the clean room. This was a repeated deficiency found during the December 16, 2018, August 8, 2017 and December 22, 2015 inspections.

- b) Daily printouts shall include the number of refills authorized and the number of refills dispensed to date. This was a repeated deficiency found during the December 6, 2018 and August 8, 2017 inspections.
7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet.

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline. (1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy or pharmacy technician practice;

Pharmacy Board Rules and Regulations

11.04.20 Computer Use With Prescription Order or LTCF Chart Order Transactions. A prescription drug outlet may utilize a computer (automated data processing system) for storage and retrieval of information regarding prescription and LTCF chart order transactions.

21.20.60 Environmental Quality and Controls. (c) The surfaces of the ceiling, walls, floor, fixtures, shelving, counters, and cabinets in the buffer area or clean room shall be smooth, impervious, free from cracks and crevices and non-shedding. Junctures of ceilings to walls shall be coved or caulked. There shall be no sink or floor drains in the buffer area or clean room.

DISPOSITION

8. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Outlet shall pay a fine of one thousand dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of one thousand one hundred and fifty dollars and No Cents (\$1,150.00). The total amount

shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in its designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.
10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:
 - a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:
 - a. to have 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 sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and
 - d. to appeal this Final Agency Order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.
13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency

Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's 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 Outlet to comply with all terms and conditions of this Final Agency Order.

14. **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 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.
15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
16. **Effective Date.** This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Authorized Representative

Dated: _____

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 _____ day of _____, 2020.

State Board of Pharmacy

BY: _____

Dmitry Kunin

Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this ____ day of _____ 2020, addressed as follows:

Paragon Infusion Care
Melinda Gonzales, PharmD, Pharmacist-in-Charge
8811 American Way, Suite 150
Englewood, CO 80112
Via: melindagonzales@paragonhealthcare.com

Agent of the Board



Paragon Healthcare Inc.
 17111 Preston Road, Ste 160
 Dallas, Texas 75248
 866-972-5888 (Toll-Free)
 866-491-5888 (Fax)

August 12, 2020

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

To Whom It May Concern:

The complaint filed for failure to pay for retail rental exhibit space in 1989. The contract was actually with North Star Spa, Inc. of which I was a principal and on the Certificate of Incorporation. Although there were issues regarding the breach of contract on the part of the complainant, there was no resolution, so the manager of North Star Spa elected not to pay. Since I was an officer of the company, they filed on me for theft over \$750. Once I became involved, restitution was made and the case was dismissed on October 2nd, 1991. I am attaching supporting documentation of such. Please feel free to contact me directly with any questions or concerns.

Respectfully,

Richard Allen, Rph
 President/CEO
 Paragon Healthcare, Inc.
 Direct: 972-588-1007
 Email: rallen@paragonhealthcare.com

O: 972.588.1000

F: 972.588.1001

17111 Preston Rd. Suite 160

Dallas, TX 75248

ParagonHealthcare.com

Austin | Corpus Christi | Dallas | Denver | Fayetteville

Fresno | Houston | Nashville | San Antonio

236-103

MOTION TO DISMISS PROSECUTION.

Form 183

The State of Texas,No. F91-00560 vs.Rick Allen

(Defendant)

Theft of Services

(Offense)

IN THE

CriminalDistrict

DALLAS COUNTY, TEXAS

COURT #5

OctoberTerm, A.D. 19 91

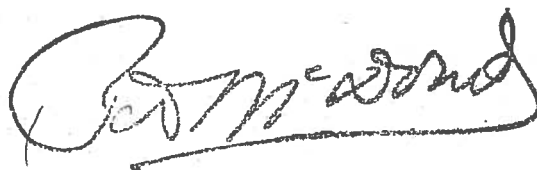
Now comes the District Attorney of Dallas County, Texas and asks the Court to dismiss the above entitled and numbered cause, for the following reasons, to-wit:

On October 2, 1991, the Defendant in this case made full restitution in the amount of \$ 1765.00.

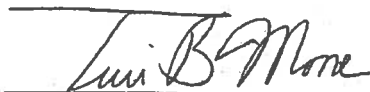
WHEREFORE, PREMISES CONSIDERED, it is respectfully requested that this case be dismissed.

FILED
DEC 2 1991
2:57
CLERK
DALLAS COUNTY, TEXAS
DEPUTY

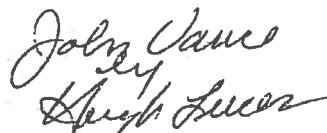
DEC 2 1991



Dismissed on Motion of District Attorney



Assistant District Attorney of
Dallas County, Texas



District Attorney of Dallas County, Texas

DEFENDANT ALLEN, RICK WM/6-19-47 CHARGE THEFT 750/SERV
 ADDRESS 1709 IROQUOIS, GARLAND LOCATION AT LARGE
 FILING AGENCY _____ DATE FILED _____ COURT _____
 COMPLAINANT DAVID ARNOLD GJR* F91-00560 **W L**
 C/C _____

TRUE BILL OF INDICTMENT

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS: The Grand Jury of Dallas County,
 State of Texas, duly organized at the JANUARY Term, A.D. 1991 of the
363RD JUDICIAL District Court, Dallas County, in said court at said

Term, do present that one RICK ALLEN, defendant, on or about

on the 13TH day of SEPTEMBER A.D. 1990 in the County of Dallas and said State, did

then and there with intent to avoid payment for retail rental exhibit
 space, a service that the defendant knew was provided by DAVID ARNOLD,
 only for compensation, knowingly and intentionally secure performance
 of such service, of the value of at least \$750.00 but less than
 \$20,000.00, by deception,

against the peace and dignity of the State.
JOHN VANCE

Criminal District Attorney of Dallas County, Texas.

[Signature]
 Foreman of the Grand Jury.



PARAGON
HEALTHCARE

To Whom It May Concern:

The complaint was filed for failure to pay for retail rental exhibit space in 1989. The contract was actually with North Star Spa, Inc. of which I was a principal and on Certificate of Incorporation. Although there no issues regarding the breach of contract on the part of the complainant, there was no resolution, so the manager of North Star elected not to pay. Since I was an officer of the company, they filed on me, for theft over \$750. Once I became involved, restitution was made and case was dismissed on October 2nd, 1991. I am attaching supporting documentation of such. Please feel free to contact me with any questions or concerns

Respectfully,

Richard Allen, BSPham, RPh
TX Pharmacist License 18743
President/CEO
Paragon Infusion Care, Inc.
Direct (972-588-1007)
Email: rallen@paragonhealthcare.com

O: 972-588-0000

F: 972-588-1001

17411 Preston Rd., Ste. 160

Dallas, TX 75248

ParagonHealthcare.com

Dallas • Fort Worth • Houston • San Antonio • Corpus Christi

Phoenix • San Diego • San Jose • San Francisco • Seattle • Portland • Denver

236-103

MOTION TO DISMISS PROSECUTION.

Form 155

The State of Texas,

No. F91-00560 vs.Rick Allen

(Defendant)

Theft & Services

(Offense)

IN THE CriminalDistrict COURT # 5

DALLAS COUNTY, TEXAS

October Term, A.D. 19 91

Now comes the District Attorney of Dallas County, Texas and asks the Court to dismiss the above entitled and numbered cause, for the following reasons, to-wit:

on October 2, 1991, the defendant in this case made full restitution in the amount of \$ 1765.00.

WHEREFORE, PREMISES CONSIDERED, it is respectfully requested that this case be dismissed.

FILED
DEC 2 1991
CLERK
DEPUTY

DEC 2 1991

Dismissed on Motion of District Attorney

L. B. Moore

Assistant District Attorney of
Dallas County, Texas

John C. Jones
John C. Jones

District Attorney of Dallas County, Texas

RECEIVED
BAIL STATUS

TRIAL DOCKET - CRIMINAL DISTRICT COURT - DALLAS COUNTY, TEXAS

No. 291-00260

W H

STATE OF TEXAS	ATTORNEYS	ORIGIN	DATE OF FILING
RICK ALLEN		THREAT OF SERVICE OF THE VALUE OF \$750 OR MORE NOT LESS THAN \$20,000, A 3RD DEGREE FELONY, AS CHARGED IN THE INDICTMENT	MAY 7, 1991
DATE OF ORDER	ORDER OF COURT		
AUG 13 1991	Set 8-13-91. Just sitting - returned by letter		
AUG 27 1991	Passed to 8-20-91. Guano - 0.9 gm. Shapiro Pet.		
SEP 13 1991	passed to 9-18-91. Guano		
OCT 2 1991	passed to 10-2-91. Guano		
OCT 22 1991	passed to 10-22-91. Guano		
NOV 5 1991	passed to 11-12-91. Guano		
NOV 12 1991	passed to 11-19-91. Guano		
NOV 19 1991	passed to 11-25-91. Guano		
NOV 27 1991	passed to 12-4-91. Guano		
DEC 4 1991	Dismissed at Motion of District Attorney.		
DEC 2 1991			

FD-100

DEFENDANT ALLEN, RICK WM/6-19-47 CHARGE THEFT 750/SERV
 ADDRESS 1709 IROQUOIS, GARLAND LOCATION AT LARGE
 FILING AGENCY _____ DATE FILED _____ COURT _____
 COMPLAINANT DAVID ARNOLD GJR* 891-88568 W L
 C/C _____

TRUE BILL OF INDICTMENT

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS: The Grand Jury of Dallas County,
 State of Texas, duly organized at the JANUARY Term, A.D. 1891 of the
363RD JUDICIAL District Court, Dallas County, in said court at said
 Term, do present that one RICK ALLEN, defendant, on or about

on the 13TH day of SEPTEMBER, A.D. 1898 in the County of Dallas and said State, did

then and there with intent to avoid payment for retail rental exhibit
 space, a service that the defendant knew was provided by DAVID ARNOLD,
 only for compensation, knowingly and intentionally secure performance
 of such service, of the value of at least \$755.00 but less than
 \$20,000.00, by deception,

against the peace and dignity of the State.
JOHN VANCE

Criminal District Attorney of Dallas County, Texas.

Foreman of the Grand Jury.

SECRETARY OF STATE



FOREIGN CORPORATION (80) QUALIFICATION

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Paragon Infusion Care, Inc.** did on **08/09/2020** file in this office its Qualification to do Business in this State and is now on file and of record in the office of the Nevada Secretary of State, and further, that said corporation is at the date of this Certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/09/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200809991625

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

14E

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: Valor Compounding Pharmacy

Physical Address: 2461 Shattuck Ave.

Mailing Address: 2461 Shattuck Ave.

City: Berkeley State: CA Zip Code: 94704

Telephone: (510) 548 - 8777 Fax: (510) 548 -0305

Toll Free Number: (855) 554-2889 (Required per NAC 639.708)

E-mail: info@vcprx.com Website: www.valorcompounding.com

Managing Pharmacist: Lauren Honda License Number: RPH 66993

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

RICHARDT. NIEMI

Print Name of Authorized Person

Date

8/21/2020

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CaliforniaParent Company if any: Niemi Holdings, Inc.Mailing Address: 2461 Shattuck Ave.City: Berkeley State: CA Zip: 94704Telephone: 510 548 8777 Fax: 510 548 0305Contact Person: Richard T. Niemi

For any corporation non publicly traded, disclose the following:

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

a) Richard T. Niemi 3751 Clubhouse Ct. Rocklin, CA 95765
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 8,000,0003) What was the price paid per share? N/A, shares were issued pursuant to a conversion of the entity from an LLC to a corporation.4) What date did the corporation actually receive the cash assets? December 31, 2016 (conversion date)

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

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9:00 am 6:00 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Richard T. Niemi

Responsible Person of Valor Compounding 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

RICHARD T. NIEMI

Print Name of Authorized Person

8/21/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA)
San Diego) ss. COUNTY)

I, Richard T. Niemi, 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 and Owner for Valor Compounding Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

I, RICHARD T NIEMI, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

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.

Name

SUBSCRIBED AND SWORN TO

before me, a notary public this

21 day of August, 2020.

NOTARY PUBLIC



State of California
 County of San Diego

Subscribed and sworn to (or affirmed) before me on this 21st
 day of Aug., 2020, by Richard T. Niemi
 proved to me on the basis of satisfactory evidence
 the person(s) who appeared before me.

Posted April 1, 2020

(Seal)

Signature

Mark I. Sedar

From: Ann Olaguer <aolaguer@vcprx.com>
Sent: Monday, May 3, 2021 1:27 PM
To: Mark I. Sedar
Subject: Re: Follow-up: Status Inquiry: Valor Compounding Pharmacy Additional Documents

Hi Mark,

There is only Richard Niemi as the officer of the company.

Thank you!
 Ann



Ann Olaguer

Director of Business Initiatives & Client Account Manager

2461 Shattuck Ave, Berkeley, CA 94704

P: 510.548.8777 | **F:** 510.548.0305

M: 510.561.9189 | **E:** aolaguer@vcprx.com



Notice: The information contained in this transmission may contain privileged and confidential information, including protected health information (PHI) protected by federal and state privacy laws. It is intended only for the use of the persons named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message, including all any attachments from any email outlet.

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, May 3, 2021 12:54 PM
To: Ann Olaguer <aolaguer@vcprx.com>
Subject: RE: Follow-up: Status Inquiry: Valor Compounding Pharmacy Additional Documents

Good afternoon Ann,

Thank you for the updated documentation. Could you also provide a list of officers/directors?

Regards,

Mark Sedar
 Chief Operating Officer
 Nevada State Board of
 Pharmacy
 (775) 850-1440
msedar@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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: Ann Olaguer <aolaguer@vcprx.com>

Sent: Monday, May 3, 2021 11:41 AM

To: Mark I. Sedar <msedar@pharmacy.nv.gov>

Subject: Re: Follow-up: Status Inquiry: Valor Compounding Pharmacy Additional Documents

Hi Mark,

Hope this email finds you well.

Please see the attached documents are requested:

- Updated Certificate of Good Standing
- Updated Letter of Good Standing (license)
- Updated Inspection report, later than 9/24/19 if available
- Confirmation that Lauren Honda is still the Managing Pharmacist - **Lauren Honda is still our Managing Pharmacist.**

In addition, we have a pending investigation from the State of Washington, which is attached as well. This investigation pertains to the CA and OR cases, which we self-disclosed to the Board of Pharmacy Washington.

Also, what is the exact date for the June BOP meeting?

Thank you,
Ann



Secretary of State Certificate of Status

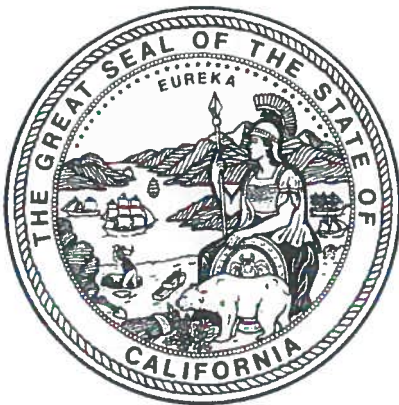
I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: VALOR COMPOUNDING PHARMACY, INC.
File Number: C3973113
Registration Date: 12/31/2016
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of May 2, 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 May 3, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber, Ph.D.", written over a yellow highlight.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RLGM9EZ

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.



Secretary of State Certificate of Status

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

Entity Name: VALOR COMPOUNDING PHARMACY, INC.
File Number: C3973113
Registration Date: 12/31/2016
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of August 11, 2020 (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 August 12, 2020.

ALEX PADILLA
Secretary of State

Certificate Verification Number: R5P4JJR

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.



Secretary of State Certificate of Status

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

Entity Name: NIEMI HOLDINGS, INC.
File Number: C4062903
Registration Date: 09/12/2017
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of August 24, 2020 (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 August 25, 2020.

A handwritten signature in black ink, reading "Alex Padilla".

ALEX PADILLA
Secretary of State

Certificate Verification Number: R92EJ6Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.



Renewal Certificate

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Retail Pharmacy Permit

LICENSE NO. PHY 56799
RECEIPT NO. 01570111

VALID UNTIL JULY 01, 2021

VALOR COMPOUNDING PHARMACY
2461 SHATTUCK AVE
BERKELEY CA 94704

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHPHY (05/20/19) PH1

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 56799

NAME: VALOR COMPOUNDING PHARMACY
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR + PRIOR DISCIPLINARY ACTION
SECONDARY STATUS: PUBLIC REPRIMAND
ADDRESS
 2461 SHATTUCK AVE
 BERKELEY CA 94704
 ALAMEDA COUNTY

ISSUANCE DATE

JULY 27, 2018

EXPIRATION DATE

JULY 1, 2021

CURRENT DATE / TIME

AUGUST 26, 2020
 12:21:51 PM

PUBLIC RECORDS

DISCIPLINARY ACTIONS (1)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.

DISCIPLINARY ACTIONS RENDERED BY THE BOARD AND PENALTIES IMPOSED BECOME OPERATIVE ON THE EFFECTIVE DATE OF THE ACTION EXCEPT IN SITUATIONS WHERE THE LICENSEE OBTAINS A COURT-ORDERED STAY THROUGH THE APPEAL PROCESS. THIS MAY OCCUR AFTER THE PUBLICATION OF THE INFORMATION ON THIS WEBSITE.

TO OBTAIN INFORMATION PRIOR TO JANUARY 1998 OR FOR INFORMATION ON SPECIFIC DISCIPLINE LISTED SUBMIT A WRITTEN REQUEST TO THE *STATE BOARD OF PHARMACY, 1625 N. MARKET BLVD, SUITE N219, SACRAMENTO, CA 95834, ATTENTION PUBLIC RECORDS DESK.*

PUBLIC DISCLOSURES:

- + **CASE NUMBER:** AC201700643300
- + **EFFECTIVE DATE OF ACTION:** NOVEMBER 14, 2019
- + **DESCRIPTION OF ACTION:** THROUGH A DISCIPLINARY ACTION OF THE BOARD, THE LICENSE IS PUBLICLY REPROVED.

PUBLIC DOCUMENTS

DOCUMENTS (1)

CASE NUMBER: AC201700643300

DOCUMENT: LINK ([HTTP://WWW.PHARMACY.CA.GOV/ENFORCEMENT/FY1718/AC176433](http://WWW.PHARMACY.CA.GOV/ENFORCEMENT/FY1718/AC176433))

LICENSE RELATIONSHIPS

NAME: VALOR COMPOUNDING PHARMACY
LICENSE/REGISTRATION TYPE: STERILE
 COMPOUNDING PHARMACY
LICENSE NUMBER: 101340
 (/DETAILS/7200/LSC/101340/1D4C3141372A6A5FD5FDDAC94F561B6D)

PRIMARY STATUS: CLEAR

ADDRESS :
 2461 SHATTUCK AVE
 THE TAYLOR RM THE EVAN RM
 BERKELEY CA 94704
 ALAMEDA COUNTY

NAME: HONDA, LAUREN CHIEMI MEW-LIN
LICENSE/REGISTRATION TYPE: REGISTERED
 PHARMACIST

ADDRESS NOT DISCLOSED

LICENSE NUMBER: 66993
 (/DETAILS/7200/RPH/66993/7EE8C761C9804373EF89A4709AC6C5CF)
PRIMARY STATUS: CLEAR



**Re: State of Washington Board of Pharmacy
Pending Case No. 2020-17792FO**

Details of the Pending Case:

On January 19, 2021, Valor received a complaint alleging unprofessional conduct from the Washington State Board of Pharmacy.

Valor self-reported the licensing action by the State of Oregon related to a California Board of Pharmacy public reprimand issued to Valor in accordance with Pharmacy Commission Laws and Rules by the Washington Board. As a result, an investigation was initiated requiring a submission of additional documents for the actions.

These are documents that were requested:

- A copy of the California Board of Pharmacy actions on current license under Valor and any actions on the former pharmacy named Wellspring in the past three years, from 2017 till present.
- Any FDA 483 filing on either Valor Compounding or the former named Wellspring Compounding.
- Any copies FDA site inspections.
- A written statement addressing both the California and Oregon Board of Pharmacy licensing actions.

The requested documentations and the written statement were submitted via email on February 19, 2021 to the assigned Pharmacy Investigator.

This matter is currently pending and scheduled to be heard during Board of Pharmacy meeting in May.

Attached with this is a copy of the written statement provided for reference.

For further details and information, please contact Ann Olaguer at (510) 561-9189 or email at aolaguer@vcprx.com

Valor Compounding Pharmacy

2461 Shattuck Avenue
Berkeley, California 94704-2030

February 19, 2021

Via Email: (Chris.Humberson@doh.wa.gov)

Chris Hemberson, Pharmacy Investigator
State of Washington, Department of Health
Office of Investigative and Legal Services
20425 72nd Avenue South, Suite 310
Kent, Washington 98032

Re: Valor Compounding Pharmacy
Case No. 2020-17792FO

Dear Investigator Humberson,

We are writing regarding the above referenced case in response to your correspondence dated January 19, 2021. As an initial point, we want to thank you for your courtesy in allowing us some additional time to respond to your inquiries. It is our hope that we can resolve this matter amicably and without the need for further action. In furtherance of this, we provide the following explanation and additional information regarding the California Board of Pharmacy (BOP) action and the Oregon BOP action as requested in your correspondence. In addition to the written explanation provided below, please also find the following documents requested in your January 19, 2021 correspondence:

Copy of California BOP actions on current license for Valor Compounding Pharmacy (Valor) and Copy of California BOP actions on former pharmacy Wellspring Compounding Pharmacy (Wellspring) for the period of 2017 to present [attached as **Exhibit A**];

Please note that neither Valor nor Wellspring have any documents relating to your requests for information regarding FDA filings/site inspections during the past three years.

By way of background, the origin of this matter relates back to the prior ownership when the pharmacy was operating as Wellspring. Since that time, Wellspring changed its corporate name to Valor Compounding Pharmacy, Inc. d/b/a Valor Compounding Pharmacy. Prior to doing business as Valor, Wellspring was located at 2320 Woolsey Street, Suite 105, Berkeley, California 94705 and was under the management and ownership of Andrew Beyers and Rick Niemi. During this time, Mr. Beyers served as pharmacist-in-charge (PIC). Wellspring first obtained its California pharmacy permit on May 24, 2016 when the Pharmacy operated as Beyers Pharmacy Services,

Inc. d/b/a Wellspring Compounding Pharmacy. Subsequently, the California BOP issued a permit to Wellspring Compounding Pharmacy, Inc. d/b/a Wellspring Compounding Pharmacy.

Thereafter, on or about May 15, 2017, Wellspring was inspected by a California BOP inspector. A more detailed recitation of the inspection is contained in the documents attached as **Exhibit A**. Following the inspection, in December 2018, the California BOP issued a complaint containing certain accusations stemming from the May 15, 2017 inspection. **Exhibit A**. After the complaint was issued by the California BOP, the parties entered into a stipulated settlement between Wellspring and the California BOP effective on **November 14, 2019**. **Exhibit A**.

As a result of the complaint issued by the California BOP to Wellspring and the stipulated settlement, Wellspring took numerous corrective actions. These corrective/rehabilitative actions included the following:

- Andrew Beyers resigned as an owner and no longer has any affiliation whatsoever with Valor.
- Valor hired a new PIC to replace Mr. Beyers. The new PIC is Lauren Honda.
- The Pharmacy changed locations and moved to a new state-of-the art facility that houses four laboratories for the following compounding activities:
 - Non-Sterile Hazardous Laboratory;
 - Non-Sterile Non-Hazardous Laboratory;
 - Sterile Hazardous Laboratory;
 - Sterile Non-Hazardous Laboratory.
- Valor implemented robust corrective actions and enhanced oversight plans including:
 - Annual assessment of staff's training and competencies.
 - Annual validation of Pharmacists and pharmacy technicians process and techniques used to compound various dosage forms through potency testing of samples.
 - If any product is determined to be outside the allowable range, a root cause analysis is conducted followed by a corrective action plan. All procedures are strictly outlined in Valor's Standard Operating Procedures.
- The Pharmacy's SOPs were also revised as it relates to Beyond Use Dates (BUDs) and incorporated USP 795 guidelines including the notion that BUDs are to be assigned conservatively and for those products warranting an extended BUD, documentation from relevant studies is cited in connection with the extended BUD.
- Valor installed an automated temperature monitoring system in all areas where drugs, either in raw form, or as a compounded medication, are stored. Temperatures are monitored at set time points during a 24-hour period and logged electronically. Pharmacists are provided access to view temperature trends throughout the day, in addition to ensuring that temperatures are logged at the beginning of each workday. If temperatures ever fall out of the range allowable by USP and BOP guidelines, such activity immediately triggers a text message notification that is sent to the PIC

in addition to other members of the compliance team, so that appropriate corrective action can promptly be taken.

- Equipment maintenance is scheduled on annually or semi-annually based on USP and BOP guidelines in addition to manufacturer recommendations/specifications. All hood certifications are maintained and archived into Valor's QMS system and hardcopies are appropriately filed.
- Valor utilizes Propel, a Quality Management Software (QMS), to monitor and document all quality compliance activities. These activities include:
 - Quarterly Audits
 - SOP document control
 - Drug testing results
 - CAPA
 - Training
 - Equipment maintenance reports and recertifications
 - Non-conformance reports
 - Complaints
- Valor schedules and conducts quarterly meetings to review all quality and compliance activities including review of any incident reports.
- Valor's Chief Pharmacy Officer regularly reviews, at least once annually, the SOPs and updates as needed/as appropriate.

With the implementation of these corrective actions, Valor has continued to operate with an ongoing commitment to maintaining the highest standards of safety and with a strong commitment to ensuring the safety of all its patients including the residents of Washington.

Following the resolution of the matter involving the California Board of Pharmacy, Valor received a Notice from the Oregon BOP. **Exhibit B**. Valor received this Notice in September 2020. The Notice from the Oregon BOP was related to the prior stipulated settlement entered with the California BOP. More specifically, the Oregon BOP Notice referenced an application previously submitted by Valor with the Oregon BOP regarding its registration and name change with the Oregon BOP. The Oregon BOP took the position that Valor was obligated to disclose the matter that involved Wellspring. Due to a misunderstanding by me, I did not reference the California BOP proceeding. This is because as I understood the situation, the stipulated settlement with the California BOP primarily involved Valor and Mr. Beyers as the prior owner. Moreover, as noted above, the stipulated settlement did not take effect until November 2019 and the stipulation was subject to change at any time up until it officially took effect. Based on this, I did not recognize that the stipulated settlement and corresponding proceedings needed to be disclosed to the Oregon BOP. Fortunately, the matter involving the Oregon BOP was resolved amicably by way of a consent order. A copy of the consent order is attached for reference as **Exhibit C**. In addition to resolving the Oregon BOP matter amicably, throughout the course of that matter, Valor cooperated with the Oregon BOP in order to achieve an amicable resolution. We were transparent with the Oregon BOP and as a result the matter was resolved as articulated in the consent order.

In addition to the foregoing information, we also wish to point out that we recognize that patient safety is of the utmost importance. In that regard, we want to note that at no point in time have there been any allegations of any harm to any patients, either at Wellspring or at Valor including in the State of Washington.

We hope that you find this information informative, responsive to your inquiries, and sufficient to resolve this matter without the need for further action by the Washington BOP. That said, if you would like to discuss this matter further or have any additional questions, etc., please do not hesitate to contact me or any members of the team at Valor and we will endeavor to respond as quickly as possible. Thank you.

Respectfully submitted,

Valor Compounding Pharmacy

/s/ Rick Niemi

Rick Niemi, CEO/Owner

Enclosures, Exhibits A – C.

EXHIBIT A

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**WELLSPRING PHARMACY INC.,
WELLSPRING COMPOUNDING
PHARMACY INC, dba WELLSPRING
COMPOUNDING PHARMACY
2461 Shattuck Ave.
Berkeley, CA 94704**

**Original Permit No. PHY 54419 (Cancelled)
Original Permit No. PHY 56799**

and

**ANDREW JOHN BEYERS
185 Alamo Ranch Road
Alamo, CA 94507**

Pharmacist License No. RPH 44183

Respondents.

Case No. 6433
OAH No. 2019050311

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Orders are hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on November 14, 2019.

It is so ORDERED on October 15, 2019.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

Greg Lippe
Board Vice President (Acting President)

1 XAVIER BECERRA
 Attorney General of California
 2 CHAR SACHSON
 Supervising Deputy Attorney General
 3 GREGORY TUSS
 Deputy Attorney General
 4 State Bar No. 200659
 455 Golden Gate Avenue, Suite 11000
 5 San Francisco, CA 94102-7004
 Telephone: (415) 510-3435
 6 Facsimile: (415) 703-5480
Attorneys for Complainant
 7

8
 9 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
 10
 11

12 In the Matter of the Accusation Against:
 13

14 **WELLSPRING PHARMACY INC.,**
WELLSPRING COMPOUNDING
PHARMACY INC, dba WELLSPRING
 15 **COMPOUNDING PHARMACY**
 2461 Shattuck Ave.
 16 Berkeley, CA 94704

17 Original Permit No. PHY 56799

18 and

19 **ANDREW JOHN BEYERS**
 185 Alamo Ranch Road
 20 Alamo, CA 94507

21 Pharmacist License No. RPH 44183,

22 Respondents.
 23

Case No. 6433
 OAH No.2019050311

STIPULATED SETTLEMENT AS TO
WELLSPRING COMPOUNDING
PHARMACY, ORIGINAL PERMIT NO.
PHY 54419, AND VALOR
COMPOUNDING PHARMACY,
ORIGINAL PERMIT NO. PHY 56799

24 IT IS STIPULATED AND AGREED by and between the parties to these proceedings that
 25 the following matters are true:
 26

27 **PARTIES**

- 28 1. Anne Sodergren (Complainant) is the interim Executive Officer of the Board of

1 Pharmacy (Board), Department of Consumer Affairs. She brought this action solely in her
 2 official capacity and is represented in this matter by Xavier Becerra, Attorney General of the
 3 State of California, and by Gregory Tuss, deputy attorney general.

4 2. On or about May 24, 2016, the Board issued Original Permit No. PHY 54419 to
 5 Beyers Pharmacy Services Inc. and Wellspring Compounding Pharmacy to do business as
 6 Wellspring Compounding Pharmacy.¹ Andrew John Beyers was Respondent Wellspring's chief
 7 financial officer and pharmacist-in-charge, and Richard Thomas Niemi was Respondent
 8 Wellspring's president, secretary, and treasurer/chief financial officer. Original Permit No. PHY
 9 54419 was in full force and effect at all times relevant to the charges brought in First Amended
 10 Accusation No. 6433 and it expired on July 27, 2018.

11 3. On July 27, 2018, the Board issued Original Permit No. PHY 56799 to Wellspring
 12 Pharmacy Inc. and Wellspring Compounding Pharmacy Inc. to do business as Wellspring
 13 Compounding Pharmacy. Andrew John Beyers was Respondent Wellspring Compounding
 14 Pharmacy's chief operating officer and president, and Richard Thomas Niemi was Respondent
 15 Wellspring Compounding Pharmacy's chief executive officer. Original Permit No. PHY 56799
 16 will expire on May 1, 2020, unless renewed.

17 4. On March 19, 2019, Respondent Wellspring Compounding Pharmacy. Original
 18 Permit No. PHY 56799, changed its corporate name to Valor Compounding Pharmacy Inc., to do
 19 business as Valor Compounding Pharmacy.²

20 5. Respondents are represented in this proceeding by attorney Herbert Weinberg,
 21 whose address is Fenton Law Group, LLP, 1990 S. Bundy Drive, Suite 777, Los Angeles, CA
 22 90025.

23 JURISDICTION

24 6. Accusation No. 6433 and all other statutorily required documents were properly

25
 26 ¹ This stipulation will refer to the entity under Original Permit No. PHY 54419 as
 Respondent Wellspring.

27 ² This stipulation will refer to the entity under Original Permit No. PHY 56799 as
 28 Respondent Valor. Respondent Wellspring and Respondent Valor will be referred to collectively
 as Respondents.

1 served on Respondents on October 24, 2018. Respondents filed their notice of defense contesting
 2 the accusation. First Amended Accusation No. 6433 was subsequently filed and is currently
 3 pending against Respondents. The first amended accusation and all other statutorily required
 4 documents were properly served on Respondents on December 17, 2018.

5 7. A copy of First Amended Accusation No. 6433 is attached as exhibit 1 and
 6 incorporated by reference.

7 ADVISEMENT AND WAIVERS

8 8. Respondents have carefully read, fully discussed with counsel, and understand the
 9 charges and allegations in First Amended Accusation No. 6433. Respondents have also carefully
 10 read, fully discussed with counsel, and understand the effects of this stipulation.

11 9. Respondents are fully aware of their legal rights in this matter, including the right
 12 to a hearing on the charges and allegations in the first amended accusation; the right to confront
 13 and cross-examine the witnesses against them; the right to present evidence and to testify on their
 14 own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the
 15 production of documents; the right to reconsideration and court review of an adverse decision;
 16 and all other rights accorded by the California Administrative Procedure Act and other applicable
 17 laws.

18 10. Respondents voluntarily, knowingly, and intelligently waive and give up each and
 19 every right set forth above.

20 CULPABILITY

21 11. Respondents understand and agree that the charges and allegations in First
 22 Amended Accusation No. 6433 if proven at a hearing constitute cause for imposing discipline
 23 upon Original Permit No. PHY 54419 and Original Permit No. PHY 56799.

24 12. For the purpose of resolving First Amended Accusation No. 6433 without the
 25 expense and uncertainty of further proceedings, Respondents agree that at a hearing Complainant
 26 could establish a factual basis for the charges in the first amended accusation and that
 27 Respondents give up their right to contest those charges.

28 13. Respondents agree that their Original Permit No. PHY 54419 and Original Permit

No. PHY 56799 are subject to discipline and they agree to be bound by the Orders below.

CONTINGENCY

14. This Stipulated Settlement shall be subject to approval by the Board. Respondents understand and agree that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this Stipulated Settlement without notice to or participation by Respondents or their counsel. By signing this Stipulated Settlement, Respondents understand and agree that they may not withdraw their agreement or seek to rescind the Stipulated Settlement prior to the time the Board considers and acts upon it. If the Board fails to adopt this Stipulated Settlement as its Decision and Order, this stipulation shall be of no force or effect except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

15. The parties understand and agree that portable document format (PDF) and facsimile copies of this Stipulated Settlement, including PDF and facsimile signatures, shall have the same force and effect as the originals.

16. This Stipulated Settlement is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

17. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the Orders:

ORDER AS TO ORIGINAL PERMIT PHY 54419 ISSUED TO

RESPONDENT WELLSRING

IT IS ORDERED that Original Permit No. PHY 54419 issued to Respondent Wellspring is surrendered and accepted by the Board.

1. The surrender of Respondent Wellspring's Original Permit No. PHY 54419 and the acceptance of the surrendered license by the Board shall constitute the imposition of

1 discipline against Respondent Wellspring. This stipulation constitutes a record of the discipline
2 and shall become a part of Respondent Wellspring's license history with the Board.

3 2. Respondent Wellspring shall lose all rights and privileges as a pharmacy in
4 California as of the effective date of the Board's Decision and Order.

5 3. Respondent Wellspring shall cause to be delivered to the Board its pocket license
6 and, if one was issued, its wall certificate on or before the effective date of the Decision and
7 Order.

8 4. If Respondent Wellspring ever applies for licensure or petitions for reinstatement
9 in the State of California, the Board shall treat it as a new application for licensure. Respondent
10 Wellspring must comply with all the laws, regulations and procedures for licensure in effect at the
11 time the application or petition is filed, and all of the charges and allegations contained in First
12 Amended Accusation No. 6433 shall be deemed to be true, correct and admitted by Respondent
13 Wellspring when the Board determines whether to grant or deny the application or petition.

14 5. If Respondent Wellspring should ever apply or reapply for a new license or
15 certification, or petition for reinstatement of a license, by any other health care licensing agency
16 in the State of California, all of the charges and allegations contained in First Amended
17 Accusation No. 6433 shall be deemed to be true, correct, and admitted by Respondent Wellspring
18 for the purpose of any statement of issues or any other proceeding seeking to deny or restrict
19 licensure.

20 **ORDER AS TO ORIGINAL PERMIT PHY 54419 ISSUED TO**
21 **RESPONDENT VALOR**

22 IT IS ORDERED that Original Permit No. PHY 56799 issued to Respondent Valor shall
23 be publicly reprovved by the Board of Pharmacy under Business and Professions Code section 495
24 in resolution of First Amended Accusation No. 6433 attached as exhibit 1.

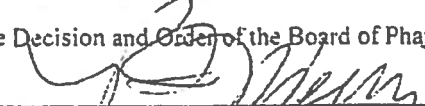
25 **Cost Recovery.** Respondent Valor shall pay \$6,385.20 to the Board for its costs
26 associated with the investigation and enforcement of this matter. Respondent Valor shall be
27 permitted to pay these costs in a payment plan approved by the Board. If Respondent Valor fails
28 to pay the Board costs as ordered, Respondent Valor shall not be allowed to renew its Original

1 Permit No. 56799 until Respondent Valor pays costs in full.

2 ACCEPTANCE

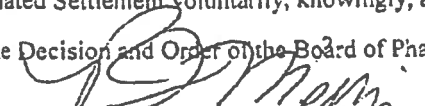
3 I have carefully read the above Stipulated Settlement and have fully discussed it with my
4 attorney, Herbert Weinberg. I understand the stipulation and the effect it will have on Original
5 Permit No. 54419. I enter into this Stipulated Settlement voluntarily, knowingly, and
6 intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

7 DATED: 8/14/19


8 RICHARD THOMAS NIEMI for
9 WELLSPRING COMPOUNDING PHARMACY
10 ORIGINAL PERMIT No. PHY 54419
11 Respondent

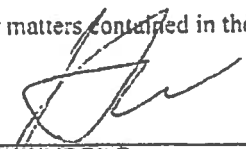
12 I have carefully read the above Stipulated Settlement and have fully discussed it with my
13 attorney, Herbert Weinberg. I understand the stipulation and the effect it will have on Original
14 Permit No. 56799. I enter into this Stipulated Settlement voluntarily, knowingly, and
15 intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

16 DATED: 8/14/19


17 RICHARD THOMAS NIEMI for
18 VALOR COMPOUNDING PHARMACY
19 ORIGINAL PERMIT No. PHY 56799
20 Respondent

21 I have read and fully discussed with Respondent Wellspring Compounding Pharmacy and
22 Respondent Valor the terms and conditions and other matters contained in the above Stipulated
23 Settlement. I approve its form and content.

24 DATED: 8/14/2019


25 HERBERT WEINBERG
26 Attorney for Respondents
27 Wellspring Compounding Pharmacy
28 Original Permit No. PHY 54419
and
Valor Compounding Pharmacy
Original Permit No. PHY 56799

///

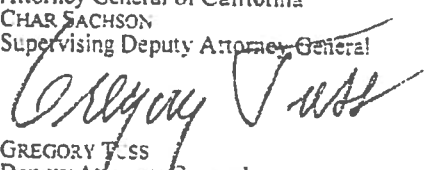
ENDORSEMENT

This Stipulated Settlement is submitted for consideration by the Board of Pharmacy of the
Department of Consumer Affairs.

DATED: 8.21.19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
CHAR SACHSON
Supervising Deputy Attorney General


GREGORY T. LUSS
Deputy Attorney General
Attorneys for Complainant

OK2018900320
21544278.docx

Exhibit 1

First Amended Accusation No. 6433

1 XAVIER BECERRA
 Attorney General of California
 2 DIANN SOKOLOFF
 Supervising Deputy Attorney General
 3 GREGORY TUSS
 Deputy Attorney General
 4 State Bar No. 200659
 1515 Clay Street, 20th Floor
 5 P.O. Box 70550
 Oakland, CA 94612-0550
 6 Telephone: (510) 879-1005
 Facsimile: (510) 622-2270
 7 *Attorneys for Complainant*

8 **BEFORE THE**
 9 **BOARD OF PHARMACY**
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the First Amended Accusation
 12 Against:

Case No. 6433

13 **WELLSPRING PHARMACY INC.,**
 14 **WELLSPRING COMPOUNDING**
PHARMACY INC, dba WELLSPRING
COMPOUNDING PHARMACY
 2461 Shattuck Ave.
 15 Berkeley, CA 94704

**FIRST AMENDED
 ACCUSATION**

16 Original Permit No. PHY 56799

17 and

18 **ANDREW JOHN BEYERS**
 185 Alamo Ranch Road
 19 Alamo, CA 94507

20 Pharmacist License No. RPH 44183,

21 Respondents.

22
 23 Complainant alleges:

24 **PARTIES**

25 1. Virginia Herold (Complainant) brings this First Amended Accusation solely in her
 26 official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of
 27 Consumer Affairs.

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1 voluntary surrender of a license by a licensee, shall not deprive the Board of jurisdiction to
 2 commence or proceed with any investigation of, or action or disciplinary proceeding against, the
 3 licensee or to render a decision suspending or revoking the license.

4 STATUTORY PROVISIONS

5 8. Section 4301 of the Code provides, in pertinent part:

6 "The board shall take action against any holder of a license who is guilty of unprofessional
 7 conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but
 8 is not limited to, any of the following:

9 . . .

10 "(j) The violation of any of the statutes of this state, of any other state, or of the United
 11 States regulating controlled substances and dangerous drugs.

12 . . .

13 "(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
 14 violation of or conspiring to violate any provision or term of this chapter or of the applicable
 15 federal and state laws and regulations governing pharmacy, including regulations established by
 16 the board or by any other state or federal regulatory agency."

17 9. Section 4052 of the Code provides, in pertinent part:

18 "(a) Notwithstanding any other law, a pharmacist may:

19 "(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office
 20 use by the prescriber."

21 10. Section 4113, subdivision (c) of the Code states: "The pharmacist-in-charge shall be
 22 responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining
 23 to the practice of pharmacy."

24 11. Section 4307 of the Code provides, in pertinent part:

25 "(a) Any person who has been denied a license or whose license has been revoked or is
 26 under suspension, or who has failed to renew his or her license while it was under suspension, or
 27 who has been a manager, administrator, owner, member, officer, director, associate, partner, or
 28 any other person with management or control of any partnership, corporation, trust, firm, or

1 association whose application for a license has been denied or revoked, is under suspension or has
2 been placed on probation, and while acting as the manager, administrator, owner, member,
3 officer, director, associate, partner, or any other person with management or control had
4 knowledge of or knowingly participated in any conduct for which the license was denied,
5 revoked, suspended, or placed on probation, shall be prohibited from serving as a manager,
6 administrator, owner, member, officer, director, associate, partner, or in any other position with
7 management or control of a licensee as follows:

8 “(1) Where a probationary license is issued or where an existing license is placed on
9 probation, this prohibition shall remain in effect for a period not to exceed five years.

10 “(2) Where the license is denied or revoked, the prohibition shall continue until the license
11 is issued or reinstated.”

12 12. Health and Safety Code section 11165 provides, in pertinent part:

13 “(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled
14 substance, as defined in the controlled substances schedules in federal law and regulations,
15 specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of
16 Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following
17 information to the Department of Justice as soon as reasonably possible, but not more than seven
18 days after the date a controlled substance is dispensed, in a format specified by the Department of
19 Justice:

20 “(1) Full name, address, and, if available, telephone number of the ultimate user or research
21 subject, or contact information as determined by the Secretary of the United States Department of
22 Health and Human Services, and the gender, and date of birth of the ultimate user.

23 “(2) The prescriber’s category of licensure, license number, national provider identifier
24 (NPI) number, if applicable, the federal controlled substance registration number, and the state
25 medical license number of any prescriber using the federal controlled substance registration
26 number of a government-exempt facility.

27 “(3) Pharmacy prescription number, license number, NPI number, and federal controlled
28 substance registration number.

10 13. California Code of Regulations, title 16, section 1735.2 provides, in pertinent part:

“(1) 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; and

20 ...

21 “(4) That the pharmacist has a credible basis for concluding it is a reasonable quantity for
22 office use considering the intended use of the compounded medication and the nature of the
23 prescriber’s practice”

24 14. California Code of Regulations, title 16, section 1735.3, subdivision (b) states:

25 "Pharmacies shall maintain records of the proper acquisition, storage, and destruction of
26 chemicals, bulk drug substances, drug products, and components used in compounding."

27 15. California Code of Regulations, title 16, section 1735.5, subdivision (a) states: "Any
28 pharmacy engaged in compounding shall maintain written policies and procedures for

1 compounding that establishes procurement procedures, methodologies for the formulation and
2 compounding of drugs, facilities and equipment cleaning, maintenance, operation, and other
3 standard operating procedures related to compounding. Any material failure to follow the
4 pharmacy's written policies and procedures shall constitute a basis for disciplinary action."

5 FACTUAL BACKGROUND

6 16. On or about May 15, 2017, a Board inspector went to Respondent Pharmacy to
7 conduct a routine inspection and complaint investigation.

8 17. During the inspection, the inspector obtained Respondent Pharmacy's standard
9 operating procedures for compounding, which state that for purposes of end product testing,
10 Respondent Pharmacy is to ensure that the strength of the active pharmaceutical ingredient(s)
11 is/are within +/- 10% of the labeled strength. The inspector reviewed the pharmacy's most recent
12 end product testing report, which indicated that Respondent Pharmacy had submitted a single
13 drug product—a levothyroxine 25mcg/ml oral solution—for end product testing in or around
14 March 2017, and that that product came back as sub-potent and not within +/- 10% of the labeled
15 strength of the product. Respondent Pharmacy did not send another product for retesting.
16 Respondent Pharmacy sent only one compounded product for end product testing annually, and
17 did not submit suppositories, creams, and ointments for testing. Respondent Pharmacy did not
18 send products for testing reflective of the type of compounding performed or reflective of the
19 quantity of items compounded.

20 18. The inspector found a refrigerator in the pharmacy containing compounded products
21 that did not have a temperature monitoring system in place. The temperatures for that refrigerator
22 were not recorded and maintained as required.

23 19. After the inspection, the inspector reviewed a compounding dispensing report from
24 Respondent Pharmacy that showed every compounded product dispensed by the pharmacy
25 between January 1, 2017, and May 15, 2017. According to the report, Respondent Pharmacy
26 compounded approximately 500 prescriptions for Kaiser clinic or prescriber office use. Of those
27 prescriptions, three (3) were for 500 progesterone 200mg suppositories and thirteen (13) were for
28 480 progesterone 200mg suppositories, all of which were sent to the same Kaiser doctor.

21. Between approximately May 26, 2016, and November 10, 2016, Respondent Pharmacy did not submit dispensing data for Schedule II, III, and IV controlled substance prescriptions to the Department of Justice.

(Furnishing an Unreasonable Quantity of Compounded Drug Products for Office Use)

22. Respondents are subject to disciplinary action under sections 4301, subdivisions (j) and/or (o), 4052, subdivision (a)(1), and 4113, subdivision (c) of the Code, and California Code of Regulations, title 16, section 1735.2, subdivisions (c)(1), (c)(2), and (c)(4), in that Respondents furnished an unreasonable quantity of compounded drug products to a prescriber for office use by the prescriber. The circumstances of Respondents' conduct are set forth above in paragraphs 19 and 20.

(Failure to Maintain Records of the Proper Storage of Drug Products Used in Compounding)

23. Respondents are subject to disciplinary action under sections 4301, subdivision (o) and 4113, subdivision (c) of the Code, and California Code of Regulations, title 16, section 1735.3, subdivision (b), in that Respondent Pharmacy failed to maintain records of the proper storage of drug products and/or components used in compounding. The circumstances of Respondents' conduct are set forth above in paragraph 18.

7

THIRD CAUSE FOR DISCIPLINE

(Material Failure to Follow Written Policies and Procedures)

24. Respondents are subject to disciplinary action under sections 4301, subdivision (o) and 4113, subdivision (c) of the Code, and California Code of Regulations, title 16, section 1735.5, subdivision (a), in that Respondents materially failed to follow Respondent Pharmacy's written policies and procedures related to compounding. The circumstances of Respondents' conduct are set forth above in paragraph 17.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Report Information Related to Controlled Substances Prescriptions)

25. Respondents are subject to disciplinary action under sections 4301, subdivisions (j) and/or (o) and 4113, subdivision (c) of the Code, in that Respondents failed to report to the Department of Justice the information set forth in Health and Safety Code section 11165, subdivisions (d)(1)-(d)(10) related to prescriptions for Schedules II, III, and IV controlled substances as required. The circumstances of Respondents' conduct are set forth above in paragraph 21.

OTHER MATTERS

26. Pursuant to section 4307, subdivision (a) of the Code, if discipline is imposed on Original Permit Number PHY 56799 issued to Wellspring Pharmacy Inc. and Wellspring Compounding Pharmacy Inc. to do business as Wellspring Compounding Pharmacy, Andrew John Beyers, if he had knowledge of or knowingly participated in any conduct for which Original Permit Number PHY 56799 is disciplined, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Original Permit Number PHY 56799 is placed on probation or until Original Permit Number PHY 56799 is reinstated if it is revoked.

27. Pursuant to section 4307, subdivision (a) of the Code, if discipline is imposed on Original Permit Number PHY 56799 issued to Wellspring Pharmacy Inc. and Wellspring Compounding Pharmacy Inc. to do business as Wellspring Compounding Pharmacy, Richard Thomas Niemi, if he had knowledge of or knowingly participated in any conduct for which

1 Original Permit Number PHY 56799 is disciplined, shall be prohibited from serving as a
2 manager, administrator, owner, member, officer, director, associate, or partner of a licensee for
3 five years if Original Permit Number PHY 56799 is placed on probation or until Original Permit
4 Number PHY 56799 is reinstated if it is revoked.

5 **PRAYER**

6 WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this
7 First Amended Accusation, and that following the hearing, the Board of Pharmacy issues a
8 decision:

9 1. Revoking or suspending Original Permit Number PHY 56799 issued to Wellspring
10 Pharmacy Inc. and Wellspring Compounding Pharmacy Inc. to do business as Wellspring
11 Compounding Pharmacy;

12 2. Revoking or suspending Original Pharmacist License Number RPH 44183 issued to
13 Andrew John Beyers;

14 3. Prohibiting Andrew John Beyers from serving as a manager, administrator, owner,
15 member, officer, director, associate, or partner of a licensee for five years if Original Permit
16 Number PHY 56799 is placed on probation or until Original Permit Number 56799 is reinstated if
17 Original Permit Number 56799 is revoked;

18 4. Prohibiting Richard Thomas Niemi from serving as a manager, administrator, owner,
19 member, officer, director, associate, or partner of a licensee for five years if Original Permit
20 Number PHY 56799 is placed on probation or until Original Permit Number 56799 is reinstated if
21 Original Permit Number 56799 is revoked;

22 5. Ordering Wellspring Pharmacy Inc. and Wellspring Compounding Pharmacy Inc. to
23 do business as Wellspring Compounding Pharmacy, and Andrew John Beyers to pay the Board of
24 Pharmacy the reasonable costs of the investigation and enforcement of this case pursuant to
25 Business and Professions Code section 125.3; and

26 ///

6. Taking such other and further action as deemed necessary and proper.

DATED: _____

12/10/18



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

OK2018900320
91042476.docx

EXHIBIT B

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of	)	Case No. 2020-0140
	)	
VALOR COMPOUNDING PHARMACY	)	NOTICE OF PROPOSED
FORMERLY KNOWN AS WELLSRING	)	CIVIL PENALTY;
COMPOUNDING PHARMACY	)	ANSWER REQUIRED
	)	
Licensee	)	

Under the authority granted to the Oregon Board of Pharmacy (Board) pursuant to ORS Chapter 689 (the Oregon Pharmacy Act), including ORS 689.135, 689.145, 689.155 and 689.832(1), the Oregon Board of Pharmacy proposes to impose a civil penalty against Valor Compounding Pharmacy located at 2461 SHATTUCK AVE in BERKELEY, CA because Valor Compounding Pharmacy violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 11/01/2019, Valor Compounding Pharmacy, formerly known as Wellspring Compounding Pharmacy, submitted an application for a retail drug outlet registration reinstatement and name change to the Board of Pharmacy (which has been granted).

The Board of Pharmacy license application includes the question, "Has disciplinary action been taken, or is any such action currently pending or proposed against any of the persons or establishments listed on this application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?" A representative of Valor Compounding Pharmacy responded "No." On or about 10/22/2019, Richard Niemi, CEO/Owner of Valor Compounding Pharmacy, signed the application certifying that all information contained in the application was complete, true and correct.

Valor Compounding Pharmacy failed to disclose on the application pending disciplinary action that listed both Valor Compounding Pharmacy and Wellspring Compounding Pharmacy from the California Board of Pharmacy, Administrative Case 6433 (Stipulated Settlement).

Per the terms of the Stipulated Settlement, the pharmacy permit issued to Valor Compounding Pharmacy was Publicly Reproved by the California Board of Pharmacy and the previously cancelled permit issued to Wellspring Compounding Pharmacy was surrendered to the California Board of Pharmacy. On or about 08/14/2019, Richard Niemi signed the Stipulated Settlement attesting that he understood the effect the Stipulated Settlement would have on Valor Compounding Pharmacy's permit and that he was "voluntarily, knowingly, and intelligently" entering to the Stipulated Settlement. The Stipulated Settlement went into effect on 11/14/2019.

Richard Niemi, CEO/Owner of Valor Compounding Pharmacy, was aware of the pending California Board of Pharmacy disciplinary action against Valor Compounding Pharmacy when he signed the application.

This conduct constitutes intentional misrepresentation in securing or attempting to secure a license and is the basis for discipline under ORS 689.405(1)(f). This conduct is contrary to the standards of practice, and is unprofessional conduct as defined by OAR 855-006-0020(j), in violation of and grounds for discipline pursuant to ORS 689.405(1)(a) and OAR 855-041-1170(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in an amount of \$10,000 per violation for one violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to timely appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
 FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D., R.Ph.,
 Compliance Director

Date 9/2/2020

DATE OF MAILING 9/3/2020

EXHIBIT C

RECEIVED

OCT 09 2020

OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of) Case No. 2020-0140
)
)
VALOR COMPOUNDING PHARMACY)
)
FORMERLY KNOWN AS WELLSPRING) CONSENT ORDER
)
COMPOUNDING PHARMACY)
)
)
)
)
Licensee)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty; Answer Required ("Notice") regarding the Licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the Licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the Licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the Licensee admits that the facts alleged in the above-noted Notice are true, that the Licensees conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.335, 689.405, and 689.445 for disciplinary action by the Board; and

WHEREAS, the Licensee consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and imposes the following sanctions:

1. The Licensee shall pay a civil penalty to the Board in the amount of \$10,000 with \$5,000 stayed pending no further violations for three years. If Licensee violates any term or condition of this Consent Order, within three years of the effective date of this Consent Order, the Board may take action to lift the stayed portion of the civil penalty. Payment of the \$5,000 portion of the civil penalty not stayed to be made within ten days from the date this Consent Order becomes final.

2. This Consent Order shall become effective immediately upon issuance by the Board.

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48 3. In the event that the Licensee fails to timely pay the civil penalty as ordered herein,
49 the Board may take further action, after notice and hearing.
50

51
52 CONSENT
53

54 I hereby acknowledge that I am the authorized representative of registrant. On behalf of
55 the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and
56 the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order
57 with incorporated Notice is a public record and shall be available via the Board's online licensure
58 verification; is available upon written request pursuant to public disclosure laws; and shall be
59 reported to the National Practitioner Data Bank as required by federal law. I agree to the Board
60 entering the Consent Order.
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64 Authorized Representative
65 VALOR COMPOUNDING PHARMACY
66 Licensee (License No. RP-0003244)
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Date

8/ 9/28/20

69 IT IS SO ORDERED.
70

71
72 BOARD OF PHARMACY
73 FOR THE STATE OF OREGON
74

75
76
77 Brianne Efremoff, Pharm.D, R.Ph.,
78 Compliance Director

Date

10/16/2020

15

15A

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** PH04178)
 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: Amerita, Inc. d/b/a OptionOne Infusion

Physical Address: 14000 N. Portland Avenue STE 205 Oklahoma City, OK 73134

Mailing Address: 14000 N. Portland Avenue STE 205

City: Oklahoma City State: OK Zip Code: 73134

Telephone: 405-548-4848 Fax: 405-418-4442

 Toll Free Number: 888-848-4588 (Required per NAC 639.708)

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

Managing Pharmacist: Chad Reese License Number: 14251

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

Richard D. Iriye
Original Signature of Person Authorized to Submit Application, no copies or stamps

Richard D. Iriye

Print Name of Authorized Person

Date

11/19/2020

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Pharmacy Corporation of AmericaMailing Address: 805 No. Whittington PKY STE 400City: Louisville State: KY Zip: 40222Telephone: 502-627-7100 Fax: 855-217-7498Contact Person: Susan Reinach

For any corporation non publicly traded, disclose the following:

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

a) no person holds stock
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 03) What was the price paid per share? 04) What date did the corporation actually receive the cash assets? NA

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

List any physician shareholders and percentage of ownership.

Name: PharMerica Holdings, Inc. %: 100%

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8:30</u> am	<u>5:30</u> pm	Saturday	<u>ON CALL</u> am	_____ pm
Sunday	<u>ON CALL</u>	_____ am	_____ pm	24 Hours	_____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20081207997

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Richard D. Iriye

Responsible Person of Amerita, 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

Richard D. Iriye
Print Name of Authorized Person

Date

11/19/2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Colorado)
Arapahoe) ss.
COUNTY)

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

1. I am the President for Amerita, 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.

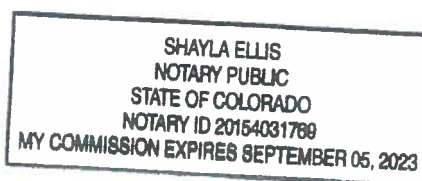
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Richard D. Iriye, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Richard D. Iriye
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
19 day of November, 2020.
Shayla Ellis
NOTARY PUBLIC



OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
FOREIGN FOR PROFIT BUSINESS CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said State, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that AMERITA, INC., a Foreign For Profit Business Corporation organized and existing by virtue of the laws of the state of DE, whose registered agent is CORPORATION SERVICE COMPANY, with its registered office at 10300 GREENBRIAR PLACE, OKLAHOMA CITY 73159 7653 USA Oklahoma, is duly qualified as a Foreign For Profit Business Corporation to transact business within the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 7th day of April, 2021.

Brian B. Babin

Secretary Of State

Oklahoma State Board of
PHARMACY

Last Updated: 4/7/2021 5:05:00 AM

Pharmacy Detail

[Back](#)

Corporation / Company Owner Name AMERITA INC
 Business (DBA) Name OPTIONONE INFUSION
 License Number 1-8849
 Type of Pharmacy Retail
 Address 14000 N PORTLAND AVENUE
 STE 205
 City, State, Zip OKLAHOMA CITY, OK 73134
 Country
 Issue Date 12/18/2020
 Renewed Date 12/21/2020
 Expiration Date 12/31/2021
 End Date
 Replacing 1-5739
 Replaced By
 Drug Supplier Yes
 Sterile Compounding Yes
 Training Area Yes
 Unused Drug Dispensing No
 LTC Emergency Kit No
 Pharmacist-In-Charge CHAD C. REESE - 14251
 Status License in Good Standing
 In Process?

• **PRIMARY SOURCE VERIFICATION:** The Oklahoma 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.

• **ATTENTION NEW REGISTRANTS!** Website verification is not an official certificate of registration. You cannot practice in Oklahoma until you have received a letter of registration, renewal or permit from the Board

• **WRITTEN VERIFICATION OF LICENSURE (OR LETTER OF GOOD STANDING):** There is a \$10 fee for a certified verification of license from the Board. Website verification remains free.

Disciplinary Action

Click on any of the Underlined headings to sort by that column.

Case Date Case Number

No Disciplinary Action

[Previous](#)

Exhibit A**Board of Directors / Officers****Jon B. Rousseau****(CEO)**Evergreen Rd.
Anchorage, KY 40223

SSN: I DOB:

Richard Iriye**(President)**7 So. Revere PKY STE 200 Centennial, CO
80112-3979

SSN: I DOB:

Steven S. Reed**(Vice President & Secretary)**Polo Fields Court
Louisville, KY 40245

SSN: DOB:

Robert E. Dries**(Treasurer)**Farm Spring Court
Prospect, KY 40059-7614

SSN: DOB:

*No one individual has 5% or more ownership
interest, either directly or indirectly*

An organizational chart identifying the chain of ownership is included as a reference (See Exhibit B).

Amerita Consent Orders

Amerita – Austin – November 6, 2012

Consent Order TX Board of Pharmacy – allowing an employee to have access to prescription drugs while employee's technician registration was suspended. Fine \$5,000.00

Amerita – Centennial – September 30, 2010

CO Board of Pharmacy Failure to comply with PDMP submission reporting regulations. Fine \$5,000.00

Amerita – Tulsa – March 29, 2017

Consent Order, OK Board of Pharmacy – Failure to comply with various compounding requirements and to maintain effective controls. Fine \$36,000 and 5 years probation

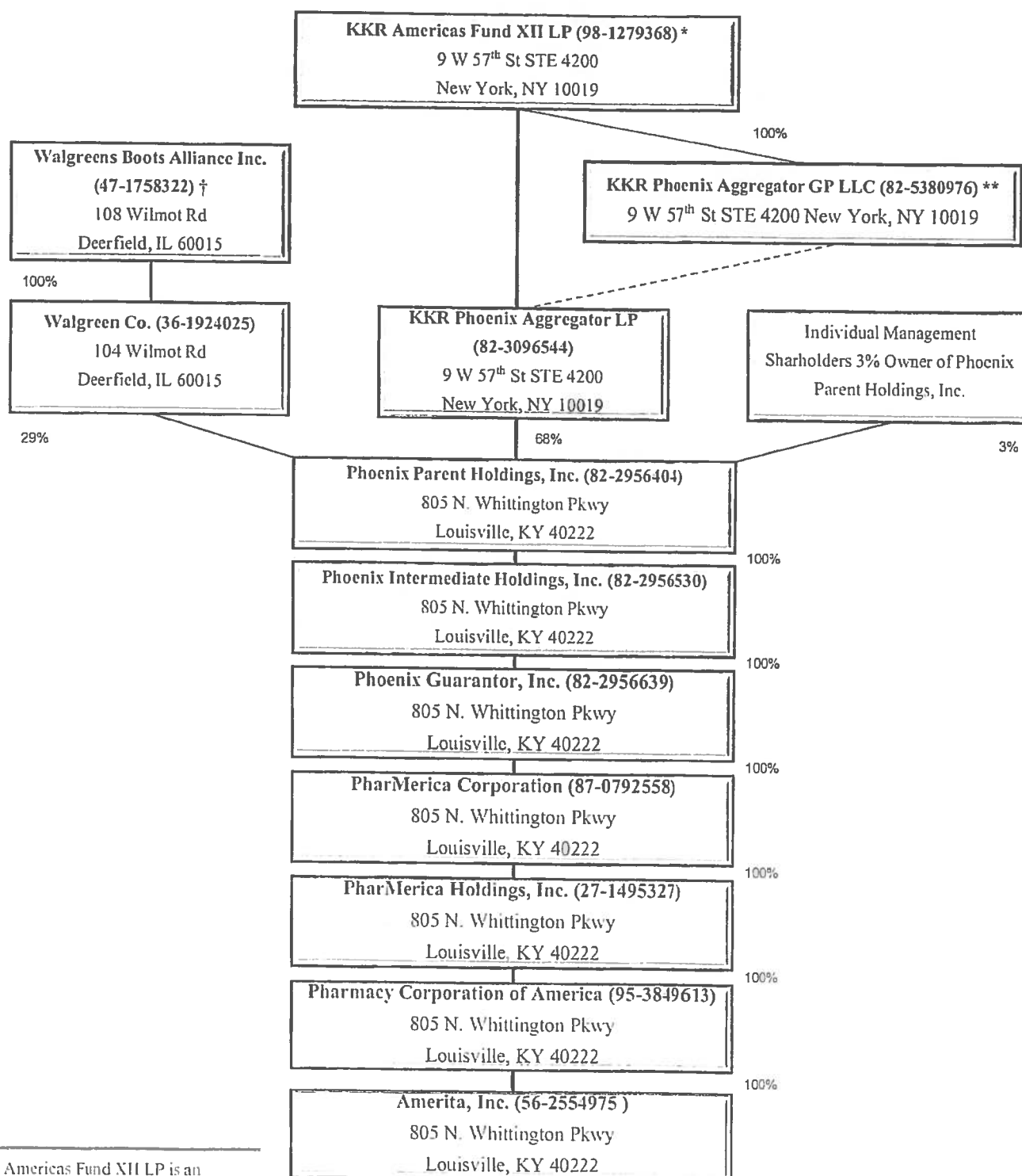
Amerita – Tulsa – October 24, 2016

Arkansas Board of Pharmacy – Failure to notify the Arkansas Board of Pharmacy of a PIC change, provision of services by PIC while AR BOP license was pending. Fine \$2,500 with stipulation that the consent agreement does not constitute a disciplinary action.

Amerita – San Antonio – September 7 2018

Texas Health and Human Services Commission – Administrator failed to carry out, organize and supervise ongoing work under the agency's administrative policies. Fine \$500.00

Amerita Inc. Organizational Chart



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

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

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

Execution Version

ASSET PURCHASE AGREEMENT
BY AND AMONG
AMERITA, INC.,
OPTIONONE, LLC,
TRACEY WILLS, JEFF WILLS, AND JESSICA ANTLE, AS THE PRINCIPALS,
AND
THE OKLAHOMA CITY COMMUNITY FOUNDATION FOR THE BENEFIT OF THE WILLS
FAMILY FUND
DATED AS OF OCTOBER 15, 2020

ASSET PURCHASE AGREEMENT

THIS ASSET PURCHASE AGREEMENT, dated as of October 15, 2020 (this “Agreement”), is by and among (a) Amerita, Inc., a Delaware corporation (“Buyer”), (b) OptionOne, LLC, an Oklahoma limited liability company (“Seller”), (c) each of Tracey Wills, Jeff Wills, and Jessica Antle (collectively, the “Principals” and each, a “Principal”), and (d) the Oklahoma City Community Foundation for the Benefit of the Wills Family Fund (the “Foundation”).

WHEREAS, Seller currently owns and operates a home infusion pharmacy, ambulatory infusion center and specialty pharmacy services company (the “Business”) at the locations specified on Annex A attached hereto (collectively, the “Business Locations”);

WHEREAS, Seller desires to sell, transfer and assign to Buyer, and Buyer desires to purchase, acquire and assume from Seller, all of the Purchased Assets (as hereinafter defined) and the Assumed Liabilities (as hereinafter defined) upon the terms and conditions set forth in this Agreement; and

WHEREAS, the Principals (other than Jeff Wills) and the Foundation collectively own all of the issued and outstanding equity interests of Seller.

NOW, THEREFORE, in consideration of the foregoing and the mutual representations, warranties, covenants and agreements herein contained, and intending to be legally bound hereby, the parties hereto hereby agree as follows:

ARTICLE I. DEFINITIONS

1.1 Certain Definitions. For purposes of this Agreement, the following terms shall have the following meanings:

(a) “**Acquisition Transaction**” means any transaction or proposed transaction or series of related transactions involving (A) any direct or indirect acquisition or purchase by any person or “group” (as defined under Section 13(d) of the Exchange Act) of a twenty percent (20%) interest or more in the total outstanding equity or voting equity interests of Seller, (B) any sale or disposition of consolidated assets of Seller to any person or “group” for consideration equal to twenty percent (20%) or more of the aggregate fair market value of all of the outstanding equity interests of Seller, or (C) any consolidation, merger, business combination, recapitalization, liquidation, dissolution or similar transaction with respect to Seller (in each case other than an internal restructuring).

(b) “**Affiliate**” means any Person that directly or indirectly, through one or more intermediaries, controls, is controlled by or is under common control with such Person.

(c) “**Business Day**” means any day other than a Saturday, Sunday or day on which banks are permitted to close in the State of New York.

(d) “**Business Records**” means all books, records, ledgers and files or other similar information of Seller (in any form or medium and whether or not physically located at Seller’s Leased Real Property) related to, used or held for use in connection with the Business as currently conducted, including all client lists, vendor and supplier lists, correspondence, mailing lists, revenue records, invoices, advertising materials, brochures, records of operation, standard forms of documents, manuals of operations or business procedures, photographs, blueprints, research files and materials, data books, Intellectual Property disclosures and information, media materials, accounting records and litigation files (but excluding the Governance Documents, minute and stock record books and corporate seals of Seller, and Seller’s employee records).

IN WITNESS WHEREOF, the undersigned have caused this Agreement to be executed as of the date first written above by their respective officers thereunto duly authorized.

BUYER:

AMERITA, INC.

By: _____

Name: _____

Title: _____

Richard Trije
Richard Trije
President

SELLER:

OPTIONONE, LLC

By: _____

Name: _____

Title: _____

PRINCIPALS:

 TRACEY WILLS

 JESSICA ANTLE

 JEFF WILLS

THE FOUNDATION:

OKLAHOMA CITY COMMUNITY
 FOUNDATION FOR THE BENEFIT OF
 THE WILLS FAMILY FUND

By: _____

Name: _____

Title: _____

IN WITNESS WHEREOF, the undersigned have caused this Agreement to be executed as of the date first written above by their respective officers thereunto duly authorized.

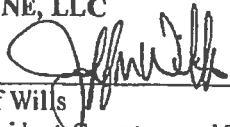
BUYER:

AMERITA, INC.

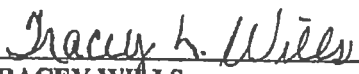
By: _____
 Name: _____
 Title: _____

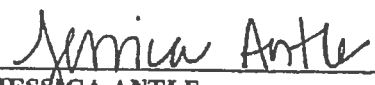
SELLER:

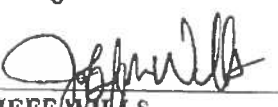
OPTIONONE, LLC

By:  _____
 Name: Jeff Wills
 Title: President, Secretary and Treasurer

PRINCIPALS:

 _____
TRACEY WILLS

 _____
JESSICA ANTLE

 _____
JEFF WILLS

THE FOUNDATION:

**OKLAHOMA CITY COMMUNITY
 FOUNDATION FOR THE BENEFIT OF
 THE WILLS FAMILY FUND**

By: _____
 Name: Rhonda Godwin
 Title: Vice President, Administration

IN WITNESS WHEREOF, the undersigned have caused this Agreement to be executed as of the date first written above by their respective officers thereunto duly authorized.

BUYER:

AMERITA, INC.

By: _____
 Name: _____
 Title: _____

SELLER:

OPTIONONE, LLC

By: _____
 Name: Jeff Wills
 Title: President, Secretary and Treasurer

PRINCIPALS:

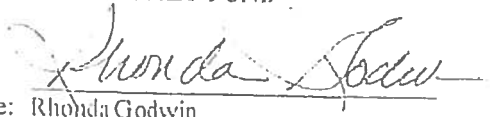
 TRACEY WILLS

 JESSICA ANTLE

 JEFF WILLS

THE FOUNDATION:

OKLAHOMA CITY COMMUNITY
 FOUNDATION FOR THE BENEFIT OF
 THE WILLS FAMILY FUND

By: 
 Name: Rhonda Godwin
 Title: Vice President, Administration

15B

**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 PH03722**)
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: Paragon Healthcare SpecialtyPhysical Address: 17111 Preston Road #150, Dallas, Texas, 75248Mailing Address: 17111 Preston Road #150City: Dallas State: Texas Zip Code: 75379-6937Telephone: 833-862-4559 Fax: 855-862-4373Toll Free Number: 833-862-4559 (Required per NAC 639.708)E-mail: PHSLICENSING@Paragonhealthcare.com Website: paragonhealthcare.comManaging Pharmacist: Debbie Thompson License Number: Texas: 23036**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.

Richard M. Allen Pres/CEO

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

Richard M. Allen
Print Name of Authorized Person

7/31/2020
Date

Page 2

Board Use Only

Date Processed: _____

Amount: *500.00*

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: TexasParent Company if any: Paragon Healthcare Inc., FEIN 45-3280551Mailing Address: 17111 Preston Rd. Suite 100City: Dallas State: TX Zip: 75248

Telephone: _____ Fax: _____

Contact Person: _____

For any corporation non publicly traded, disclose the following:

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

a) See Attachment.
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 6 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Richard M. Allen

Responsible Person of Paragon Hemophilia Solutions 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.

Richard M. Allen Pres/CEO

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

Richard M. Allen

Print Name of Authorized Person

7/31/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
Dallas) ss.
COUNTY)

I, Richard M. Allen, 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 Pres / CEO for PARACON Healthcare Specialty (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.

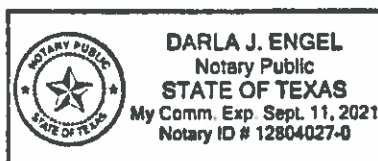
FURTHER AFFIANT SAYETH NOT.

I, Richard M. Allen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

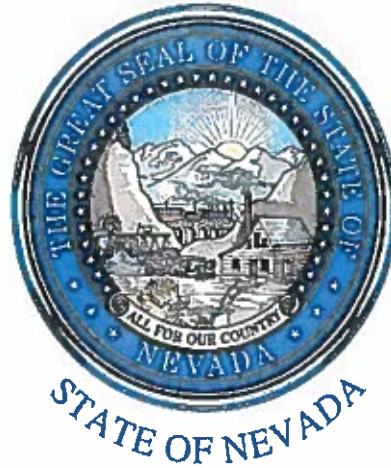
Richard M. Allen
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this

31 day of July, 2020
Darla J. Engel
NOTARY PUBLIC



SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Paragon Hemophilia Solutions, LLC

Nevada Business Identification # NV20201861373

Expiration Date: 08/31/2021

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 08/14/2020.

Certificate Number: B202008141007177

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

BARBARA K. CEGAVSKE
Secretary of State

Officer Information

Rick Allen, RPh President/CEO

1111 Woods Edge Drive

Dallas, TX 75287

rallen@paragonhealthcare.com

Joc Brayton EVP/Chief Strategy Officer

1111 Burney Lane

Southlake, TX 76092

jbrayton@paragonhealthcare.com

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

PARAGON HEALTHCARE SPECIALTY
17111 PRESTON RD STE 150
DALLAS TX 75248



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

License No. **25453**

Expiration Date: **2/28/2021**

Balances: **0**

**PARAGON HEALTHCARE SPECIALTY
17111 PRESTON RD STE 150
DALLAS TX 75248**

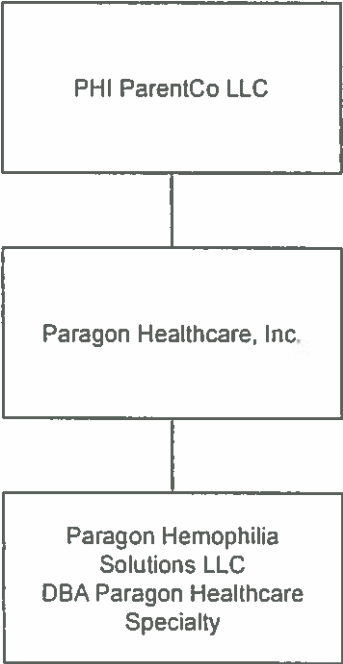



Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Paragon Hemophilia Solutions, LLC

Post-Closing Ownership





TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 25453

PARAGON HEALTHCARE SPECIALTY

License Information

License Status Active
 License # 25453
 Expiration Date 02/28/2021
 Date License Issued 02/20/2007

Address

17111 PRESTON RD STE 150
 DALLAS, TX 75248
 County DALLAS
 Phone (833) 862-4559

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 584 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 Other
 # of Hospital beds 0

Employment Information

Pharmacist In Charge
 THOMPSON, DEBRA ANN

Pharmacy Profile *

Accessible to disabled persons? Yes

Participates in the Texas Medicaid program? Yes

Translating services (Listed Below If Available)

Spanish
 Vietnamese
 Telecomm. for the deaf (TDD)
 American Sign Language
 AT&T translating services
 Other

* 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

- [279586 INSP25453 PARAGONHEALTHCARESPECIALTY 2019-8 8-2024.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
 Yes 24 Hour Service
 No Closed Door
 No Compounding, Office Use
 Yes Home Delivery
 Yes Infusion
 No Pharmacist Administered Immunizations

8/4/2020

Texas Pharmacy License # 25453

No Veterinary Prescriptions

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
HO, ERIC	51668	07/13/2012	06/30/2021	Staff	Active
NGUYEN, SON THANH	44566	08/11/2006	07/31/2022	Staff	Active
OBID, AYL A GRACE	65681	09/05/2019	08/31/2021	Staff	Active
THOMPSON, DEBRA ANN	23036	01/19/1978	08/31/2020	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
BUENROSTRO JR, RODOLFO	251982	01/22/2016	11/30/2020	Staff	Active
CLEMENT, AMODJA BRIANNA	270923	06/06/2017	10/31/2021	Staff	Active
GARCIA, LEOERIC JASON	193637	12/17/2010	12/31/2020	Staff	Active
VANG, ALYSSA	298569	07/23/2019	07/31/2021	Staff	Active

Page 1 of 1 20 View 1 - 4 of 4

Texas Remote Pharmacy Information

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

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
PARAGON HEMOPHILIA SOLUTIONS, LLC	OWNER	17111 PRESTON RD STE 10	DALLAS	TX	75248
ALLEN, RICHARD MARVIN	OFFICER	,			
MCANALLY, W BRUCE	OFFICER	,			
WILLIAMS, JOE	OFFICER	,			
BRAYTON, JOE	OFFICER	,			

Page 1 of 1 20 View 1 - 5 of 5

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.



Paragon Healthcare Inc.
17111 Preston Road, Ste 160
Dallas, Texas 75248
866-972-5888 (Toll-Free)
866-491-5888 (Fax)

August 12, 2020

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

To Whom It May Concern:

On or around September 14th, 2010, an employee of Paragon Healthcare inadvertently submitted an application for license renewal on behalf of Paragon Infusion Services in Corpus, Christi bearing an inaccurate response to a question concerning the prior criminal history of its corporate officers. A prior incidence concerning the arrest record of a corporate officer was not disclosed appropriately as a result of this error. Upon notice of the error by the Texas State Board of Pharmacy, a second application with an appropriate response was submitted to the board on or about December 20th, 2010.

The Texas State Board of Pharmacy notified Paragon Healthcare of intent to take disciplinary action based on the above incidence via letter on March 11th, 2011. Paragon Infusion Services entered into Agreed Board Order (#F-11-008), paid an administrative penalty, and the matter was resolved.

Respectfully,

Richard Allen, Rph
President/CEO
Paragon Healthcare, Inc.
Direct: 972-588-1007
Email: rallen@paragonhealthcare.com

O: 972.588.1000

F: 972.588.1001

17111 Preston Rd. Suite 160

Dallas, TX 75248

ParagonHealthcare.com

Austin | Corpus Christi | Dallas | Denver | Fayetteville
Fresno | Houston | Nashville | San Antonio

AGREED BOARD ORDER #F-11-008

**RE: IN THE MATTER OF BEFORE THE TEXAS STATE
PARAGON INFUSION SERVICES, INC. BOARD OF PHARMACY
(APPLICANT FOR PHARMACY LICENSE)**

On this day came on to be considered by the Texas State Board of Pharmacy the matter of the pharmacy license application submitted by Paragon Infusion Services, Inc., 4639 Corona Drive, Suite 26, Corpus Christi, Texas 78411.

By letter dated March 11, 2011, the Texas State Board of Pharmacy gave preliminary notice to Paragon Infusion Services, Inc. of its intent to consider denial of the pharmacy license application. This action was taken as a result of information received by the Board which produced evidence indicating that Paragon Infusion Services, Inc. may have violated:

Section 565.002(a)(3) and (10) of the Texas Pharmacy Act, TEX OCC CODE
ANN Subtitle J (2009); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2010), in that, allegedly:

COUNT

On or about September 14, 2010, Paragon Infusion Services, Inc. submitted a fraudulent application for Texas pharmacy licensure to the Texas State Board of Pharmacy. On the original application, it was falsely indicated that no corporate officers had been arrested for any criminal offense, when Richard Marvin Allen, corporate president of Paragon Infusion Services, Inc., had been arrested for the felony offense of Theft of Service, for which he was indicted in 1991. On or about December 20, 2010, Paragon Infusion Services, Inc. submitted a second application, which disclosed Mr. Allen's arrest for Theft of Service.

By letter dated March 11, 2011, Paragon Infusion Services, Inc. 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 his signature on this Order, Richard M. Allen, Corporate President of Paragon Infusion Services, Inc., neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas

*Agreed Board Order #F-11-008
Paragon Infusion Services, Inc.
Page 2*

State Board of Pharmacy has jurisdiction in this matter and waives the right to informal conference, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

Richard M. Allen understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Richard M. Allen agrees to the entry of an Order disposing with the need for further disciplinary action in this matter and agrees to comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that Paragon Infusion Services, Inc. (hereinafter referred to as "Applicant") shall be granted a Texas Pharmacy License after it successfully completes the requirements for licensure as set forth in the Texas Pharmacy Act, TEX OCC. CODE ANN Subtitle J (2009) and the Texas Pharmacy Board Rules. 22 TEX ADMIN CODE (2011).

It is further ORDERED that Applicant shall pay an administrative penalty of one thousand dollars (\$1,000.00) due ninety (90) days after the entry of this Order.

It is further ORDERED that Applicant shall allow the staff of the Texas State Board of Pharmacy, Enforcement Division, to directly contact Applicant on any matter regarding the enforcement of this Order.

Agreed Board Order #F-11-003
Paragon Infusion Services, Inc.
Page 3

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacy license held by Applicant.

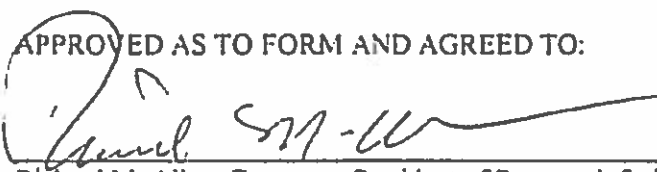
Agreed Board Order #F-11-008
 Paragon Infusion Services, Inc.
 Page 4

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

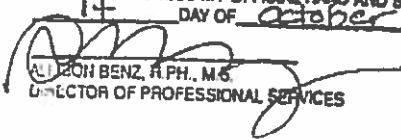
Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on
 this 29th day of March, 2011.


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

APPROVED AS TO FORM AND AGREED TO:

 Richard M. Allen, Corporate President of Paragon Infusion Services, Inc.

APPROVED AS TO FORM:


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

THE STATE OF TEXAS
 COUNTY OF TRAVIS
 I, ALLISON BENZ, R.PH., M.B., DIRECTOR OF PROFESSIONAL SERVICES OF
 THE TEXAS STATE BOARD OF PHARMACY, DO HEREBY CERTIFY THAT I AM
 AN OFFICIAL CUSTODIAN OF THE RECORDS OF SAID BOARD, AND THAT THE
 FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS THE
 SAME APPEARS ON FILE IN THE RECORDS OF THE TEXAS STATE BOARD OF
 PHARMACY. WITNESS MY OFFICIAL HAND AND SEAL OF OFFICE, THIS THE
14 DAY OF October, A.D. 2011

 ALLISON BENZ, R.PH., M.B.
 DIRECTOR OF PROFESSIONAL SERVICES



Paragon Healthcare Inc.
17111 Preston Road, Ste 160
Dallas, Texas 75248
866-972-5888 (Toll-Free)
866-491-5888 (Fax)

August 17, 2020

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

To Whom It May Concern:

Under his employment with the Option Care franchise in Rockwall, Texas (Rockwall Drug), on or about July 8th, 1996, a letter was sent to Mr. Allen warning that insufficient funds had been received on his license renewal application fee. The employer told Mr. Allen that per his employment agreement, the employer would submit the required license renewal fee and delinquent penalty due to the Texas State Board of Pharmacy by July 29th, 1996.

On or about August 21st, 1996, Mr. Allen learned that the fees had not been paid and immediately submitted the fees and penalty.

On or about August 30th, 1997, a compliance officer of the Texas State Board of Pharmacy conducted an inspection of Rockwall Drug and found that Mr. Allen had acted in the practice of pharmacy during the delinquent time noted above (on or about July 1st – 21st, 1996).

Agreed Board Order (#K-97-009), dated February 10th, 1998, Mr. Allen's license #18743 was suspended for a period of one (1) year; such suspension for probated and license was still active with regard to

O: 972.588.1000

F: 972.588.1001

17111 Preston Rd. Suite 160

Dallas, TX 75248

ParagonHealthcare.com

Austin | Corpus Christi | Dallas | Denver | Fayetteville
Fresno | Houston | Nashville | San Antonio

practicing pharmacy. Mr. Allen's license has since been in good standing.

Respectfully,

Richard Allen, Rph
President/CEO
Paragon Healthcare, Inc.
Direct: 972-588-1007
Email: rallen@paragonhealthcare.com

O: 972.588.1000

F: 972.588.1001

17111 Preston Rd. Suite 160

Dallas, TX 75248

ParagonHealthcare.com

Austin | Corpus Christi | Dallas | Denver | Fayetteville

Fresno | Houston | Nashville | San Antonio

AGREED BOARD ORDER #K-97-009

RE: IN THE MATTER OF BEFORE THE TEXAS STATE
 RICHARD MARVIN ALLEN BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of
Pharmacy the matter of pharmacist license number 18743 issued to Richard
Marvin Allen, [REDACTED] DOB [REDACTED]

By letter dated October 27, 1997, the Texas State Board of Pharmacy
gave preliminary notice to Richard Marvin Allen of its intent to take disciplinary
action with respect to pharmacist license number 18743 held by Richard Marvin
Allen as a result of information received by the board and a subsequent
investigation which produced evidence indicating that Richard Marvin Allen may
have violated Section 19(a), Section 24(h), and Section 26(a)(1), (2), (12), and
(13) of the Texas Pharmacy Act, Tex. Rev. Civ. Stat. Ann. art. 4542a-1 (Vernon
Supp. 1997); and Section 281.24(a)(13), Section 295.3(b), and Section 295.7(1),
(2), and (3)(A) of the Texas Pharmacy Rules of Procedure, Tex. Admin. Code
Ann. tit. 22 (1997), in that allegedly:

PREVIOUS HISTORY

On or about July 8, 1996, the Texas State Board of Pharmacy issued a Warning
Letter to Richard Marvin Allen regarding his pharmacist license renewal
application after the check submitted by Richard Marvin Allen to pay for his
pharmacist license renewal fee was returned for insufficient funds. Because the
pharmacist license renewal fee was not received by the Board, Richard Marvin
Allen's pharmacist license was not renewed. The pharmacist license held by
Richard Marvin Allen expired on June 30, 1996. In the Warning Letter, the
Board notified Richard Marvin Allen that engaging in the practice of pharmacy
with a delinquent license was a violation of the Texas Pharmacy Act and
constituted grounds for disciplinary action. Richard Marvin Allen was instructed

Agreed Board Order #K-97-009

Richard Marvin Allen

Page 2

that he needed to pay the pharmacist license renewal fee and delinquent penalty by July 29, 1996 in order to renew his license. Richard Marvin Allen failed to respond by that date. On or about August 21, 1996, Richard Marvin Allen renewed his pharmacist license by submitting the required renewal fee and delinquent penalty to the Texas State Board of Pharmacy.

COUNT

On or about July 1, 1996 through on or about July 21, 1996, Richard Marvin Allen, while acting as an employee (staff pharmacist) at Rockwell Drug, 407 D South Goliad, Rockwall, Texas 75087, was unlawfully engaged in the practice of pharmacy with a delinquent license. On or about August 30, 1997, a compliance officer for the Texas State Board of Pharmacy conducted an inspection of Rockwell Drug and found that Richard Marvin Allen had practiced pharmacy with a delinquent license at Rockwell Drug from July 1, 1996 through July 21, 1996. On or about August 21, 1996, Richard Marvin Allen renewed his pharmacist license.

By letter dated October 27, 1997, Richard Marvin Allen 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 his signature on this Order, Richard Marvin Allen neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and waives his right to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Order.

Richard Marvin Allen understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that presentation to and consideration of this Order by the Board shall not unfairly or

Agreed Board Order #K-97-009
 Richard Marvin Allen
 Page 4

And it is so ORDERED.

SIGNED AND ENTERED ON THIS 10th day of February, 1998.

Quintana
 MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

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

APPROVED AS TO FORM AND AGREED TO:

Richard M. Allen
 Richard Marvin Allen, R.Ph.

Cynthia Villarreal Reyna
 General Counsel
 Texas State Board of Pharmacy

THE STATE OF TEXAS
 COUNTY OF TRAVIS
 I, ALLISON BENZ, R.P.H., U.S., DIRECTOR OF PROFESSIONAL SERVICES OF
 THE TEXAS STATE BOARD OF PHARMACY, DO HEREBY CERTIFY THAT I AM
 AN OFFICIAL CUSTODIAN OF THE RECORDS OF SAID BOARD, AND THAT THE
 FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS THE
 SAME APPEARS ON FILE IN THE RECORDS OF THE TEXAS STATE BOARD OF
 PHARMACY. WITNESS MY OFFICIAL HAND AND SEAL OF OFFICE, THIS THE
12 DAY OF October, A.D. 2016
Allison Benz
 ALLISON BENZ, R.P.H., U.S.
 DIRECTOR OF PROFESSIONAL SERVICES

TEXAS STATE BOARD OF PHARMACY

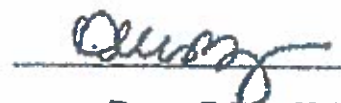
License No.
18743

Expiration Date
6/30/2021

RICHARD MARVIN ALLEN

ALLEN, RICHARD MARVIN

REGISTERED PHARMACIST



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



Paragon Healthcare Inc.
17111 Preston Road, Ste 160
Dallas, Texas 75248
866-972-5888 (Toll-Free)
866-491-5888 (Fax)

August 17, 2020

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

To Whom It May Concern:

The complaint filed for failure to pay for retail rental exhibit space in 1989. The contract was actually with North Star Spa, Inc. of which I was a principal and on the Certificate of Incorporation. Although there were issues regarding the breach of contract on the part of the complainant, there was no resolution, so the manager of North Star Spa elected not to pay. Since I was an officer of the company, they filed on me for theft over \$750. Once I became involved, restitution was made and the case was dismissed on October 2nd 1991. I am attaching supporting documentation of such. Please feel free to contact me directly with any questions or concerns.

Respectfully,

Richard Allen, Rph
President/CEO
Paragon Healthcare, Inc.
Direct: 972-588-1007
Email: rallen@paragonhealthcare.com

O: 972.588.1000

F: 972.588.1001

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Dallas, TX 75248

ParagonHealthcare.com

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Fresno | Houston | Nashville | San Antonio

236-103

MOTION TO DISMISS PROSECUTION.

Form 183

The State of Texas,No. F91-00560

vs.

IN THE

CriminalDistrict

COURT

#5

DALLAS COUNTY, TEXAS

(Defendant)

Rick Allen

(Offense)

Theft of ServicesOctoberTerm, A.D. 19 91

Now comes the District Attorney of Dallas County, Texas and asks the Court to dismiss the above entitled and numbered cause, for the following reasons, to-wit:

on October 2, 1991, the Defendant in this case made full restitution in the amount of \$ 1765.00.

WHEREFORE, PREMISES CONSIDERED, it is respectfully requested that this case be dismissed.

FILED
DEC 2 2:57
SHOY

CLERK
DEPUTY

DEC 2 1991

[Signature]

Dismissed on Motion of District Attorney

[Signature]

Assistant District Attorney of
Dallas County, Texas.

[Signature]
[Signature]

District Attorney of Dallas County, Texas

DEFENDANT ALLEN, RICK WM/6-19-47 CHARGE THEFT 750/SERV
ADDRESS 1709 IROQUOIS, GARLAND LOCATION AT LARGE
FILING AGENCY _____ DATE FILED _____ COURT _____
COMPLAINANT DAVID ARNOLD GJR* F91-00560 **W L**
C/C _____

TRUE BILL OF INDICTMENT

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS: The Grand Jury of Dallas County,
State of Texas, duly organized at the JANUARY Term, A.D. 19 91 of the
363RD JUDICIAL District Court, Dallas County, in said court at said

Term, do present that one RICK ALLEN, defendant, on or about

on the 13TH day of SEPTEMBER A.D. 19 90 in the County of Dallas and said State, did

then and there with intent to avoid payment for retail rental exhibit
space, a service that the defendant knew was provided by DAVID ARNOLD,
only for compensation, knowingly and intentionally secure performance
of such service, of the value of at least \$750.00 but less than
\$20,000.00, by deception,

against the peace and dignity of the State.
JOHN VANCE

Criminal District Attorney of Dallas County, Texas.


Foreman of the Grand Jury.

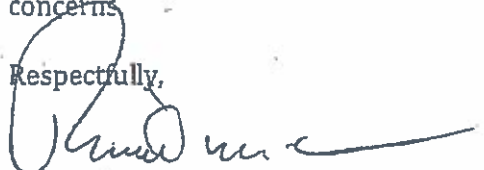


PARAGON
HEALTHCARE

To Whom It May Concern:

The complaint was filed for failure to pay for retail rental exhibit space in 1989. The contract was actually with North Star Spa, Inc. of which I was a principal and on Certificate of Incorporation. Although there no issues regarding the breach of contract on the part of the complainant, there was no resolution, so the manager of North Star elected not to pay. Since I was an officer of the company, they filed on me, for theft over \$750. Once I became involved, restitution was made and case was dismissed on October 2nd, 1991. I am attaching supporting documentation of such. Please feel free to contact me with any questions or concerns

Respectfully,


Richard Allen, BSPham, RPh
TX Pharmacist License 18743
President/CEO
Paragon Infusion Care, Inc.
Direct (972-588-1007)
Email: rallen@paragonhealthcare.com

O-972-588-1000

F-972-588-1001

17111 Preston Rd, Ste 160

Dallas, TX 75248

ParagonHealthcare.com

Dallas • Fort Worth • Houston • San Antonio • Corpus Christi

Phoenix • San Diego • San Jose • Seattle • Tampa • Washington, DC

236-103

MOTION TO DISMISS PROSECUTION.

Term 155

The State of Texas,

No. F91-00560

vs.

Rick Allen

(Defendant)

Thrift Services

(Offense)

IN THE

Criminal

District

COURT

DALLAS COUNTY, TEXAS

October

Term, A.D. 1991

Now comes the District Attorney of Dallas County, Texas and asks the Court to dismiss the above entitled and numbered cause, for the following reasons, to-wit:

on October 2, 1991, the Defendant in this case made full restitution in the amount of \$ 1765.00.

WHEREFORE, PREMISES CONSIDERED, it is respectfully requested that this case be dismissed.

FILED
DEC 2 1991
v2:37
CLERK
DALLAS COUNTY
TEXAS

DEC 2 1991

Dismissed on Motion of District Attorney

Tim B. Moore

Assistant District Attorney of
Dallas County, Texas

John C. Moore
Deputy

District Attorney of Dallas County, Texas

STATE OF TEXAS	ATTORNEYS	OFFENSE	DATE OF FILING
NICE ALLEN		THEFT OF SERVICE OF THE VALUE OF \$750 OR MORE BUT LESS THAN \$20,000, A 3RD DEGREE FELONY, AS CHARGED IN THE INDICTMENT	MAR 7, 1991
ORDERS ON COURT			
DATE OF ORDER	Oct 8-13-91 first setting - returned by letter passed to 8-25-91 court - Van Shapers Ret moved to 9-18-91 court passed to 10-2-91 court passed to 10-23-91 court moved to 11-12-91 court passed to 11-19-91 court passed to 11-25-91 court passed to 12-4-91 court Disposed on Motion for Dismissal Attorney <i>[Signature]</i>		
AUG 13 1991			
AUG 27 1991			
SEP 18 1991			
OCT 2 1991			
OCT 22 1991			
NOV 5 1991			
NOV 12 1991			
NOV 19 1991			
NOV 27 1991			
DEC 4 1991			
DEC 2 1991			

FORM 100-0

DEFENDANT ALLEN, RICK 94/6-19-47 CHARGE THEFT- 750/SERV
 ADDRESS 1709 IROQUOIS, GARLAND LOCALITY AT LARGE
 FILING AGENCY _____ DATE FILED _____ COURT _____
 COMPLAINANT DAVID ARNOLD GJR# 891-88568 W-L
 C/C _____

TRUE BILL OF INDICTMENT

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS: The Grand Jury of Dallas County,
 State of Texas, duly organized at the JANUARY Term, A.D. 19 91 of the
363RD JUDICIAL District Court, Dallas County; In said court at said
 Term, do present that one RICK ALLEN, defendant, on or about

on the 13TH day of SEPTEMBER A.D. 19 98 in the County of Dallas and said State, did

then and there with intent to avoid payment for retail rental exhibit
 space, a service that the defendant knew was provided by DAVID ARNOLD,
 only for compensation, knowingly and intentionally secure performance
 of such service, of the value of at least \$750.00 but less than
 \$20,000.00, by deception,

against the peace and dignity of the State.
JOHN VANCE

Criminal District Attorney of Dallas County, Texas.

Foreman of the Grand Jury.



TEXAS STATE BOARD OF PHARMACY

Texas Pharmacist License # 23036

License Information

THOMPSON, DEBRA ANN

License Status Active

License # 23036

Expiration Date 08/31/2022

Date License Issued 01/19/1978

Names

Last Name THOMPSON

First Name DEBRA

Middle Name ANN

Other Name

Certificate Name THOMPSON, DEBRA ANN

Pharmacist Details

School Graduated UNIVERSITY OF TEXAS AT AUSTIN

Graduation Year 1977

Degree at time of licensure BS

License Method Exam

Preceptor No

Prior Disciplinary Order(s)* No

More Pharmacist Details

Specialty Board Certification X Unknown

* Data regarding Specialty Board Certification 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 for clarification.

* 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.

Remedial Plans

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

Texas Pharmacist Employment Information		
Pharmacy Name	Pharmacy License #	Employment Status
PARAGON HEALTHCARE SPECIALTY	25453	PIC
Page 1 of 0		View 1 - 1 of 1

Verified
MS
3/11/21

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.

16

16A

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.

Michael A. Buckholdt

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

Michael A. Buckholdt

Print Name of Authorized Person

3/05/2002

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 3/4/2021

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

Date of Birth Place of Birth (City, County, State)

53		Female
Age	Social Security Number or ITIN	Sex

<u>Green</u>	<u>Brown</u>	<u>165</u>	<u>5'4"</u>
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:

2313

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
-------	-----------------------	--------------------

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 hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for _____
Nature of License _____

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

GLEASON James Jeffrey
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

W. FAIRY CHASM RD RIVER HILLS WI 53217
Present Residence Address-Street or RFD City State/Zip

Retired Retired
Present Business Address Dates City State/Zip

Retired 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

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
	6-9-1988			

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
LISA GROSKOPF-GLEASON	N. CAMERST.	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	
----------------	--	-------------------------------------	--

Bonnie GLEASON		" " " " Teacher	
----------------	--	-----------------	--

CLAUDIA Strehl		3rd St. NE, ATLANTA GA, Delta Airlines	
----------------	--	--	--

Spouse	Single	Employee	
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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

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
--	------------	-----------------------	------------------------	------------------

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

11/1994-2016	4757 N. CRAMER ST	Whitefish Bay, WI	Milwaukee County
--------------	-------------------	-------------------	------------------

11/2016 - Present	W. FAIRY CHASM RD.	River Hills WI	53217
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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 RSM Distributing - no longer in business - Bought Business
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
 Title Description of Duties Name of Supervisor
 SALES ASSOCIATE SOLD MEDICAL DEVICES RON GROSKEFF
 Bought RSM from RON GROSKEFF in 2007

11/2007 RSM Distributing Brookfield, WI
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
 Title Description of Duties Name of Supervisor
 OWNER MEDICAL DEVICE DISTRIBUTOR SOLD COMPANY

2015 - SOLD RSM TO JASON SUMMERS - NOW GREAT LAKES ORTHO
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
 Title Description of Duties Name of Supervisor
 11/2008 Spine Group of Wisconsin Brookfield, WI

11/2011 KINEX MEDICAL CO
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving
 Title Description of Duties Name of Supervisor
 PARTNER PARTNER SOLD SPINE PRODUCTS SOLD MY INTEREST
 11/2011 KINEX MEDICAL CO STILL PARTNER IN 2012

HOME HEALTHCARE COMPANY -
 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

J.G.

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 Buchel	Home	Minneapolis, MN			16
Employer	MORGAN STARKY	Business				
Name	JASON SUMMER	Home	Richfield, WI			15
Employer	GreatLakes Ortho	Business	- OWNER			3
Name	DAN DEMO	Home	WAUKESHA, WI			12
Employer	GreatLakes Ortho	Business				
Name	Kim Dookema	Home	Brookfield, WI			30
Employer	Retired	Business	Kinex medical / REM 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 SG

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 18th day of

August
Christiane Jany Standlee
 Notary Public

(seal)

State of Wisconsin County of
 Waukesha
 -life time

Applicant's initial



Handwriting practice lines consisting of multiple rows of dotted lines on a lined background.

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**

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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 <u>Spacie</u>	First Name <u>William</u>	Middle Name <u>Joseph</u>
----------------------------	------------------------------	------------------------------

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Bill, Billy

Present Residence Address-Street or RFD <u>W Grandview Ct</u>	City <u>Franklin</u>	State/Zip <u>WI/53132</u>
--	-------------------------	------------------------------

Present Business Address	City	State/Zip
--------------------------	------	-----------

Occupation <u>Owner</u>	Phone: Residence	Business
----------------------------	---------------------	----------

Date of Birth	Place of Birth (City, County, State) <u>Milwaukee</u>
---------------	--

Age <u>49</u>	Social Security Number or ITIN	Sex <u>male</u>
------------------	--------------------------------	--------------------

Color of Eyes <u>Blue</u>	Color of Hair <u>Brown/grey</u>	Complexion	Weight <u>185</u>	Build	Height <u>5'8</u>
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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
---------------	------------	---------	------------

Robert Spaciel		Dallas TX	Retired
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Spouse Cheryl Spaciel (miller)		Dallas TX	Lab Super.
--------------------------------	--	-----------	------------

Ronald Spaciel		Milwaukee, WI	Lumber Shop
----------------	--	---------------	-------------

Spouse No Maran (divorced)			
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RAMPALL Spaciel		Charlotte, NC	Safety V.P. Campells
-----------------	--	---------------	----------------------

Spouse JEAN Spaciel		Charlotte, NC	Home Maker soup
---------------------	--	---------------	-----------------

Richard Spaciel		Little Samico, WI	Plant Sup.
-----------------	--	-------------------	------------

Spouse Janet Spaciel (Jacobs)		Little Samico, WI	Home maker
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4. EDUCATION: Cindy Groth (spouse) Franklin, WI Home Maker

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School Carrollton			Yes ☒ No ☐
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High School Oak Creek			Yes ☒ No ☐
-----------------------	--	--	---

College University UW Stevens Point			Yes ☒ No ☐
-------------------------------------	--	--	---

Other			Yes ☐ No ☒
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Type of degree obtained, if any B.A. of Science

College or university where obtained UW Stevens Point

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
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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
-----------------------------	-------------------	------	-----------------

W. Grandview Ct

Franklin

WI

W. Woodward Drive

Franklin

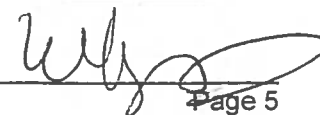
WI

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 River 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 Clenny
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



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 Baratz</u>	Home	<u>Franklin</u>	<u>WI</u>	<u>53132</u>		<u>30 years</u>
Employer <u>SELF</u>	Business	<u>Dominic's</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>Chis Larson</u>	Home	<u>Superior</u>	<u>WI</u>			<u>30 years</u>
Employer <u>Path City</u>	Business	<u>Limbo 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 Westfall</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

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

8/10/2020

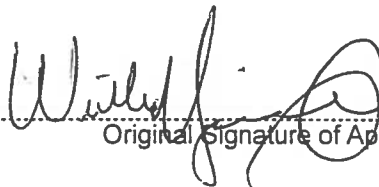
Applicant's initial

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

- Brother has Drunk Driving

- Other Sibling

Jason Justinau

Green Bay WI

Sales

Applicant's initial



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

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 _____ Business 262-714-3817

Date of Birth 4/1/1954 Place of Birth (City, County, State) Sioux Center, Iowa (Sioux County)

Age 65 Social Security Number or ITIN _____ Sex M

Color of Eyes Brown Color of Hair Brown Complexion Light Weight 205 Build _____ Height 6' 2"

Scars, tattoos or distinguishing marks and/or characteristics Nine

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 JK

MARITAL INFORMATION-Continued

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 Golfview Drive Menomonee Falls, WI 53051
Street City State Zip
 Telephone: Residence Business 414-467-3190
 Spouse's employer Retired Occupation Retired
 Address of employer Retired
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<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 Deeyema</u>		<u>Omaha, NE</u>	<u>Brookfield, WI</u>
<u>Shane Michael Deeyema</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
---------------	------------	---------	------------

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <i>Sioux 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 *JB*

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

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

21

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 Brockfield, 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 Brockfield, WI	related company to Kiner Medical
Title	Description of Duties	Name of Supervisor
CFO	Responsible for financial + operational functions	Jim Gleason
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

[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 Gleason</u>	Home	<u>River Hills, WI</u>				<u>25+ years</u>
Employer <u>Retired</u>	Business					
Name <u>Bill Spacial</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>Kinross Medical</u>	Business					
Name <u>Rob Buikema</u>	Home	<u>Brookfield, WI</u>				<u>25+ years</u>
Employer <u>Buclew, Vetter</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 22

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

2346

ss.

COUNTY OF Waukesha

I, Kim Dooyema, being duly sworn, depose and say I have read the foregoing application and know the contents thereof, that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient 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.

Kim Dooyema
Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of

August
Christiane Lopez Standke
Notary Public

State of Wisconsin County of (seal)
Waukesha

- Lifetime

Applicant's initial

KS

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Lined area for additional information.

Applicant's initial



Date 5/19/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable medical equipment provider

Nature of License
Kinex Medical Company, 5985 Hauck Street, Unit 107, Las Vegas, NV 89118
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

BUCKHOLDT MICHAEL AARON
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

W. WASHINGTON BLVD WAUWATOSA WI 53213
Present Residence Address-Street or RFD City State/Zip

1801 AIRPORT RD SUITE D WAUKESHA WI 53188
Present Business Address City State/Zip

PRESIDENT 4/2011 - PRESENT
Occupation Dates

Phone:
Residence _____
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 N/A

Are you a citizen of the United States? Yes No If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial mab

A. Current Marriage 10/17/1997 MILWAUKEE, MILWAUKEE, WI
 Spouse's full name (Maiden) KARIN LYNN DIETZMAN Date 10/17/1997 City, County and State MILWAUKEE, MILWAUKEE, WI
 Date of Birth --- Place of Birth SHEBOYGAN, WI
 Resident address W. WASHINGTON BLVD WAUWATOSA WI 53213
 Street City State Zip
 Telephone: Residence --- Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<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 Page 2

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			
PURLO 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
Spouse			
MARK BUCKHOLT		171 st W., LAKEVILLE, MN 55044	ENGINEER
LIANA BUCKHOLT		171 st W., LAKEVILLE, MN 55044	TRANSLATOR
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School CUMBERLAND	MILWAUKEE, WI	1978-1986	Yes ☒ No ☐
High School WHITEFISH BAY HS.	MILWAUKEE, WI	1986-1990	Yes ☒ No ☐
College CASIGHTON U.	OMAHA, NE	1990-1992	Yes ☐ No ☒
Other MARQUETTE UNIVERSITY	MILWAUKEE, WI	1992-1996	Yes ☒ No ☐

Type of degree obtained, if any BA Psychology, MPT - Physical TherapyCollege 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.

2351

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

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- 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
--------------------------	-------------------	------	-----------------

5/00 - Present N. WASHINGTON BLVD WAUWATOSA, WI 53213

6/02 - 5/10 2530 N. 86th St. WAUWATOSA, WI 53213

10/98 - 6/02 801 W. Mulberry Lane WEST BEND, WI 53095

5/96 - 10/98 900 LARAMIE LANE BAYSIDE, WI 53217

Applicant's initial mmAS

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Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/11 - Present	Kinetix 1801 AIRPORT RD, Waukegan, WI	N/A
Title	Description of Duties	Name of Supervisor
President	ATI 790 Bennington Blvd, Bollingbrook error mae	Board of Directors

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/05 - 5/11	ATI - 790 Bennington Blvd, Bollingbrook, IL 60440	Career Change
Title	Description of Duties	Name of Supervisor
Regional Director	Oversaw 9 Locations	Dylan Baker

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1999 - 2005	Aron Health Care M. Waukegan, WI	Promotion
Title	Description of Duties	Name of Supervisor
Lead Clinician	Physical Therapy	Linda Snyder

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1996 - 1999	Creative - M. Waukegan, WI	Promotion
Title	Description of Duties	Name of Supervisor
Physical Therapist	Physical Therapy	Julie Schneeberger

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial mmAB

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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 year</u>
Employer <u>MCW</u>	Business				<u>error (515) 554-8746</u>	<u>25 error</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>Cory McVey</u>	Home					<u>25 year</u>
Employer <u>Passport Health</u>	Business					
Name <u>Samuel Friedman</u>	Home					<u>40 year</u>
Employer <u>Godfrey 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

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

Applicant's initial _____



KINEHOL-01

HMOUS557

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	☒ COMMERCIAL GENERAL LIABILITY					
	CLAIMS MADE ☒ 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					
	☒ POLICY ☐ PROJECT ☐ LOC					
	OTHER					
B	☒ AUTOMOBILE LIABILITY					
	☒ ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS		8101R597294	8/29/2020	8/29/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☒ UMBRELLA LIAB ☒ OCCUR					
	EXCESS LIAB CLAIMS-MADE		CUP1R599331	8/29/2020	8/29/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED ☒ RETENTION \$ 10,000					
C	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N N/A	UB1R557653	8/29/2020	8/29/2021	☒ 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
	If yes, describe under DESCRIPTION OF OPERATIONS below					
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



Nevada State Board of Pharmacy

FILE TITLE: Kinex Medical Company: Unlicensed

03/04/2021 – (1st **Board Meeting**) Kinex Medical Company appeared at the Board meeting for a new MDEG application. Their application was tabled and therefore they are not currently licensed in Nevada to provide MDEG services.

03/08/2021 – (**Cease-and-Desist Order sent**) A Cease-and-Desist order was sent to the Kinex Medical Company Corporate office in Waukesha, Wisconsin and to their 5985 Hauck Street location operating in Las Vegas, Nevada by the NSBOP.

03/10/2021 – (**Inspector Dodge site visit**) Inspector Dodge visited the facility and although the door was locked and there is a sign stating that the location is closed to the public, a woman answered the door and allowed him to access the facility. Audra Foust stated she has been working at Kinex Medical Company at this location since July 2020. They are delivering between 15-20 CPM's per day to patients in Las Vegas.

03/13/2021 – (**Cease-and-Desist Order received**) A Cease-and-Desist order was received by Kinex Medical Company Corporate office in Waukesha, Wisconsin.

03/15/2021 – (**Cease-and-Desist Order received**) A Cease-and-Desist order was received by Kinex Medical Company located at their 5985 Hauck Street location operating in Las Vegas, Nevada.

03/25/2021 – (**Investigator Scheuber site visit**) Kinex Medical Company was still operating business as usual according to Joseph Palmer who is a customer care rep. The staff that was present were notified by Investigator Scheuber the facility should not be operating as they have no license to do so. This information was conveyed to the staff with NSBOP General Counsel Courtney Lee communicating with Investigator Scheuber on his cell phone.

03/30/2021 – (**Conversation between Attorneys**) General Counsel Courtney Lee talked with Kinex Medical Company's Attorney Kelly Dove regarding the Cease-and-Desist Order that was being disregarded.

03/30/2021 – (**Date given to the Board that services were stopped**) This was the date given to the Board Members during the 04/15/2021 Board Meeting that Kinex Medical Company had stopped operating at the 5985 Hauck Street location.

04/01/2021 – (**Equipment moved to storage unit**) Kinex Medical Company begins operating their business out of an off-site storage facility. The staff moved CPM and Cold Therapy equipment to the storage unit so they could continue to operate the business.

04/05/2021 – (**Photo of off-site storage facility surfaced**) A photo of the off-site storage unit was ascertained that contained equipment moved from the Hauck Street location on or about 04/01/2021. The photo is dated stamped 04/05.

04/15/2021 – (**2nd Board Meeting**) Kinex Medical Company appears before the Board of Pharmacy informing the Board, they had ceased operations on 03/30/2021. The Board approves licensure pending inspection by Board staff and has placed their license on probation.

04/16/2021 – (**Corporate meeting stopping patient service with Las Vegas staff**) Kinex Corporate called for a meeting with all the Las Vegas personnel informing them they can't service any more patients and they have to move the equipment that is in the off-site storage unit back to the 5985 Hauck Street location so they can prepare for the upcoming Board inspection to get approval. The Kinex Medical Company Corporate attendees were the following:

- Lynn Michalski – Lead/Compliance Officer
- Jason Johnson – Sales Manager located in Texas
- Janel Novak – Service Team Lead of Patient Care and Service Manager who is also over all of the Care Reps.

The attendees for the 04/16/2021 meeting, were the Local Las Vegas Service Team that included the following groups:

- Care Reps
- Sales Reps
- Service Reps
- Warehouse Reps
- Office Staff

05/04/2021 – (**Pre-inspection visit with Executive Secretary Dave Wuest, Inspector Dodge and Investigator Scheuber**)

It was verified that Kinex Medical Company continued to operate their business on and after the 03/30/2021 date that was communicated to the Board during the 04/15/2021 Board Meeting. The following is specific information attained during the inspection:

- Kinex Medical Company moved products from their 5985 Hauck Street location to a storage unit located at 6075 W. Wigwam Ave Unit #A089, Las Vegas, Nevada 89139.
- Kinex Medical Company staff continued to service patients from this off-site storage area. 64 patients were serviced between 03/30/2021 and 04/16/2021.

This information was ascertained from the Kinex Medical Company office computer. Random delivery tickets during this time period were also printed.

- Several employees from Kinex Medical Company were interviewed. One of the employees interviewed on 05/04/2021, said she was never told prior to the corporate meeting held on 04/16/2021, to stop working/servicing patients.

05/11/2021 – (**Attorney Dove Kelly responded to pre-inspection concerns**) Kinex Medical Company Attorney Dove Kelly responds to concerns that surfaced during the 05/04/2021 pre-inspection.

Kristopher Mangosing

To: Joe Dodge
Subject: RE: Items Requested

From: Dove, Kelly <kdove@swlaw.com>
Sent: Tuesday, May 11, 2021 12:46 PM
To: Joe Dodge <j.dodge@pharmacy.nv.gov>; Leann Wilhelm, CHC <Leann_Wilhelm@kinexmedical.com>
Cc: Mike Buckholdt <Mike_Buckholdt@kinexmedical.com>; Kenneth C. Scheuber <KSCHEUBER@pharmacy.nv.gov>; Courtney K. Lee <c.lee@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>
Subject: RE: Items Requested

Hello Joe,

I am writing in response to your request for additional information.

- (1) Explanation as to why the site continued to provide service to patients through April 16, 2021.

As a preliminary matter, based on the context of your request in which you call the Hauck Street location “the site” as distinguished from the requests below where you refer to the “off-site storage area,” we interpret this question as referring to the Hauck Street location. Please let us know if we are incorrect in that interpretation so we may amend our response accordingly.

The Hauck Street location was closed on March 30, 2021 and no one provided services on site or directly from the site following that date, though products were taken from the site on or around March 30 to fulfill orders. Following March 30, the site was not open to the public and employees were not working at the site. As Mr. Buckholdt testified at the April Board meeting, following Kinex’s receipt of the March 16 cease and desist letter, Kinex did continue to deliver certain prescribed and ordered products and services directly to doctors and patients who were post-surgical or otherwise expecting those products and services because he was concerned about the patient safety implications of failing to fulfill those orders and leaving those doctors and patients in the lurch. The products and services provided were handled remotely by a small number of setup people from storage or as they had already had some products in their vehicles. Kinex ceased all such activity immediately following the April 15th Board meeting and Kinex has provided no products or services of any kind since April 16, 2021.

- (2) Address of the off-site storage area

6075 W. Wigwam Ave, Unit A089
 Las Vegas, NV 89139

- (3) Who has knowledge of and access to the off-site storage area

The following information is to the best of our knowledge.

Knowledge of the storage area:

Mike Buckholdt
 Leann Wilhelm
 Sandra Sorenson
 Audra Foust
 Charlie Rivero

Access to the storage area:

Saundra Sorenson

Anthony Adams

Joseph Palmer

Colton Tenney (no longer employed by Kinex)

(4) The purpose of the off-site storage area

The purpose of the off-site storage area was to store products and access products while the Hauck Street location was closed to the public and employees.

(5) Whether or not patients received services directly from the off-site storage area

Consistent with the above responses, no patient was directly serviced from the off-site storage area except in the sense that setup people delivered products to patients, some of which had been stored at the off-site storage area. Patients were set up with the products in their homes on in a facility upon discharge – not at Hauck Street or the off-site storage area.

Please let us know if there is any other information Kinex can provide or if you have any additional questions about the above.

Thank you again,
Kelly

Kelly H. Dove | Snell & Wilmer L.L.P. | P: (702) 784-5286 | F: (702) 784-5252

From: Joe Dodge <j.dodge@pharmacy.nv.gov>

Sent: Thursday, May 6, 2021 10:46 AM

To: Leann Wilhelm, CHC <Leann_Wilhelm@kinexmedical.com>

Cc: Mike Buckholdt <Mike_Buckholdt@kinexmedical.com>; Dove, Kelly <kdove@swlaw.com>; Kenneth C. Scheuber <KSCHEUBER@pharmacy.nv.gov>; Courtney K. Lee <c.lee@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>

Subject: RE: Items Requested

[EXTERNAL] j.dodge@pharmacy.nv.gov

Thanks for the submission. I will review the documents and let you know if I have any questions.

Please submit the following information request that we discussed earlier in the week at the site:

- (1) Explanation as to why the site continued to provide service to patients through April 16th, 2021.
- (2) Address of the off-site storage area
- (3) Who has knowledge of and access to the off-site storage area (as a reminder all of the employees that were present for the inspection stated that they didn't know the address of the location)
- (4) The purpose of the off-site storage area
- (5) Whether or not patients received services directly from the off-site storage area

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.

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From: Leann Wilhelm, CHC <Leann_Wilhelm@kinexmedical.com>
Sent: Tuesday, May 4, 2021 5:06 PM
To: Joe Dodge <j.dodge@pharmacy.nv.gov>
Cc: Mike Buckholdt <Mike_Buckholdt@kinexmedical.com>; 'Dove, Kelly' <kdove@swlaw.com>
Subject: Items Requested

Hello Joe,

Thank you for your time today. Attached are the additional documents you requested. Please let me know if there is anything else needed.

Thank you,

Leann Wilhelm, CHC
Compliance Officer
Kinex Medical Company, LLC
Direct: 262-521-7338
Toll Free: 800-845-6364 ext. 7338
Fax: 866-588-8026
www.kinexmedical.com



For Technical Support please call or email:
800-845-6364 ext. 7370
techsupport@kinexmedical.com

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16B

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: WILDCARD MEDICAL INC

Physical Address: 4600 Kietzke Ln. Suite M249 Reno, NV 89502

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

Mailing Address: 4600 Kietzke Ln. Suite M249

City: RENO State: NV Zip Code: 89502

Telephone: 775-399-4039 Fax: 775-432-2398

E-mail: MSWEENEY@WILDCARDMED.COM Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: MATTHEW SWEENEY

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>OSTEOGENESIS, SEQUENTIAL COMPRESSION</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: MELISSA HAGGARD Telephone: 775-781-4815

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:

1/a
Compliance team (credentialing) needs proof of Board of
Pharmacy before they will approve, then 855 S can be submitted

- 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: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____
---	---

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

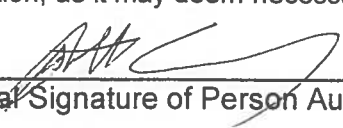
This page must be submitted for all types of ownership.

- 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

Matthew Sweeney

Print Name of Authorized Person

02/11/2021

Date

Board Use Only

Received: _____

Amount: 500

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: NEVADA

Parent Company if any: _____

Corporation Name: WILDCARD MEDICAL INCMailing Address: 4600 Kietzke Ln. Suite M249City: RENO

NV

State: Zip: 89502Telephone: 7753994039Fax: 7754322398Contact Person: MATTHEW SWEENEY

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 Sweeney Cardinal Dr. Lincoln, CA 95648

Name

Address

b) _____

Name

Address

c) _____

Name

Address

d) _____

Name

Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 10,0003) What was the price paid per share? \$0.0014) What date did the corporation actually receive the cash assets? 01/09/2019

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

APPLICATION FOR NEVADA MDEG LICENSE

NON PUBLICLY TRADED CORPORATION

Include with the application for a non-publicly traded corporation

Complete personal history record for each stockholder. 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*.

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.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/11/2021

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 Medical Device Equipment and Gases

Wildcard Medical, Inc

Nature of License
4600 Kietzke Ln Suite M249 Reno, NV 89502
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Sweeney Matthew
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

1 Cardinal Drive Lincoln CA 95648
Present Residence Address-Street or RFD City State/Zip

4600 Kietzke Lane Suite M249 Reno NV 89502
Present Business Address City State/Zip

President 01/2019-Present
Occupation Dates

Phone:
Residence 916-
Business 775-399-4039

Eugene, Lane, Oregon
Date of Birth Place of Birth (City, County, State)

36 M
Age Sex

Brown Brown Caucasian 240 Large 6'3"
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 MG5

MARITAL INFORMATION-Continued

A. Current Marriage 07/13/2013 Milwaukee, , Milwaukee, Wisconsin

Spouse's full name (Maiden) Laura Collins Date _____ City, County and State _____
SS# or ITIN? _____

Date of Birth _____ Place of Birth Milwaukee, WI

Resident address Cardinal Dr Lincoln CA 95648
Street City State Zip

Telephone: Residence Business

Spouse's employer n/a Occupation Stay at home mom

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

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
Lyla Sweeney		Roseville, CA	Cardinal Dr Lincoln CA 95648
Sterling Sweeney		Roseville, CA	Cardinal Dr Lincoln, CA 95648

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 MGS

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			
Thomas Sweeney		Ingalls Way Eugene, OR 97405	Retired
Mother			
Kimber Sweeney		Ingalls Way Eugene, OR 97405	Retired
Father-in-Law			
Dean Collins		Burnet Ct Brookfield, WI 53005	Retired
Mother-in-Law			
Karen Collins		Burnet Ct Brookfield, WI 53005	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
Michael Sweeney		Jams Valley Rd Gold Hill, OR 97525	Engineer
Spouse			
Olivia Sweeney		Jams Valley Rd Gold Hill OR 97525	Photographer
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate	
Grammar School	O'Hara Catholic School	Eugene, OR	1994-1998	Yes ☒ No ☐
High School	Churchill High School	Eugene, OR	1998-2002	Yes ☒ No ☐
College University	University of Oregon	Eugene, OR	2002-2007	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelors / BiologyCollege or university where obtained University of Oregon

Applicant's initial

MGS

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 Lane State Oregon Date registered 3/2002**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
June 2015	31	DUI	Truckee, CA		CHP

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/AApplicant's initial MGS

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
3/1984-6/2002	2952 Ingalls Way	Eugene	OR
6/2002-7/2003	2285 Parkside Ln	Eugene	OR
7/2003-9/2006	3474 Kinsrow Ln	Eugene	OR
9/2006-11/2007	1175 West 11th Ave	Eugene	OR
11/2007-10/2010	1148 NW Weybridge Way	Beaverton	OR
10/2010-8/2011	1204 N 10th Place	Renton	WA
8/2011-2/2012	301 Gibson Dr	Roseville	CA
2/2012-2/2013	751 Central Park Dr	Roseville	CA
2/2013-5/2016	1466 Grey Bunny Ln	Roseville	CA
5/2016-Present	Cardinal Dr	Lincoln	CA

Applicant's initial

MCS

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

1/2014 - Present	Northern California Medical, Inc 4322 Anthony Ct #10 Rocklin, CA 95677	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President	Medical Device sales and management	Matt Sweeney
Title	Description of Duties	Name of Supervisor
10/2010-1/2014	Breg, Inc. 2885 Loker Ave E Carlsbad, CA 92010	Acquisition
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sales Representative	DME Sales	Kevin Hammond
Title	Description of Duties	Name of Supervisor
6/2008-10/2010	The Portland Clinic 800 SW 13th Ave Portland, OR 97205	New job offer
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Orthopedic Tech	Casting, Splinting, Patient care	Liz Size
Title	Description of Duties	Name of Supervisor
05/2004-11/2007	MadMak Innovations (Out of business)	Business closed
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Project Coordinator	Planning and execution of home remodel projects	Daniel Sweeney
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

MGS

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
<u>Name</u> Richard Daschner	<u>Home</u>					10
<u>Employer</u> Zimmer Biomet	<u>Business</u>					
<u>Name</u> Chris Greenman	<u>Home</u>					8
<u>Employer</u> Tahoe Fracture and Orthopedic	<u>Business</u>	973 Mica Dr	Carson City, NV	89705	775-783-6170	
<u>Name</u> JJ Anderson	<u>Home</u>					10
<u>Employer</u> Breg, Inc	<u>Business</u>	2885 LOKER AVE E	CARLSBAD, CA	92010	760-685-6202	
<u>Name</u> Doug Wolf	<u>Home</u>	PO Box 1173	Creswell, OR	97426		36
<u>Employer</u> Retired	<u>Business</u>					
<u>Name</u> Jeff Deter	<u>Home</u>					8
<u>Employer</u> Keller Williams	<u>Business</u>	548 Gibson Dr	Roseville, CA	95678	916-749-2181	

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 MGS 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 ☒



Date of photograph 2/14/2021

Applicant's initial MGS

SS.

COUNTY OF Washoe

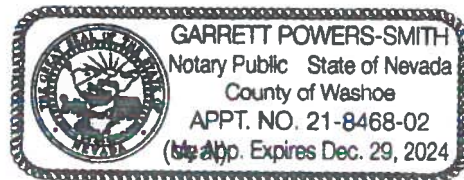
I, Matthew Gerald Sweeney, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge 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.

[Signature] 2/18/2021
Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of February, 2021

Garrett Powers Smith
[Signature]
Notary Public



Applicant's initial MGS
Page 9

ADDITIONAL INFORMATION

1/a

Lined area for additional information.

Applicant's initial MCS
Page 10

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 02/11/2021

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for DME SUPPLIER

Nature of MDEG

WILDCARD MEDICAL INC 4600 KIETZKE LN SUITE M249 RENO, NV 89502

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

SWEENEY MATTHEW GERALD
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Cardinal Dr LINCOLN CA 95648
 Present Residence Address-Street or RFD City State/Zip

4600 KIETZKE LN SUITE M249 Dates 5/1/2019-PRESENT RENO NV 89502
 Present Business Address City State/Zip

PRESIDENT Dates 1/9/2019 - PRESENT
 Present Position with the MDEG

Phone: 916- Fax: 775-432-2398

Email address: MSWEENEY@WILDCARDMED.COM

EUGENE, LANE, OREGON
 Date of Birth Place of Birth (City, County, State)

36 M
 Age Social Security Number or ITIN Sex

BROWN BROWN 240 6'03"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics na

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

OCTOBER 2010 - P	BREG, INC 2885 LOKER AVE E CARLSBAD, CA 92010	26,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DISTRIBUTOR	SALES, SUPPORT, TRAINING ON ORTHOPEDIC DME IN CLINICAL AND HOSPITAL SETTINGS	TODD JOLLY
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☒ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. ☒ I have ☒ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☒ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☒ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action:
b)

State: _____

Date: _____

Case Number: _____

c) Criminal Action: DUI

State: CA

Date: 6/2015

Case Number: _____

County: Nevada

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

.....
.....
.....
.....
.....



planation.

OTOGRAPH

THIN LAST

S HERE

2/1/2021

Page

MGS

I, MATTHEW SWEENEY, 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

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, **WILDCARD MEDICAL, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/06/2019, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) 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 10/19/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202010191154477

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NUTMEG INS AGENCY INC/PHS 76210775 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251		CONTACT NAME: PHONE (888) 925-3137 FAX (888) 443-6112 (A/C, No, Ext): E-MAIL ADDRESS:	
INSURED Wildcard Medical, Inc. 4600 KIETZKE LN STE M249 RENO NV 89502-5000		INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Insurance Company NAIC# 29459 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			76 SBU BF4750	07/18/2020	07/18/2021	EACH OCCURRENCE	\$1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	☒ General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	☐ POLICY ☐ PRO-JECT ☒ LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	☐ ANY AUTO						BODILY INJURY (Per person)	
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	☐ HIRED AUTOS	☐ NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	☐ UMBRELLA LIAB	☐ OCCUR					EACH OCCURRENCE	
	☐ EXCESS LIAB	☐ CLAIMS-MADE					AGGREGATE	
	☐ DED ☐ RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y/N	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	EMPLOYMENT PRACTICES LIABILITY			76 SBU BF4750	07/18/2020	07/18/2021	Each Claim Limit	\$10,000
							Aggregate Limit	\$10,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

Kietzke Plaza, LLC
 4600 Kietzke Lane
 Reno NV 89502

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

Susan L. Castaneda

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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 PRESIDENT:

Matt Sweeney **USA**
Name Country
4600 Kietzke Lane Suite M249 **Reno** **NV** **89502**
Address City State Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY:

Matthew Sweeney **USA**
Name Country
4600 Kietzke Lane Suite M249 **Reno** **NV** **89502**
Address City State Zip/Postal Code

CORPORATION, INDICATE THE TREASURER:

Matthew Sweeney **USA**
Name Country
4600 Kietzke Lane Suite M249 **Reno** **NV** **89502**
Address City State Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

Matthew Sweeney **USA**
Name Country
4600 Kietzke Lane Suite M249 **Reno** **NV** **89502**
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 **Matt Sweeney**

President

02/01/2021

Title

Date

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*

UNSIGNED

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

WILDCARD MEDICAL, INC.

Nevada Business Identification # NV20191015134

Expiration Date: 01/31/2022

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 02/19/2021.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Certificate Number: B202102191442366

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

BARBARA K. CEGAVSKE
Secretary of State

17

17A

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 ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Ownership Change (Please provide current license number if making changes: MP or MW _____) ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
---	---

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

FACILITY INFORMATION

Facility Name: Medline Industries, Inc.

Physical Address: 2200 Cornerstone Parkway, Grayslake, IL 60030

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

Mailing Address: Three Lakes Drive - 3D

City: Northfield State: IL Zip Code: 60093

Telephone: 847-643-4508 Fax: 866-780-9777

E-mail: ralicensing@medline.com Website: www.medline.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: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Filomena Kropiwiec

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: Catheters, Tens Units, Incontinence Supplies, Manual Wheelchairs, Ostomy/Urologicals

**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:

National Medicare Provider # 0428930001

Please see attachment 2 for list of Medicaid Provider Numbers.

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: _____

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 ☐
*This facility has not received any discipline, please see our corporate discipline history. #3
- 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

Lara N. Simmons

President QA/RA

12/29/2020

Print Name of Authorized Person

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: IllinoisParent Company if any: N/ACorporation Name: Medline Industries, Inc.Mailing Address: Three Lakes Drive - 3DCity: Northfield State: IL Zip: 60093Telephone: 847-643-4508 Fax: 866-780-9777Contact Person: Mark Callow

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 explanation below****

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

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. ***See Attachment 4**

List of officers and directors. ***See Attachment 5**

****Medline Industries, Inc. has been a corporation with shareholders since 1985. We do not track price paid per share as there are 32,000,000+ shares issued. There are approximately 80 shareholders.****



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/08/2020

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. 540 W. MADISON CHICAGO, IL 60661	CONTACT NAME: Medline Industries, Inc. PHONE (A/C, H/A, Ext): FAX (A/C, H/A): E-MAIL: riskmanagement@medline.com ADDRESS:														
INSURED Medline Industries, Inc. 3 Lakes Dr Northfield, IL 60093	INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Hartford Fire Insurance Company</td><td>19882</td></tr><tr><td>INSURER B: National Fire & Marine Insurance Co</td><td>20079</td></tr><tr><td>INSURER C: Trumbull Insurance Company</td><td>27120</td></tr><tr><td>INSURER D: Twin City Fire Insurance Company</td><td>29459</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER	NAIC #	INSURER A: Hartford Fire Insurance Company	19882	INSURER B: National Fire & Marine Insurance Co	20079	INSURER C: Trumbull Insurance Company	27120	INSURER D: Twin City Fire Insurance Company	29459	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

CHI-008956355-17

REVISION NUMBER: 13

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.

INSUR LTR	TYPE OF INSURANCE	ADDL. INSUR. INFO	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS														
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:		83CD75206	07/01/2020	07/01/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>SEE BELOW</td></tr><tr><td></td><td>\$</td></tr></table>	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 - COM/OP AGG	SEE BELOW		\$
EACH OCCURRENCE	\$ 1,000,000																			
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000																			
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GENERAL AGGREGATE	\$ 2,000,000																			
PRODUCTS - COM/OP AGG	SEE BELOW																			
	\$																			
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		83CSE075209	07/01/2020	07/01/2021	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 2,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000																			
BODILY INJURY (Per person)	\$																			
BODILY INJURY (Per accident)	\$																			
PROPERTY DAMAGE (Per accident)	\$																			
	\$																			
B	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☒ RETENTION \$ 10,000 ☐ CLAIMS-MADE		42JMO10000708	07/01/2020	07/01/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$								
EACH OCCURRENCE	\$ 1,000,000																			
AGGREGATE	\$ 1,000,000																			
	\$																			
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 ☒ Y ☐ N/A	83WMD75207 83WBRD75208	07/01/2020 07/01/2020	07/01/2021 07/01/2021	<table border="1"><tr><td>☒ PER STATUTE ☐ OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	☒ 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						
☒ 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																			
B	Products/Completed Operations Liability		42PC030151505 SIF: \$4,000,000	07/01/2020	07/01/2021	<table border="1"><tr><td>Each Occurrence</td><td>1,000,000</td></tr><tr><td>Aggregate</td><td>2,000,000</td></tr></table>	Each Occurrence	1,000,000	Aggregate	2,000,000										
Each Occurrence	1,000,000																			
Aggregate	2,000,000																			

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

CERTIFICATE HOLDER

CANCELLATION

Medline Industries, Inc. 3 Lakes Dr. Northfield, IL 60093	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 <i>Manashi Mukherjee</i>
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AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY MARSH USA INC.		NAMED INSURED Medline Industries, Inc. 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:

A59 - 19230 S Hi Park LN, Hammond, IN 70403
 B01 - 1 Medline Place, Mundelein, IL 60060,
 B02 - 1501 Harris Road, Libertyville, IL 60048,
 B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
 B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
 B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
 B05 - 10601 Southport Drive, Orlando, FL 32824,
 B06 - 1 Medline Drive, Wilmer, TX 75172
 B22 - 9670 NW 112th Ave., Miami, FL 33178,
 B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
 B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
 B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
 B27 - 8005 SW Hunziker St., Tigard, OR 97223,
 B28 - 735 County Road 4 East, Prattville, AL 36067,
 B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
 B30 - 1900 Meadowville Technology Pkwy., Chester, VA 23838,
 B31 - 500 Sharkey Drive, Maumelle, AR 72113,
 B32 501 commerce Parkway, Katy TX 77494,
 B33 - 917 E Powell Drive, Lincolnton, NC 28092,
 B34 - 6645 Change point Drive, Anchorage, AK 99518,
 B36 - 1989 Transit Way, Brockport, NY 14420,
 B37 - 1659 Saugat Business Blvd., East St. Louis, IL 62206,
 B40 - 560 West Street, Mansfield, MA 02048,
 B43 - 3800 Commerce Street, SW, Canton, OH 44706,
 B44 - 1030 Runway Drive, Stockton, CA 95206,
 B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
 B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
 B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
 B49 - 42500 Winchester Rd, Temecula, CA 92590,
 B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
 B52 - 974 Main Street, Alamo TN 38001
 B54 - 3301 Route 6, Middletown, NY 10941,
 B57- 8475 Automation Drive, Bldg D, Concord NC 28027
 B58- 198 Commercial Blvd, Blakeslee PA 18610
 B59 - 149 New Camellia Blvd., Covington, LA 70433,
 B64- 308 Church Street, Honea Path SC 29654
 B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
 B80- 2341 Lauwiliwili St, Kapolei HI 96707
 B82- 9103 Riverside Parkway, Douglasville, GA
 C02 - 2200 Cornerstone Parkway, Graystone, IL 60030
 C03 - 1500 Medline Place, McDonough, GA 30253
 C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
 C09 - 1960 W Miro Way, Elatio, CA 92376
 C11 - 21111 E 36th Drive, Aurora, CO 80011
 C32 - 29895 US Hwy 90 Bus, Weller CO TX 77483
 C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
 C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
 C47-239 Belvidere Rd, Perryville MD 21903

AGENCY CUSTOMER ID: CN101705524

LOC #: Chicago

**ADDITIONAL REMARKS SCHEDULE**Page 3 of 3

AGENCY MARSH USA INC.		NAMED INSURED Medline Industries, Inc. 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810

ATTACHMENT 2

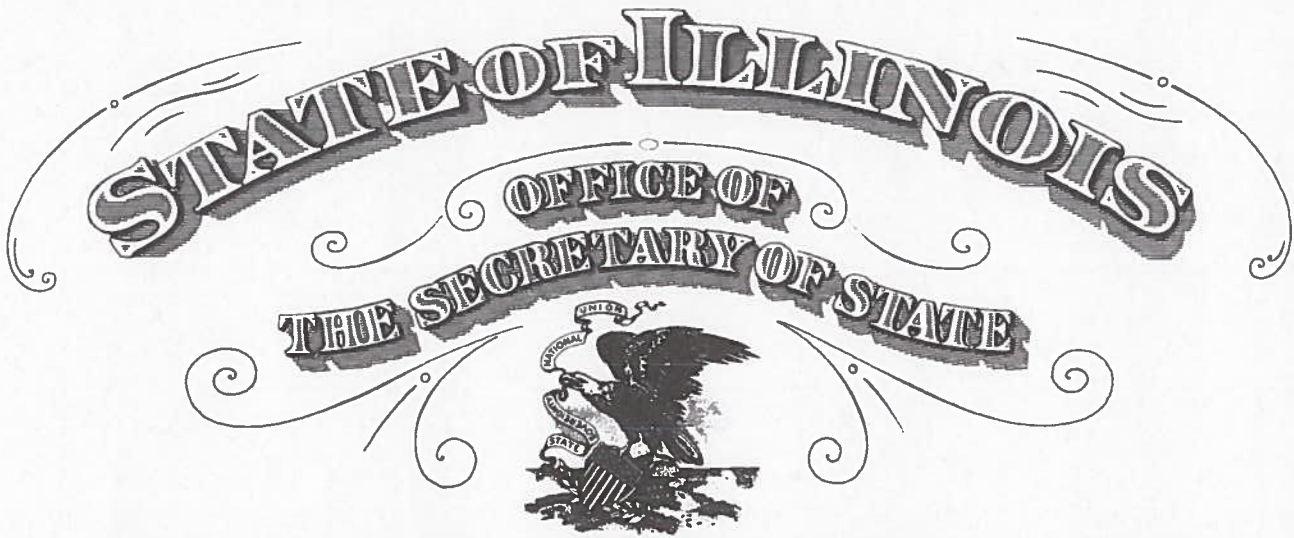
State	DME Medicaid Provider #
AK	1021896 (# changed from MS612IL)
AL	009101450
AR	194904716
AZ	36021
CA	1811997638- Secondary (App for Primary in Process)
CO	98000060
FL	009220600(FFS waiver program)
GA	003127194A-eff 8/1/2012
IA	1811997638
IL	362596612001
IN	100025130A
KS	100441690A
KY	90032335
LA	1178977
MA	7502885
MD	1811997638
ME	1811997638
MN	100563400
MO	1811997638
MS	00440369
MT	1811997638
NE	36259661200
NJ	5096901
NM	000T0700
NV	3316038
NY	00680891
OH	0400435
OK	100793800A
PA	0009052300002
RI	428930
TN	3539772
TX	1091985-02/03/04
UT	362596612
VA	1811997638
WA	1024838
WI	100007900

**Medline Industries, Inc
Disciplinary History**

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	FILE CLOSED 2010	
		Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on-time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on-time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	FILE CLOSED 2008	
		Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	FILE CLOSED 2008	
		Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	FILE CLOSED 2008	
		Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	FILE CLOSED 2008	
		Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	FILE CLOSED 2009	
		Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the facility. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moaniani St., Walpahu, Hawaii	FILE CLOSED 2013	
		Medline Industries' license (PWD 115) was fined \$5000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed. Probationary period ended August 2013. (Case # PHA 2008-17-L)	Medline takes this oversight very seriously and we have implemented a new process to notify the required boards of any future disciplinary actions within 10 days of a final action.
3/19/2010	1401 N. Universal Ave, Kansas City, MO 64120	FILE CLOSED 2010	
		Medline applied for a Colorado Out of State Wholesaler license for the Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months). The CO BOP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.	See above for corrective actions related to the underlying sanction.
1501 Harris Rd, Libertyville, 1/6/2021 IL 60048		FILE CLOSED 2021	
		Medline Industries, Inc. License #01-1985050 received a fine \$250 by the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired, unbeknownst to Medline. Case No. A-2020-0054 I-2019-0972-B. The fine was paid on January 21, 2021 and the case was closed.	Medline takes this oversight very seriously. We reviewed our process and updated our guidelines for the type of license required by business in Ohio to ensure proper type of licenses applied to the customer are valid and current. The TDDD Ohio licenses are reviewed on an annual basis to ensure compliance.

File Number

5133-055-2



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

MEDLINE INDUSTRIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 19, 1977, 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 29TH
day of DECEMBER A.D. 2020.

Jesse White

SECRETARY OF STATE

Authentication #: 2636401834 verifiable until 12/29/2021

Authenticate at: <http://www.cyberdriveillinois.com>

MEDLINE INDUSTRIES, INC.
Corporate Officers

Three Lakes Drive
 Northfield IL 60093
 PH #: 847-949-5500

TITLE	NAME
President	Andrew J Mills
CEO	Charles N Mills
COO	James D Abrams
President of Operations	William K Abington
President of QA/RA	Lara N Simmons

17B

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

FACILITY INFORMATION

Facility Name: Owens & Minor Distribution, Inc.

Physical Address: 5125 Ontario Mills Parkway, Ontario, CA 91764

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

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: (909) 944-2100 Fax: (909) 944-2198

E-mail: OWM@slny.com Website: www.owens-minor.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12:00 a.m. to 11:59 p.m. Tue: 12:00 a.m. to 11:59 p.m. Wed: 12:00 a.m. to 11:59 p.m. Thu: 12:00 a.m. to 11:59 p.m. Fri: 12:00 a.m. to 2 a.m.
 Sat: Closed to Sun: 01:00 p.m. to 11:59 p.m. Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sergio Gutierrez

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: Owens & Minor Distribution, Inc

Telephone: 1-800-488-8850

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.

Michael W. Lowry

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

Michael W. Lowry

Print Name of Authorized Person

2/22/21

Date

Board Use Only

Received: _____

Amount: 500
check # 3773

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: VA

Parent Company if any: Owens & Minor, Inc.

Corporation Name: Owens & Minor Distribution, Inc.

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

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

a)	<u>Owens & Minor, Inc.</u>	<u>9120 Lockwood Blvd., Mechanicsville, VA 23116</u>	100% Owned by Owens & Minor, Inc. - No other owners to disclose
	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. N/A- 100% Owned by Owens & Minor, Inc.
- 3) What was the price paid per share? N/A- 100% Owned by Owens & Minor, Inc.
- 4) What date did the corporation actually receive the cash assets? N/A- 100% Owned by Owens & Minor, Inc.
- 5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

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

List of officers and directors.

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That OWENS & MINOR DISTRIBUTION, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on August 22, 2001;

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:

January 4, 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)

11/20/2020

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 Beecher Carlson Insurance Services
6 Concourse Parkway, Suite 2300
Atlanta, GA 30328

www.beechercarlson.com

CONTACT NAME: Beecher Carlson Insurance Services
PHONE (A/C, No, Ext): 678-539-4800 FAX (A/C, No): 770-870-3031
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Safety National Casualty Corporation	15105
INSURER B:	ACE Property and Casualty Insurance Co	20699
INSURER C:	Noetic Specialty Insurance Company	17400
INSURER D:	Continental Casualty Company	20443
INSURER E:		
INSURER F:		

INSURED
Owens & Minor, Inc.
9120 Lockwood Blvd
Mechanicsville VA 23116

COVERAGES

CERTIFICATE NUMBER: 58716374

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER		GLA 4057854	12/1/2020	12/1/2021	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY		CA 6675848	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☒ RETENTION \$25,000	☒ OCCUR ☐ CLAIMS-MADE	XEU G71762907 002 * Products Liability - Claims Made	12/1/2020	12/1/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	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	LDC 4057855 PS 4057853 Work Comp - WI (Retro)	12/1/2020 12/1/2020	12/1/2021 12/1/2021	☒ 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
C	Products Liability		N20VA380011	12/1/2020	12/1/2021	Per Occ./Aggregate \$10,000,000
D	E&O MPL Primary Misc. Professional Liability		596843176	12/1/2020	12/1/2021	Each Claim / Aggregate \$5,000,000 SIR: \$250,000

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

Evidence of Insurance

CERTIFICATE HOLDER

CANCELLATION

Owens & Minor, Inc.
O&M Halyard, Inc.
9120 Lockwood Blvd.
Mechanicsville VA 23116

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 *Beecher Carlson Insurance Services, LLC*

Beecher Carlson Insurance Services, LLC

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ACORD 25 (2016/03)

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Owens & Minor Distribution, Inc.



Corporate Address: 9120 Lockwood Blvd., Mechanicsville, VA 23116 USA
FEIN: 54-2049200
www.owens-minor.com

Drug Labeler Code: N/A
Incorporation State: VA
Incorporation Date: 8/22/2001

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
OCA	5125 Ontario Mills Parkway Ontario, CA 91764 County: San Bernardino	1000124971	N/A	00-794-1230	Yes	(909) 944-2100	(909) 944-2198

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Nicholas Joseph Pace II	Canawha Road Richmond, VA 23226	President, CEO & Corporate Secretary	No
Gerardo Castellanos	Trinity Loop Ontario, CA 91764	Operation Supervisor	No
Sergio Junior Gutierrez	4 Idylwild Ave. Rialto, CA 92376	Operation Supervisor	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Owens & Minor, Inc.	9120 Lockwood Blvd. Mechanicsville, VA 23116		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Nicholas Joseph Pace II	Canawha Road Richmond, VA 23226	President, CEO & Corporate Secretary	No
Michael W. Lowry	Quail Run Lane Mechanicsville, VA 23116	SVP, Chief Financial Officer	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation

Disciplinary History: LA 2002, CA 2006, FL 2007, MO 2008, CO 2009, FL 2010, LA 2011, VT 2011, CO 2012, HI 2013, CA 2013, KY 2014, VT 2015, AL 2016, HI 2016, WI 2016, CO 2017, HI 2017, CO 2018, FL 2019, CO 2020, CO 2019

This document constitutes a list of disciplinary actions taken against Owens & Minor, Inc. and its affiliated companies (collectively, "Owens & Minor"). The applicant provides this document in response to application questions involving disciplinary actions related to the applicant's owners, officers, etc.



Discipline Responses

Company General Comments: Owens & Minor, a Fortune 500 company, has been in the same business since 1882. We operate over 40 distribution centers throughout the country and ship into all states. All of our distribution centers are fully licensed in their respective resident and adjacent states and several hold multiple licenses to ship nationwide. We take legal compliance seriously and employ a number of individuals whose sole focus is to ensure that we follow all applicable state and federal laws and regulations. Changes to laws and requirements are subjects of ongoing vigilance. While we regret that we have been the subject of any discipline, we believe that these instances should be considered in the context of our size and overall operations in a field of enterprise highly regulated by a multiplicity of agencies. This is a comprehensive list of discipline that Owens & Minor Distribution, Inc. has received.

- This is an explanation of a Notice of Fine issued by the Louisiana State Board of Wholesale Drug Distributors against Owens & Minor's Wholesale Distribution Center in St. Rose, Louisiana facility. The citation was issued on April 11, 2002, but related to an inspection conducted on February 1, 2002. The citation referenced violations of regulations on customer license records. All issues had already been rectified to the Department's satisfaction prior to a hearing held on April 9, 2002, and the fine of \$5,000 has been fully paid.
- This is an explanation of a citation issued by the California Board of Pharmacy against Owens & Minor's Wholesale Distribution Centers in Livermore and Lathrop, California. The citation was issued in May 2006. The citation referenced violations of regulations regarding timely notification of the Board when a facility's Designated Representative changes. All have been rectified to the Department's satisfaction, and the fine of \$500 for both facilities has been fully paid.
- This is an explanation of a report of alleged violations issued by the Florida Department of Health against Owens & Minor's Wholesale Distribution Center in Orlando, Florida. The report was issued in February 2007 and referenced alleged violations of regulations regarding licensing and drug pedigrees. All matters raised in the report were resolved to the Department's satisfaction, the fine in the amount of \$285,000 has been fully paid, and the matter is closed.

- This is an explanation of a Settlement Agreement and Disciplinary Order entered into between Owens & Minor Distribution, Inc. and the Missouri Board of Pharmacy. The Settlement, executed in May 2008 references violations of regulations regarding temperature controls and monitoring at its Kansas City, Missouri distribution center. The Company remains fully licensed but was placed on probation for a period of 3 years. There was no fine imposed.
- This is an explanation of a Stipulation Order with the Colorado State Board of Pharmacy concerning Owens & Minor's Wholesale Distribution Center in Denver Colorado. The effective date was November 2, 2009. The Order references a violation of regulations regarding the inadvertent purchase and receipt of prescription drugs on March 5, 2009 from one vendor (Hospira) from a location not licensed by the Board to ship Rx products into Colorado. All issues have been rectified to the Board's satisfaction, and the fine of \$5,750 has been fully paid.
- This is an explanation of a Settlement Agreement entered into between Owens & Minor Distribution, Inc. and the Florida Department of Health. The Settlement, executed in July 2010, references violations of miscellaneous recordkeeping, personnel and license verification regulations in Owens & Minor's Wholesale Distribution Centers in Gainesville and Jacksonville, Florida. The Company and those facilities remained fully licensed but were under probation for a period of 2 years. The fine of \$12,500 has been fully paid and the probation period passed without incident in 2012.
- On March 15, 2011, Owens and Minor entered into a Consent Agreement with the Louisiana Board of Wholesale Drug Distributors ("Louisiana Board") to resolve a finding in an inspection report dated December 8, 2010 that Owens & Minor received a product from supplier not licensed to sell or ship drugs into Louisiana. The agreed upon fine of \$3,500 has been paid and this matter is now resolved to the satisfaction of the Louisiana Board.
- On July 27, 2011 Owens and Minor entered into a Stipulation and Consent Order with the Vermont Board of Pharmacy with regard to the application for a Third Party Logistics license by its facility in Redlands, California - Owens & Minor Healthcare Logistics. The basis of the order was discipline incurred by the company in other states. There was no specific non-compliance with Vermont law, or any other state regulation by any Owens & Minor facility. No fine was imposed. The license was issued subject to compliance with the laws of Vermont and reporting of future disciplinary actions.
- Owens & Minor Distribution, Inc. entered into a Stipulation Order with the Colorado State Board of Pharmacy concerning Owens & Minor's Wholesale Distribution Center in Denver, Colorado. The effective date was August 1, 2012. The Order referenced violations of regulations regarding timely notification of the Board when a facility's Designated Representative changes, and imposed the minimum fine. Colorado law requires that each licensed facility must provide the board with the name of a Designated Representative knowledgeable in regulatory requirements. Those named must meet certain criteria for experience and pass a background check. Changes must be submitted within fourteen

- calendar days. However due to an oversight, notice that the Designated Representative had been laid off was not sent for ninety-five calendar days. This oversight was pointed out during a routine inspection in February 2012 and corrected the same day. The Stipulation requires that any future changes be made within prescribed time limits, that Owens & Minor promptly pay all fines and charges, and that it comply with all other applicable laws and regulations. All have been rectified to the Board's satisfaction, the fine of \$1,100 has been fully paid and there have been no subsequent incidents of non-compliance.
- In February 2013 The Hawaii Department of Commerce and Consumer Affairs presented Owens & Minor with a Settlement Agreement assessing a fine of \$500.00 for having been disciplined in another jurisdiction. No deficiencies were noted in the operations or compliance activities of any specific Owens & Minor distribution center. This was strictly an administrative matter, a fine for being fined essentially. Owens & Minor signed the Settlement Agreement, paid the fine, and the matter is now satisfactorily closed. This action affected no specific Owens & Minor facility.
 - In August of 2012 Owens & Minor took over management of a hospital customer's internal warehouse and medical-surgical product distribution activities to the hospital's facilities and clinics in and around Burlingame, Ca. The facility was not licensed by the California Board of Pharmacy at the time management responsibilities changed. Accordingly, Owens & Minor submitted an application for licensure, and during the pre-licensing inspection, the Board representative took note of the presence of prescription drugs and devices that had been received and stored in the warehouse prior to the hospital's decision to outsource this activity to Owens & Minor. No other deficiencies or issues were identified, and the Board issued Owens & Minor a Wholesale Distributor's license shortly thereafter. In March of 2013, the Board issued Owens & Minor a citation for operating an unlicensed facility, assessing a fine of \$2,500, but imposing no other sanctions. All issues have been rectified to the Board's satisfaction, the fine has been fully paid, and the matter is now closed. This action involved only the Owens & Minor distribution in Burlingame CA, and no others.
 - This is notice of an action by Kentucky Board of Pharmacy. In December 2014, Owens & Minor entered into an Agreed Order with the Board of Pharmacy concerning Owens & Minor's tardy formal notice to the Board of its closing of a wholesale distribution center in Louisville, KY in 2013. The Board assessed a fine of \$500.00. Owens & Minor signed the Order, paid the fine and the matter is now satisfactorily closed.

- In June, 2017, the Hawaii Department of Commerce and Consumer Affairs presented Owens & Minor with a Settlement Agreement assessing a fine of \$250.00 for discipline received from the Colorado State Board of Pharmacy for its Denver, CO facility due to a tardy notification of a change in Designated Representative. This was strictly an administrative fine for being disciplined in another jurisdiction. Owens & Minor signed the Settlement Agreement, paid the fine, and the matter is now satisfactorily closed. It should also be noted that the Honolulu facility closed on December 31, 2016.
- On April 26, 2018, Owens & Minor Distribution, Inc. entered into a Settlement Agreement with the State of Florida Department of Business & Professional Regulation regarding the tardy formal notification to the Board of a change in Designated Representative and the imposition of discipline by another state, also regarding a tardy notification of change in Designated Representative. The Department assessed a fine of \$2,250.00 and determined that the agreement will not be deemed to constitute discipline within the meaning of Florida pharmacy laws. Owens & Minor signed the Order, paid the fine and the matter is now closed.
- On November 28, 2018, Owens & Minor Distribution, Inc. entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the tardy formal notification to the Board of a change in Designated Representative as well as failure to review its policy and procedure manual. The Department assessed a fine of \$6,900.00, and the matter is now closed.
- On February 25, 2019, Owens & Minor received a citation issued by the California Board of Pharmacy against Owens & Minor's Louisville facility. The citation referenced violations of regulations regarding timely notification of the Board when a facility's Designated Representative changes. No fine has been assessed with the citation and no proof of abatement has been ordered. The matter is now closed.
- On March 19, 2019, the Florida Department of Business & Professional Regulations presented Owens & Minor with a Settlement Agreement assessing a fine of \$3,000.00 for discipline received from the Colorado State Board of Pharmacy for its Denver, CO facility due to a tardy notification of a change in Designated Representative. This was strictly an administrative fine for being disciplined in another jurisdiction. Owens & Minor signed the Settlement Agreement, paid the fine, and the matter is now satisfactorily closed.
- On April 19, 2019, the Colorado Department of Regulatory Agencies, Division of Professions and Occupations presented Owens & Minor with a Letter of Admonishment recognizing that Owens & Minor failed to timely submit an application and fee for a change of Designated Representative for the Chicago, IL facility. This was strictly an open public record and reportable action and no such fine was given. Owens & Minor did not initiate formal disciplinary hearings to adjudicate the conduct and has accepted the letter for public record. This matter is closed.

- On December 11, 2019, the Colorado Department of Regulatory Agencies, Division of Professions and Occupations presented Owens & Minor with a Stipulation and Final Agency Order regarding the tardy formal notification to the Board of a change of Designated Representative. The Department assessed a fine of \$5,000.00. Owens & Minor signed the Stipulation agreement, paid the fine, and the matter is now satisfactorily closed.
- On September 10, 2020, the Colorado Department of Regulatory Agencies, Division of Professions and Occupations presented Owens & Minor with a Stipulation and Final Agency Order regarding the failure of the Designated Representative to review, sign and date its policy and procedure manual within a year of the previous date it was reviewed. The Department assessed a fine of \$1,150. Owens & Minor signed the Stipulation agreement, paid the fine, and the matter is now satisfactorily closed.
- On December 22, 2020 Owens & Minor Distribution, Inc. entered into a Stipulation and Final Agency Order from the State of Florida, Department of Business & Professional Regulation under Case #'s 2020-007156; 2020-007158; 2020-007161; 2020-007162 for the 2019 Colorado State Board of Pharmacy discipline that was issued for failure to notify within 30 days of a change of DR at the facility located at 473 Tower Blvd., Carol Stream, IL 60188. In lieu of a hearing, the Board resolved this case by means of a stipulated agreement pursuant to the following terms: Settlement in the amount of \$5000.00. Owens & Minor signed the Order, paid the fine and the matter is now satisfactorily closed.



Officer Signature

2-16-2021

Date

NUMBER 1

SHARES 100



Owens & Minor Manufacturing, Inc.

This Certificate

Owens & Minor, Inc.

is the registered holder of One Hundred (100) Shares

transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

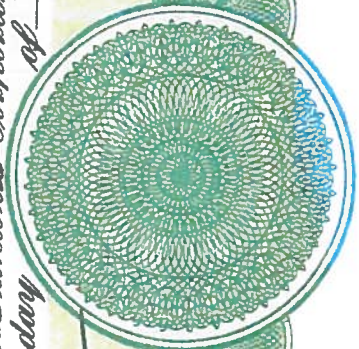
In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed as of this 31 day of December A. D. 2001

[Signature]

Secretary

[Signature]

President



The following abbreviations, when used in the inscription on the face of this certificate, shall be construed as though they were written out in full according to applicable laws or regulations. Additional abbreviations may also be used though not in the list.

TEN COM - as tenants in common
 TEN ENT - as tenants by the entireties
 JT TEN - as joint tenants with right of survivorship
 and not as tenants in common

UNIF GIFT MIN ACT - _____ Custodian _____ (Minor)
 under Uniform Gifts to Minors Act _____ (State)
 UNIF TRF MIN ACT - _____ Custodian _____ (Minor)
 under _____ (State) Uniform Transfer to Minors Act

PLEASE INSERT SOCIAL SECURITY OR OTHER
 IDENTIFYING NUMBER OF ASSIGNEE

For value received, the undersigned hereby sells, assigns and transfers unto

PLEASE PRINT OR TYPEWRITE NAME AND ADDRESS OF ASSIGNEE

NOTICE: The signature to this assignment must correspond with the name as written upon the face of the certificate in every particular without alteration or enlargement, or any change whatever.

_____ Shares
 represented by the within Certificate, and hereby irrevocably constitutes and appoints _____

_____ Attorney to transfer the said
 shares on the books of the within-named Corporation with full power of substitution in the premises.

Dated, _____
 In presence of _____

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 05/25/2021

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 Serigo Junior Gutierrez

Nature of MDEG

Owens & Minor Distribution, Inc.

5125 Ontario Mills Parkway, Ontario, CA 91764

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:

Gutierrez	Sergio	Junior
Last Name	First Name	Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N. Idyllwild Ave.	Rialto	CA 92376
Present Residence Address-Street or RFD	City	State/Zip

5125 Ontario Mills Parkway	Dates	Ontario	CA	91764
Present Business Address		City	State/Zip	

Operation Supervisor/Designated Representative	Dates	March 2013- Present
Present Position with the MDEG		

Phone: (909) 944-2100 Fax: (909) 944-2198

Email address: OWM@slny.com

Date of Birth Huntington Park, USA, CA
Place of Birth (City, County, State)

33		
Age	Social Security Number or ITIN	Male Sex

<u>Brown</u> Color of Eyes	<u>Black</u> Color of Hair	<u>300lbs</u> Weight	<u>5'11"</u> Height
-------------------------------	-------------------------------	-------------------------	------------------------

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? ☒ Yes ☐ No

If alien, registration No N/A

If naturalized, certificate No N/A Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

2421

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.

07/2013-Present	Owens & Minor Distribution, Inc.	16,640hrs @ 40hrs a week per 8 yrs
-----------------	----------------------------------	------------------------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Operation Supervisor	Oversee's the shipping department and management of employees	Brent Wood
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have ☒ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☒ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☒ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☒ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b)

Date: _____

Case Number: _____

c) Criminal Action: Written Explanation:

"On 12/10/2011, I was arrested in San Bernardino County in Redlands, CA for a Misdemeanor Public Intoxication. On 05/15/2012, I appeared before a judge in San Bernardino County General District Court. I pleaded guilty and did not receive a fine and did not have to serve additional time. I was given a 1 day served credit from the actual arrest. Since that time, I have not been arrested or charged with any other offenses."

State: California

Date: 12/10/2011

Case Number: G127172SG

County: San Bernardino

Court: San Bernardino County General District 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.

.....
.....
.....
.....
.....

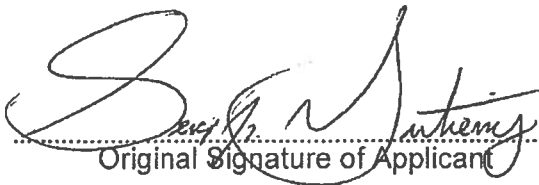


Date of photograph 05/25/2021

30 DAYS HERE

I, Serigo Junior Gutierrez, 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

SAN BERNARDINO
CASE SUMMARY
CASE NO. G127172SG

2424

The People of the State of California vs. SERGIO
GUTIERREZ

§
§
§
§
§
§
§

Location: San Bernardino
Filed on: 02/29/2012
Appear by: 05/15/2012
Agency Case Number: 110048087
DMV Docket Number: G127172

CASE INFORMATION

Offense	Citation	Statute Deg	Date	Case Type:	Misdemeanor
Jurisdiction: County					
1. PC647(F)-M: Drunk In Public	G127172	647(F) MISD	12/10/2011	Case	02/06/2016 Closed
Charge #: 001 ACN: 110048087				Status:	
Arrest: 12/10/2011 RP - Redlands PD					

DATE

CASE ASSIGNMENT

Current Case Assignment

Case Number	G127172SG
Court	San Bernardino
Date Assigned	02/29/2012

PARTY INFORMATION

Plaintiff	The People of the State of California
Defendant	GUTIERREZ, SERGIO JUNIOR

DATE

EVENTS & ORDERS OF THE COURT

INDEX

02/29/2012	New Filed Case
03/12/2012	Sesslin Affidavit filed <i>SESSLIN AFFIDAVIT FILED</i>
05/15/2012	Arraignment (8:00 AM) (Judicial Officer: Pace, Annemarie G) Held;
05/15/2012	Disposition (Judicial Officer: Pace, Annemarie G) 1. PC647(F)-M: Drunk In Public Convicted Charge #: 001 Allegation:
05/15/2012	Plea (Judicial Officer: Pro Tem, Judge) 1. PC647(F)-M: Drunk In Public Guilty Charge #: 001 Allegation:
05/15/2012	Legacy Minutes <i>AGP, J-JUDGE</i> <i>CLERK: SLF-SANDRA L. FRISCIA</i> <i>BAILIFF J ROJAS</i> - <i>APPEARANCES</i> <i>DEFENDANT PRESENT NOT IN CUSTODY.</i> -

CASE SUMMARY**CASE NO. G127172SG****PROCEEDINGS**

ACTION CAME ON FOR ARRAIGNMENT

ADVISAL OF RIGHTS SIGNED BY DEFENDANT AND FILED.

DEFENDANT ARRAIGNED.

DEFENDANT IS INFORMED OF ELEMENTS OF THE CHARGE(S) FACTUAL BASIS ESTABLISHED.

DEFENDANT GIVES TRUE NAME AS CHARGED.

PLEA INFORMATION

DEFENDANT PLEADS GUILTY TO ALL COUNTS.

TAHL WAIVER FILED.

THE COURT, AFTER READVISEMENT OF EACH OF THESE RIGHTS, FINDS THAT THE DEFENDANT UNDERSTANDS THE CHARGE(S), THE POSSIBLE PENALTIES, RIGHT AGAINST SELF-INCRIMINATION, TO CONFRONT AND CROSS EXAMINE WITNESSES, TO A PUBLIC AND SPEEDY TRIAL, TO JURY TRIAL, TO HAVE AN ATTORNEY PRESENT AT ALL STAGES OF THE PROCEEDINGS AND TO THE PUBLIC DEFENDER IF INDIGENT AND TO THE COMPULSORY PROCESS OF THE COURT TO SUBPOENA WITNESSES. COURT FINDS PLEA IS BASED ON FACT.

SEE FINDINGS IN FILE.

DEFENDANT IS INFORMED OF HIS/HER RIGHT TO BE SENTENCED NO EARLIER THAN SIX HOURS NOR ANY LATER THAN FIVE DAYS AFTER HE/SHE HAS ENTERED HIS/HER PLEA OF

GUILTY OR NOLO CONTENDERE OR FOUND GUILTY. THE COURT FINDS THAT HE/SHE KNOWINGLY, FREELY AND EXPRESSLY WAIVES THAT RIGHT.

DEFENDANT WAIVES FORMAL ARRAIGNMENT FOR PRONOUNCEMENT OF JUDGMENT AND STATES THERE IS NO LEGAL CAUSE WHY JUDGMENT SHOULD NOT NOW BE PRONOUNCED.

SENTENCING INFORMATION

TERMINAL DISPOSITION:

FOR THE CHARGE(S): 1

SERVE 1 DAYS IN SAN BDNO CO JAIL

CREDIT 1 DAYS SERVED.

CUSTODY STATUS

DEFENDANT RELEASED.

===== MINUTE ORDER END ===== 0

05/15/2012

Terminal Disposition

1. PC647(F)-M: Drunk In Public

12/10/2011 (MISD) 647(F) (PC647(F)-M)

Charge #: 001 Allegation:

Adult Confinement

Type: County Jail

Term Type: Converted Confinement

05/15/2012

Court Found Plea Was Knowledgeable, Intelligently Made,

05/15/2012

Defendant advised of Charges and Direct Consequences of Plea

05/15/2012

Defendant Waived Right to Confront And Cross Examine Witness

05/15/2012

Defendant Waived Right to Trial by Jury

05/15/2012

Defendant Waived Counsel (for case)

05/15/2012

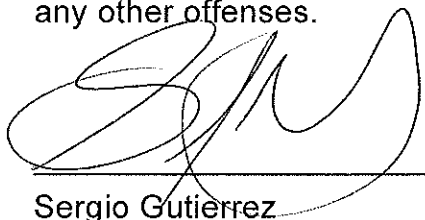
Defendant Waived Privilege Against Compulsory Self-Incrimina

05/15/2012

Conviction Certified By Clerk of the Court

Written Statement- Sergio Gutierrez**Matter 1:** Misdemeanor – Public Intoxication**Disposition:** Guilty**Location:** San Bernardino County, Redlands, CA, US**Year:** 2011

On 12/10/2011, I was arrested in San Bernardino County in Redlands, CA for a Misdemeanor Public Intoxication. On 05/15/2012, I appeared before a judge in San Bernardino County General District Court. I pleaded guilty and did not receive a fine and did not have to serve additional time. I was given a 1 day served credit from the actual arrest. Since that time, I have not been arrested or charged with any other offenses.


Sergio Gutierrez

02/18/20
Date

18

18A

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: Huvepharma, Inc.

Physical Address: 3360 Maury Ave.

City: St. Louis State: MO Zip Code: 63116

Telephone Number: (314) 752-8000 Fax Number: (314) 752-8096

Toll Free Number: N/A

E-mail: HUV@slny.com Website: www.huvepharma.com

Facility Manager: Todd William Noll

Professional qualifications and experience of facility manager: I have been working on the same site since 7/1/1991
in different departments and positions with greater responsibility. Since June of 2019, I have been responsible for all plant activities.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distribution sites with organization, Distributors, Manufacturers

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

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

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

Name: MWI Veterinary Supply Co.

Address: 2450 Midpoint Supply Edwardsville, KS 66111

Name: Animal Health International (AHI)

Address: PO Box 1360 Greeley, CO 80632

Name: JBS/Pilgrims

Address: 1770 Promontory Cr Greeley, CO 80634

Name: Best Veterinary Solutions (BVS)

Address: PO Box 370 Ellsworth, IA 50075

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Yes ☐ No ☒

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

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

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

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

Glen M. Wilkinson

Print Name of Authorized Person

May 8, 2020
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Huvepharma, EOODMailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

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

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

a) <u>Huvapharma, EOOD</u>	<u>5th Floor, 3A "Nikolay Haytov" Str., 1113 Sofia, Bulgaria</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. N/A Company is solely owned by Huvepharma, EOOD.3) What was the price paid per share? N/A - no price per shareA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directors

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

<Company Name>
<Service Office Location>

CHANGE RIDER

Bond No. 41394267

Date of Bond 5/21/2019

Principal Huvepharma, Inc.

Obligee Nevada State Board of Pharmacy

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above captioned bond, other than as stated below.

This Rider is effective August 28 2020 and is to be attached to and form a part of the above captioned bond. This Rider is issued on behalf of Huvepharma, Inc. as Principal, in favor of the Obligee stated above.

In consideration of the premium charged, it is understood and agreed, on or after the effective date as set forth herein, the Surety consents to:

Change Principal's Address:

From: 525 West Park Drive Suite 230 Peachtree City, GA 30252

To: 3360 Maury Avenue St. Louis MO 63221 and 20927 State Route K St. Joseph, MO 64505

Said change is applicable only to acts or omissions on or after the effective date as set forth herein.

Provided, however, that the liability of the Surety under the attached bond as changed by this Rider shall in no event be cumulative.

Signed, sealed and dated on August 28, 2020.

Platte River Insurance Company

By: _____

Christopher Owens, Attorney-in-Fact

Accepted:

By:

Date: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41394267

Application/License No. _____

Huvepharma, Inc, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
525 Westpark Drive Suite 230 Peachtree City, GA 30269, as
Address of Applicant/Principal
 PRINCIPAL, and Platte River Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Delaware
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
P.O. Box 5900 Madison, WI 53705-0900 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 5/21/2019.
Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 21 day of May, 2019.

APPLICANT/PRINCIPAL

SURETY

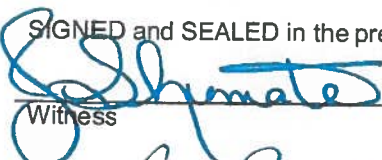
COMPANY


Authorized Representative


Surety Company's Representative

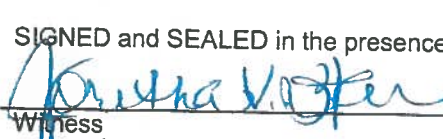
Christopher Owens, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

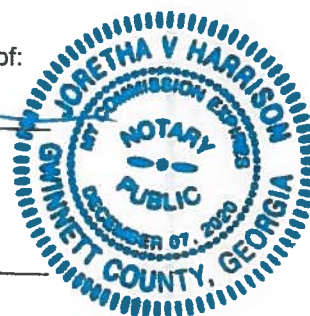

Witness

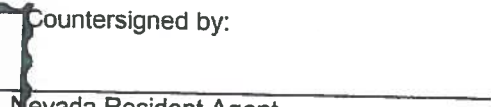
Witness

SIGNED and SEALED in the presence of:


Witness

Witness



Countersigned by:

Nevada Resident Agent

LANA STRAHLER
Notary Public - State of Georgia
Fayette County
My Commission Expires Sep 13, 2021

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41394267

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

CHRISTOPHER OWENS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent
Suzanne M. Broadbent
Assistant Secretary

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE



PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills
CEO & President

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of PLATTE RIVER INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 21 day of May, 2019.



Antonio Celii
Antonio Celii
General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

PR-POA (Rev. 10-2017)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUVEPHARMA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUVEPHARMA INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2005.



4020500 8300

SR# 20206921700

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: 203536329

Date: 08-25-20

Delaware

The First State

Certificate of Formation State 2439

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HUVEPHARMA INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2019.



4020500 8300

SR# 20197188602

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203659362

Date: 09-24-19



Huvepharma, Inc.



Corporate Address: 525 Westpark Drive, Peachtree City, GA 30269 USA
 FEIN: 20-3406575
www.huvepharma.com

Drug Labeler Code: 23243
 Incorporation State: DE
 Incorporation Date: 8/31/2005

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
STL	3360 Maury Ave St. Louis, MO 63116 County: St. Louis	1940172	N/A	883128204	No	(314) 752-8000	(314) 752-8096

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Todd William Noll	Tara Place Villa Ridge, MO 63089	St. Louis Blend Plant Production Manager	No			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Huvepharma, EOOD	5th Floor, 3A "Nikolay Haytov" Str. 1113 Sofia, Bulgaria Bulgaria	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Glen M. Wilkinson	Dukes Court Brooks, GA 30205	President	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
InCorp Services, Inc.			
Registered Agent Solutions, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Huvepharma, Inc	20927 State Route K St. Joseph, MO 64505					
Geodis Logistics LLC	#18 Gateway Commerce Center Dr. East Edwardsville, IL 62025					

Company Particulars
 w/ info

State of Missouri

Division of Professional Registration
 Licensed Drug Distributor
 Wholesale Drug Distributor

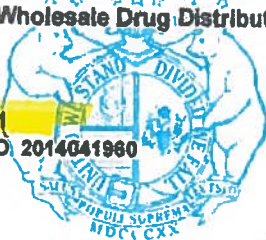


VALID THROUGH OCTOBER 31, 2021
 ORIGINAL CERTIFICATE/LICENSE NO. 2014041960
 HUVEPHARMA, INC.
 HUVEPHARMA, INC.
 TODD WILLIAM NOLL, MIC
 3360 MAURY AVE
 SAINT LOUIS MO 63116
 USA

HUVEPHARMA, INC.
 HUVEPHARMA, INC.
 TODD WILLIAM NOLL, MIC
 3360 MAURY AVE
 SAINT LOUIS MO 63116
 USA

State of Missouri

Missouri Department of Commerce and Insurance
 Division of Professional Registration
 Missouri Board of Pharmacy
 Licensed Drug Distributor
 Wholesale Drug Distributor



VALID THROUGH OCTOBER 31, 2021
 ORIGINAL CERTIFICATE/LICENSE NO. 2014041960
 Todd William Noll
 HUVEPHARMA, INC.
 HUVEPHARMA, INC.
 TODD WILLIAM NOLL, MIC
 3360 MAURY AVE
 SAINT LOUIS MO 63116
 USA


 EXECUTIVE DIRECTOR


 DIVISION DIRECTOR

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

HUVEPHARMA INC.

using in Missouri the name

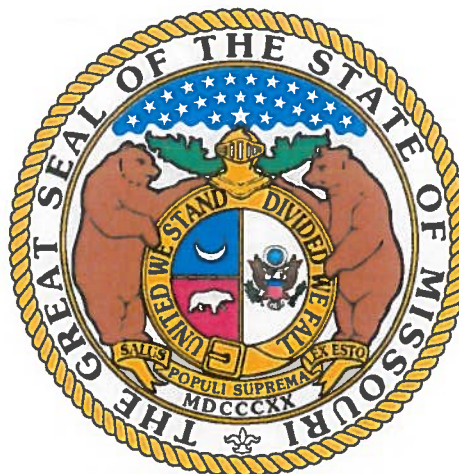
HUVEPHARMA INC.
F00734302

a DELAWARE entity was created under the laws of this State on the 25th day of April, 2006, and is Good Standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 18th day of September, 2019.


Secretary of State

Certification Number: CERT-09182019-0015



Drug Establishments Current Registration Site

- [f SHARE](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drugs/getdrls.cfm) (<https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drugs/getdrls.cfm>)
- [TWEET](https://twitter.com/intent/tweet?text=drug%20establishments%20current%20registration%20site&url=https://www.accessdata.fda.gov/scripts/cder/drugs/getdrls.cfm) (<https://twitter.com/intent/tweet?text=drug%20establishments%20current%20registration%20site&url=https://www.accessdata.fda.gov/scripts/cder/drugs/getdrls.cfm>)
- [in LINKEDIN](https://www.linkedin.com/shareArticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/drugs/getdrls.cfm&title=drug%20establishments%20current%20registration%20site&source=fda) (<https://www.linkedin.com/shareArticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/drugs/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/drugs/getdrls.cfm&description=drug%20establishments%20current%20registration%20site) (<https://www.pinterest.com/pin/create/button?url=https://www.accessdata.fda.gov/scripts/cder/drugs/getdrls.cfm&description=drug%20establishments%20current%20registration%20site>)
- [EMAIL](mailto:?subject=drug%20establishments%20current%20registration%20site&body=https://www.accessdata.fda.gov/scripts/cder/drugs/getdrls.cfm) (<mailto:?subject=drug%20establishments%20current%20registration%20site&body=https://www.accessdata.fda.gov/scripts/cder/drugs/getdrls.cfm>)

[New Search \(default.cfm\)](#)

Search Results for Huvepharma

CSVExcel

Filter: St.

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Huvepharma, Inc.	1940172	883128204	ANALYSIS; LABEL; MANUFACTURE; MEDICATED ANIMAL FEED MANUFACTURE; PACK;	3360 Maury Avenue, St. Louis, Missouri (MO) 63116, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries (filtered from 4 total entries)
[Previous](#)[Next](#)

verified
8/31/20
NS

Hovapharma, Inc.

1940172

883128204

ANALYSIS;
LABEL;
MANUFACTURE;
MEDICATED ANIMAL FEED MANUFACTURE;
PACK;

3360 Maury Avenue, St. Louis, Missouri (MO) 63116, United States (USA)

12/31/2020

Verified
8/12/20
MS

9/20/2019

Drug Establishments Current Registration Site

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Huvepharma, Inc	2316679	080346352	ANALYSIS; LABEL; MANUFACTURE; MEDICATED ANIMAL FEED MANUFACTURE; PACK;	612 S 28th Street, Van Buren, Arkansas (AR) 72956, United States (USA)	12/31/2019
Huvepharma, Inc.	1940172	883128204	ANALYSIS; LABEL; MANUFACTURE; MEDICATED ANIMAL FEED MANUFACTURE; PACK;	3360 Maury Avenue, St. Louis, Missouri (MO) 63116, United States (USA)	12/31/2019

Showing 1 to 4 of 4 entries

[Previous](#)[Next](#)

Data Current through: Thursday, Sep 19, 2019

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

Verified
8/12/20
MS

9/20/2019

Drug Establishments Current Registration Site

FDA

Drug Establishments Current Registration Site

f SHARE ([HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRFS/GETDRFS.CFM](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drfs/getdrfs.cfm))

TWEET ([HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRFS/GETDRFS.CFM](https://twitter.com/intent/tweet/?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drfs/getdrfs.cfm))

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EMAIL ([MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRFS/GETDRFS.CFM](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&body=https://www.accessdata.fda.gov/scripts/cder/drfs/getdrfs.cfm))

New Search (default.cfm)

Search Results for huve

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Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Huvepharma Italia Srl	3003677897	436233369	API MANUFACTURE;	Via Roberto Lepetit 142, Garessio, 12075, Italy (ITA)	12/31/2019
Huvepharma, Inc	1910641	080346321	ANALYSIS; LABEL; MANUFACTURE; MEDICATED ANIMAL FEED MANUFACTURE; PACK;	1301 Iowa Avenue, Longmont, Colorado (CO) 80501, United States (USA)	12/31/2019

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUVEPHARMA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUVEPHARMA INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2005.



4020500 8300

SR# 20206921700

You may verify this certificate online at corp.delaware.gov/authver.shtmlA 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: 203536329

Date: 08-25-20

TODD WILLIAM NOLL

Tara Place Villa Ridge Mo. 63089 |

| todd.noll@huvepharma.us

SUMMARY

I have been working on the same site from 7/1/1991 to present I have held multiple different job titles at the St. Louis site. Starting with Shipping and Receiving moving to inventory control, progression to Inventory control/feed lot specialist, then to a Customer Service Feed Lots Specialist. In 2002 back to the shipping and receiving as the Lead/Supervisor, then in 2005 moved to Lead Production Operator/ Supervisor, 2006 Production Supervisor. Then most recently July of 2019 promoted to Blend Plant Production Manager.

EXPERIENCE

2019 (June) **Production Manager St. Louis Blend Plant Huvepharma**

- Hired two new Supervisors in the Plant to support Huvepharma 's growing needed.
- Responsible for all Blend Plant Activities.
- Organize and conduct yearly inventory of the St. Louis location.

2006 / 2013 **St. Louis Blend Plant Lead Operator 2013 promoted to Supervisor Blend Plant Huvepharma.**

- Main contact for all issues in the Production area.
- Lead all Production Operators in daily production.
- Scheduled Production weekly.
- Tracked Weekly Production. Numbers / Pounds.
- Directed Special Projects.
- Acted as Supervisor for Disciplinary issues.
- Arranged new labor through temporary sources.
- Reported all Blend Plant function to Site Manager.
- Assisted with the site FDA Audits.
- Organize and conduct yearly inventory of the St, Louis site utilizing all site employees
- Placed P.O's for bulks and Plant supplies.
- Ran daily activities in the Plant.
- Support other groups due to my knowledge of other departments.
- Performed year end reviews for plant personnel.
- Acted as Plant Manager as needed.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
HUVEPHARMA, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor	)	CASE NO: 19-L-0173
Permit No. 95783	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Huvepharma, Inc. (hereinafter referred to as "Huvepharma") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as Exhibit "A."

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Huvepharma violated the applicable provisions based upon the conduct set out in each and every Count of the Statement.
2. Huvepharma shall pay to the Board an administrative fine in the amount of Two Thousand dollars (\$2,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Huvepharma shall not attempt to discharge the same in any bankruptcy proceeding.
3. That Huvepharma expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama

Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Huvepharma further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Huvepharma hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That Huvepharma agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Huvepharma acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Huvepharma acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 5th day of February, 2020.

Huvepharma, Inc.

By: Jacqueline J. McClure
Its: Site Compliance Manager

DONE this the 5 day of February, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Ralph E. Sorrell
Ralph E. Sorrell, R.Ph., President

By: James S. Ward
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
HUVEPHARMA, INC.	)	BOARD OF PHARMACY
	)	
Wholesale Distributor	)	CASE NO: 19-L-0173
Permit No. 95783	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Huvepharma, Inc.
20927 State Route K
St. Joseph, MO 64505

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1, § 34-23-34, § 34-23-92(11) and (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on March 10, 2020 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Huvepharma, Inc. as a Wholesale Distributor should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that Huvepharma, Inc. has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.
2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who engage in the wholesale distribution of drugs within Alabama. Those minimum factors

include:

- (a) Compliance with licensing requirements under previously granted license, if any.
- (b) Compliance with the requirements to maintain records required to be maintained.
- (c) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.
- (d) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars (\$1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

6. Code of Alabama (1975), § 34-23-32 requires a current and valid permit in order to engage in the activities set out therein.

COUNT ONE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the

public safety or endangers the public health of the citizens of this State based upon the Public Consent Agreement for Licensure entered by the Georgia State Board of Pharmacy on October 7, 2019 attached hereto as Exhibit "A" and/or your failure to obtain authorization of a change of ownership as more particularly set out in the above referenced Agreement.

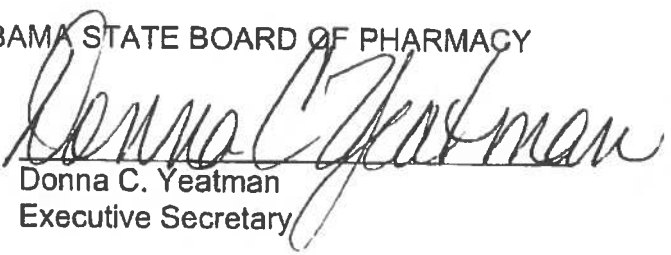
COUNT TWO

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this State based upon the Summary Order entered by the Kansas Board of Pharmacy on September 19, 2019 attached hereto as Exhibit "B" and/or operating as a wholesale distributor prior to your application being approved as more fully set out in the above referenced Order.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 1st day of November 2019.

ALABAMA STATE BOARD OF PHARMACY

By: 
Donna C. Yeatman
Executive Secretary

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.

President, Smackover

DEBORAH MACK, P.D.

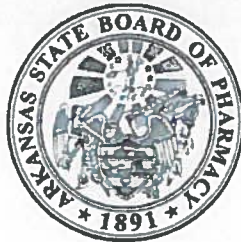
Vice President/Secretary, Bentonville

STEVE BRYANT, P.D.

Member, Batesville

REBECCA MITCHELL, Pharm.D.

Member, Greenbrier



KENNETH LANCASTER, P.D.

Member, Arkadelphia

LYNN CROUSE, Pharm.D.

Member, Lake Village

CAROL RADER, RN

Public Member, Fort Smith

AMY FORE, MHSA, FACMPE, FACHE

Public Member, Fort Smith

JOHN CLAY KIRTLEY, Pharm.D.

EXECUTIVE DIRECTOR

June 24, 2019

Tonya Wilson
Huvepharma Inc.
20927 State Route K
St. Joseph, MO 64505

Dear Ms. Wilson:

Enclosed please find a copy of the Board approved Consent Agreement in your case.

The consent agreement was approved by the Board at its meeting on June 11, 2019. If you have further questions, please contact our office at (501) 682-0190.

Sincerely,

Luke Daniel
ASBP General Counsel

Enclosure

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
AGRI LABORATORIES, LTD.
WD05059

CASE # 2019-034

CONSENT AGREEMENT

WHEREAS, Respondent Agri Laboratories, Ltd., located in St. Joseph, Missouri, is licensed as a wholesale distributor of prescription drugs and holds license WD05059;

WHEREAS, a change of ownership occurred on July 27, 2018. The Board did not receive notification from Respondent Agri Laboratories, Ltd., of said change of ownership until March 7, 2019.

WHEREAS, Agri Laboratories, Ltd. may be charged with violations of Board Regulation 08-00-0003 and A.C.A. §17-92-407, and § 17-92-315;

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally. By entering into this non-disciplinary Consent Agreement, Respondent's statements herein shall not be used as evidence in a formal hearing if this agreement is not accepted by the Board. Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consents to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agrees that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement, and that failure to comply with the terms and conditions of this agreement shall be grounds for disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent's license, registration or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent Agri Laboratories, Ltd., (WD05059) willingly agrees and stipulates that it shall pay a non-disciplinary investigative cost of two thousand five hundred dollars (\$2,500.00) to the Board on or before May 15, 2019.

EXECUTED this 25th day of March 2019

Joseph Willson - Director of Logistics - Huvepharma, Inc.
 Authorized Representative of Agri Laboratories, Ltd. - Huvepharma, Inc.
 Respondent

Attorney for Respondent (Optional)

[Signature]
 John Clay Kirtley
 Executive Director
 Arkansas State Board of Pharmacy

[Signature]
 President
 Arkansas State Board of Pharmacy

6/11/2019

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:

HUVEPHARMA, INC.,

Applicant.

*
*
* DOCKET NO.
*
*

GEORGIA STATE BOARD OF PHARMACY OCT 18 2019 DOCKET NO. <u>2019-0092</u>
--

PUBLIC CONSENT AGREEMENT FOR LICENSURE

By agreement of the Georgia State Board of Pharmacy ("Board") and Huvepharma, Inc. ("Applicant"), the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 26, Ch. 4.

FINDINGS OF FACT

1.

Agri Laboratories Ltd. was licensed as a wholesaler pharmacy, License No. PHWH003105, in the State of Georgia on November 23, 2010.

2.

On or about July 27, 2018, Agri Laboratories Ltd. was purchased and changed its name to Huvepharma, Inc. Applicant did not submit its application for a new registration with a change of ownership and change of name to the Board until on or about May 24, 2019. In connection with the application, a representative of Applicant indicated that Applicant continued to ship a total of 278 shipments into the State of Georgia after the ownership and name change without the Board's authorization.

3.

Applicant waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4, T. 16, Ch. 13 and § 43-1-19, the Georgia State Board of Pharmacy may deny the change of ownership and change of name wholesaler application and/or impose disciplinary sanctions on Applicant's Georgia license based on the conduct described above. Applicant waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, and the Applicant hereby agrees that the Applicant's application for a change of ownership and change of name as a wholesaler pharmacy for the State of Georgia shall be granted under the following terms and conditions:

1.

The Applicant shall submit to the Board an administrative fine in the amount of **\$2,780.00 payable within sixty (60) days from the effective date of this Consent Agreement.** Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy and sent to the Board at 2 Peachtree Street, N.W., 6th Floor, Atlanta, Georgia 30303. **The Applicant's failure to timely pay the administrative fine shall subject Applicant's license to further disciplinary action, including revocation.**

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Agreement and dissemination thereof shall serve as a public reprimand to the Applicant for Applicant's conduct.

3.

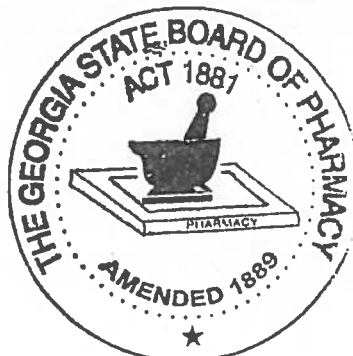
Approval of this Consent Agreement by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Applicant's alleged conduct, and shall not be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Agreement shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Applicant, Huvepharma, Inc., acknowledges he/she has read this Consent Agreement and understands its contents. Applicant understands that Applicant has a right to an appearance in this matter, and Applicant freely, knowingly and voluntarily waives such right by entering into this Consent Agreement. Applicant understands that this Consent Agreement will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Applicant further understands and agrees that the Board shall have the authority to review all relevant evidence in considering this Consent Agreement. Applicant further understands that this Consent Agreement, once approved, shall constitute a public record of the Board. Applicant further understands that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the ability of the Board to adjudicate this matter. Applicant consents to the terms and sanctions contained herein.

(signatures on the following page)

Approved, this 16th day of October, 2019



(BOARD SEAL)

GEORGIA STATE BOARD OF PHARMACY

BY:

William Prather
WILLIAM PRATHER, R.Ph.
President

ATTEST:

Tanja D. Battle
TANJA D. BATTLE
Executive Director

CONSENTED TO:

Anna Wilson
AGENT, ON BEHALF OF
Huvepharma, Inc.
Applicant

AS TO SIGNATURE OF AGENT ON BEHALF OF APPLICANT

Sworn to and subscribed before me

this 7th day of October, 2019

Jacqueline McClure
NOTARY PUBLIC

My commission expires:



JACQUELINE MCCLURE
My Commission Expires
May 21, 2020
DeKalb County
Commission #12475068

800 SW Jackson St., Suite 1414
Topeka, KS 66612



Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

September 19, 2019

HUVEPHARMA, INC.
20927 STATE ROUTE K
ST. JOSEPH, MO 64505

RE: Case No. 19-443

To whom it may concern:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety. In addition, a civil fine has been assessed totaling \$500. Please submit a check or money order made payable to the Kansas Board of Pharmacy and include your case number in the check memo.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

Filed By

SEP 19 2019

KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)
)
 Huvepharma, Inc.)
)
Registration No. 5-109751)

Case No. 19-443

SUMMARY ORDER

NOW, on this 19th day of September 2019, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of Huvepharma, Inc. ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 5-103196 which entitles Respondent to operate as a wholesale distributor in the State of Kansas ("Respondent's Registration").
2. On July 27, 2018, name and ownership of Respondent's facility were changed from Agri Laboratories, Ltd. to Huvepharma, Inc.
3. On May 16, 2019, the Board received Form BA-05 Distributor Registration Application from Respondent, notifying the Board of the changes in name and ownership.

SUMMARY ORDER

Page 1 of 4

4. On May 29, 2019, the Board approved Respondent's Distributor Application, effective immediately.

5. With the May 29, 2019 approval, Respondent's previous registration number 5-103196 was cancelled, effective July 2018, and Respondent was issued new registration number 5-109751, under new name and ownership.

6. On July 25, 2019, the Board received information regarding a non-disciplinary fine against Respondent by the Arkansas Board of Pharmacy, for failing to notify their Board of ownership change in a timely manner.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed \$5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1643, it shall be unlawful for any person to distribute at wholesale any drugs without first obtaining a registration as a wholesale distributor from the Board.

3. Respondent's application documents indicated Respondent had functioned as a wholesale distributor in the state of Kansas between the July 27, 2019 ownership change and the May 29, 2019 Board registration approval.

4. By operating as a wholesale distributor in the state of Kansas prior to its May 29, 2019 Distributor Application approval by the Board, Respondent violated K.S.A. 65-1643(c).

ORDER

The Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of \$500.00. Respondent has 30 days from the date of this order to pay the full \$500.00.

NOTICES

The Respondent is hereby notified as follows:

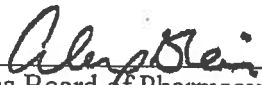
1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.
2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.
3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.
4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

Date

9/19/19


Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 19th day of September 2019, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

HUVEPHARMA, INC.
20927 STATE ROUTE K
ST. JOSEPH, MO 64505



Kansas Board of Pharmacy Staff

State License Servicing

#49516

Ticket Details

Status	Priority	Source	Type
Open	Low	Email	Group Support
Agent	SLS Customer	Action IS	Action CS
Catherine Perez		Needs Response	Needs Response
State	Action		

by **Tonya Willson** on **Wed, 13 Nov at 4:45 PM** via **Email**

KS Board of Pharmacy letter

Dear Kansas Board of Pharmacy,

Our third party license partner is requesting an update to confirm the fine has been paid in full. Can you please confirm?

Thank you,
Tonya

Tonya Willson
Director of Logistics



Huvepharma Inc.
20927 State Route K
St. Joseph, MO 64505

Direct: 816-271-5745
Cell: 816-344-8615

Tonya.Willson@huvepharma.us (<mailto:Tonya.Willson@huvepharma.us>)

Huvepharma will be closed Thursday, November 28 and Friday, November 29, in celebration of Thanksgiving

Comments

by **Pharmacy.Compliance [Pharmacy]** on **Wed, 13 Nov at 6:05 PM** as **Incoming email**

I can confirm receipt of the fine and closure of the case.

Kansas Board of Pharmacy

pharmacy.compliance@ks.gov (<mailto:pharmacy.compliance@ks.gov>)

800 SW Jackson, Suite 1414

Topeka, KS 66612-1244

Phone (785) 296-4056

This e-mail message, including attachments, if any, is intended for the person or entity to which it is addressed and may contain confidential or privileged information. Any unauthorized review, use or disclosure is prohibited. Receipt by anyone other than the intended recipient is not a waiver of any privilege or immunity. If you are not the intended recipient, please contact the sender and destroy the original message, including all copies.



COLORADO

**Department of
Regulatory Agencies**

Division of Professions and Occupations

MAILED CERTIFIED MAIL

November 18, 2019

Huvepharma, Inc.
Attn: Todd Noll
3360 Maury Ave.
St. Louis, MO 63116

Also sent via Email to: todd.noll@huvepharma.us

Re: License Number: WHO.0008282
Case Number: 2019-7677

Dear Designated Representative,

The State Board of Pharmacy ("Board") has concluded its inquiry into the aforementioned matter. It was the Board's decision not to commence with formal proceedings against the Wholesaler license. However, the Board did determine disciplinary action in the form of this letter of admonition is warranted, pursuant to section 12-280-127(6), C.R.S.

Failure to timely notify the Colorado State Board of Pharmacy of a designated representative change is in violation of 12-280-126(1)(c)(II), C.R.S. and Board Rule 15.01.14. In this case 61 days elapsed before notification.

By this letter, the Board takes the formal disciplinary action of admonishing the Wholesaler for the conduct specified above, and warns that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages the Wholesaler to review and understand the Pharmacists, Pharmacy Business, and Pharmaceuticals Practice Act requirements and obligations for the Practice of Pharmacy in Colorado.

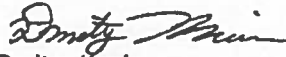
In accordance with section 12-20-404(4), C.R.S., the Board advises the Wholesaler that it has the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Dmitry Kunin, Program Director, at the address listed below. If the wholesaler makes a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with section 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of the Wholesalers record. It is not, however, a restriction on your practice as a Wholesaler.

If you have further questions or concerns, please visit our website at <https://www.colorado.gov/dora/dpo> or you can contact our office at dora_pharmacyboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY



Dmitry Kunin
Program Director
Division of Professions and Occupations

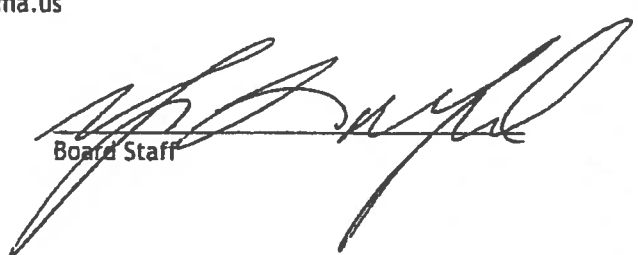
Please complete a short survey at <https://www.surveymonkey.com/r/B5JR27T> regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

CERTIFICATE OF SERVICE

This is to certify that I have duly served the enclosed LETTER OF ADMONITION upon all parties herein by depositing copies of the same in the United States mail via certified mail, at Denver, Colorado, and electronic mail this 18th day of NOVEMBER, 2019, addressed as follows:

Huvepharma, Inc.
Attn: Todd Noll
3360 Maury Ave.
St. Louis, MO 63116

Also sent via Email to: todd.noll@huvepharma.us



Board Staff



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Management Branch
Office of Enforcement - Pharmacy Inspections

MEMORANDUM			
Board/Program:	State Board of Pharmacy	Specialist:	Lana Hyatte
Case Number:	2019-7677	Date of Memorandum:	10/31/19
RESPONDENT INFORMATION			
Name:	Huvepharma Inc		
License Type:	WHO	Number:	8282
SUMMARY			

On 10/01/19, the Colorado State Board of Pharmacy ("Board") received an application from Huvepharma Inc, detailing a change of designated representative along with fee (**Attachment 1**). This application indicates that on 08/01/19, Robert Cobstill ceased being the designated representative. Consequently, **61 days** elapsed between the 08/01/19 date that Mr. Cobstill ceased being the designated representative and the 10/01/19 date the application and fee were received.

Board Rule 15.01.14 (c) states that within thirty calendar days any changes in information shall be submitted to the Board. Within the thirty (**30**) days after termination of the former designated representative's employment, an application to transfer the registration to the new representative and paid transfer fee must be submitted. 12-280-126(1)(c)(I)(II)(III) CRS provides that the Board may suspend, revoke, refuse to renew, or otherwise discipline any registration issued by it, after a hearing, upon proof that the registrant has violated any lawful rules of the Board or any state or federal laws pertaining to drugs.

Accordingly, per standard procedure, please initiate a complaint against the registration of this Wholesaler Out-of-State drug outlet using this memo and a copy of the 10/01/19 application.

ATTACHMENTS	EXHIBITS
1. Application	1.

YLM

Reviewer's Initials



PAID35.00 C.D.P.
1633656

Vn8

OCT 1 '19 00005

DPO 914

Division of Professions and Occupations
Office of Licensing—Pharmacy
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application for Registration
**OUT-OF-STATE WHOLESALER / DISTRIBUTOR OF
PRESCRIPTION DRUGS and/or CONTROLLED
SUBSTANCES**

New Registration or Ownership Transfer: **\$450**Change Location: **\$125**Change Name or Change Designated Representative: **\$35**

Fees may be paid by a check or money order drawn in U.S.
dollars on a U.S. bank and made payable to State of Colorado

**The content of this application must not be changed. If the content is changed, the applicant may be referred to the
Colorado State Attorney General's Office for violation of Colorado law.**

If additional pages are attached to respond to requested information in any part of the application, please indicate the number of the item to which you are responding.

PART 1.

Select from the following and submit the appropriate fee for each selection:

☐ I am submitting an application for **NEW** Out-of-State Wholesaler registration. **\$450**

➤ Enclose fee with your application and continue to Part 2.

—OR—

☐ I am reporting a **TRANSFER OF OWNERSHIP** for a current registration. **\$450**

Previous owner name: _____

Effective date of new ownership: _____

☒ I am reporting a change in existing registration as follows: (select all that apply)

☐ **CHANGE OF LOCATION** **\$125**

Previous location: _____

Effective date of relocation: _____

☐ **CHANGE OF BUSINESS NAME** **\$35**

Colorado registration number: _____

Previous business name: _____

New business name: _____

Effective date of new name: _____

☒ **CHANGE OF DESIGNATED REPRESENTATIVE** **\$35**

Colorado registration number: WHO.0008282

New Designated Representative Name: Todd William Noll

New Designated Representative Social Security No: 358-56-1778

Previous Designated Representative Name: Robert Scot Cobstall

Effective date of change: 08/01/2019

Designated Representative Affidavit (page 5): Attached

Total Fee: **\$ 35.00**

PART 2.

1. Colorado Registration Number: _____ If this is a new registration, leave blank.

2. Business Name: Huvepharma, Inc.

List all trade names or DBA names used by business: _____

3. Wholesaler business license number in the state of residence: _____

DESIGNATED REPRESENTATIVE AFFIDAVIT

Facility Name: Huvepharma, Inc.

Address: 3360 Maury Ave.
St. Louis, MO 63116

I, Todd William Noll, certify the following:

1. I am the designated representative for the above-referenced facility.
2. The information contained in the application and this document is correct including, but not limited to, the responses to the Background Questions in Part 3.
3. I am familiar with the requirements of the Federal Food, Drug and Cosmetic Act and its supporting regulations.
4. I am at least twenty-one years of age.
5. I have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the record keeping related to prescription drugs.
6. I am employed by the applicant or facility in a full-time managerial position.
7. I am actively involved in and aware of the actual daily operation of the wholesaler.
8. I am physically present at the facility during regular business hours, except when the absence of the designated representative is authorized, including but not limited to, sick leave and vacation leave.
9. I do not serve as the designated representative for more than one wholesaler.
10. I do not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or a controlled substance.
11. I do not have any felony, civil, or misdemeanor convictions pursuant to federal, state, or local law. (This includes deferred judgments or deferred sentences.)
12. I agree to notify the Board in writing when I cease to be the designated representative of this facility.
13. I certify that the applicant wholesaler will not distribute any new drug into Colorado not authorized to move into interstate commerce under appropriate federal law.
14. I attest that, pursuant to § 12-42.5-304, C.R.S., I have submitted my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the CBI and the Federal Bureau of Investigation (FBI). The Board, which makes the determination of suitability for licensing, will provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R. 16.34. The Board will not deny the license based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Direct all challenges to your record to the FBI's Criminal Justice Information Services Division, Attention: Correspondence Group, 1000 Custer Hollow Rd., Clarksburg, WV 26306.

Per § 12-4-104(13)(a), C.R.S., any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in § 18-8-503, C.R.S.. In accordance with §§ 18-8-503 and C.R.S. 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

Signature: Todd Noll Date: 9-19-19

If the wholesaler is changing designated representatives, indicate the name of the previous designated representative and the date this individual ceased to be the designated representative for this wholesaler.

Previous Designated Representative: Robert Scot Cobstill

Date Ceased to be Designated Representative: 05/29/19

EXEMPTION FROM REQUIREMENTS

Applicant Name: Huvepharma, Inc.

- ☐ The applicant is a pharmacy benefits manager and is applying to be exempt from the fingerprinting and background check for the designated representative. The applicant swears that its purchases are solely from a manufacturer or a wholesale distributor in the normal distribution channel, and any subsequent sales or further distributions are to entities other than a wholesaler within the normal distribution channel.
- Provide a written explanation/justification for the request. In addition, provide a written explanation as to why the requirements are too onerous.
- ☐ The applicant is applying to be exempt from the fingerprinting and background check for the designated representative, and the requirements of pedigrees. The applicant swears that it exclusively distributes animal health medicines.
- Provide a written explanation/justification for the request. In addition, provide a written explanation as to why the requirements are too onerous.
- ☐ The applicant is exempt from the fingerprinting and background check for the designated representative. The applicant affirms that it is operated by a nonprofit organization exempt from taxation under section 501(c)(3) of the Federal Internal Revenue Code of 1986, as amended, and engages only in intracompany sales or transfers of prescription drugs to licensed other outlets or pharmacies that are controlled by, or under common ownership or control with, the wholesaler. The applicant also affirms that it purchases drugs directly from the manufacturer or the manufacturer's authorized distributor of record for distribution, as defined in C.R.S. 12-42.5-102(3.5), for distribution or transfer to the wholesaler's licensed other outlets or pharmacies.
- ☐ The applicant is exempt from the fingerprinting and background check for the designated representative. The applicant affirms that it is a licensed wholesaler operated by a hospital, a state agency, or a political subdivision of the State of Colorado. It also affirms that it purchases drugs directly from a manufacturer or manufacturer's authorized distributor of record for distribution, as defined in § 12-42.5-102(3.5), C.R.S., for distribution or transfer to the authorized, licensed entities within its own network.
- ☒ The applicant is exempt from the fingerprinting and background check requirement for the designated representative, as well as the inspection requirement for the applicant. The applicant affirms that it is an FDA-registered manufacturer.

Per § 12-4-104(13)(a), C.R.S., any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in § 18-8-503, C.R.S.. In accordance with §§ 18-8-503 and C.R.S. 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

Signature of Designated Representative: *Todd Nall*

Date: 9-19-19

From: compliance@slsnysupport.com
Subject: Huvepharma, Inc - Notice of Change of Designated Representative from R Cobstall to C Wood
Date: June 20, 2019 at 1:42 PM
To: dora_dpo_licensing@state.co.us

IMPORTANT NOTICE



State License Servicing, Inc.

1751 State Route 17A, Suite 3 Flonda, NY 10921
(845) 544-2482 Office (845) 544-2481 Fax

Date: June 20, 2019

To: Colorado Department of Regulatory Agencies- Division of Professions & Occupations

Re: Huvepharma, Inc., 3360 Maury Ave., St. Louis, MO 63116, Permit #: WHO.0008282

Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as notice that effective May 29, 2019, the new Designated Representative for the above mentioned facility will be Cathy Wood.

Contact Information: (545) 570-0263 / Cathy.Wood@huvepharma.us

As well, please let your files reflect that there has not been any change of ownership, interest or tax identification numbers with this recent change. Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@stsnyc.com

[illegible]

[Click Here to Respond to this Email](#)

Flash Notice
(2)

From: compliance@slsny.com
 Subject: Huvepharma, Inc. - Notice of Change of Designated Representative to T. Noll
 Date: August 26, 2019 at 12:27 PM
 To: dora_dpo_licensing@state.co.us

IMPORTANT NOTICE



State License Servicing, Inc.

1751 State Route 17A, Suite 3, Florida, NY 10921
 (845) 544-2482 Office, (845) 544-2481 Fax

Date: August 26, 2019
 To: Colorado Department of Regulatory Agencies- Division of Professions & Occupations
 Re: Huvepharma, Inc., 3360 Maury Ave., St. Louis, MO 63116, Permit #: WHO.0008282

Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as notice that effective August 1, 2019, Todd William Noll will be the new Designated Representative for the above-mentioned facility.

Contact Information: 314-752-7143/ todd.noll@huvepharma.us

As well, please let your files reflect that there has not been any change of ownership, interest or tax identification numbers with this recent change. Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

Jennifer Schneider
 V.P. Client Services
 (845) 544-2482 ext 207
jennifers@slsny.com

THIS E-MAIL MESSAGE AND ANY ATTACHMENTS ARE UNCLASSIFIED INFORMATION. IT IS NOT TO BE RELEASED TO THE PUBLIC OR TO ANY OTHER PERSON OR ENTITY WITHOUT THE EXPRESS WRITTEN PERMISSION OF THE U.S. DEPARTMENT OF JUSTICE. IF YOU ARE NOT A U.S. DEPARTMENT OF JUSTICE EMPLOYEE OR CONTRACTOR, YOU SHOULD NOT DISSEMINATE OR ACT ON THE INFORMATION CONTAINED HEREIN. IF YOU ARE A U.S. DEPARTMENT OF JUSTICE EMPLOYEE OR CONTRACTOR, YOU SHOULD NOT DISSEMINATE OR ACT ON THE INFORMATION CONTAINED HEREIN WITHOUT THE EXPRESS WRITTEN PERMISSION OF THE U.S. DEPARTMENT OF JUSTICE.

[Click Here to Respond to this Email](#)

IMPORTANT NOTICE



State License Servicing, Inc.

1751 State Route 17A, Suite 3, Florida, NY 10921
 (845) 544-2482 Office, (845) 544-2481 Fax



HUVEPHARMA
 100% HUMAN-ORIGINATED TISSUE PRODUCTS

Huvepharma, Inc.

Corporate Address: 525 Westpark Drive, Peachtree City, GA 30269 USA
 FEIN: 20-3408575
www.huvepharma.com



Drug Labeler Code: 23243
 Incorporation State: DE
 Incorporation Date: 8/31/2005

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
STL	3360 Maury Ave. St. Louis, MO 63116 County: St. Louis	1940172	N/A	883128204	No	(314) 752-8000	(314) 752-8096

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Todd William Noll	1 Tara Place Villa Ridge, MO 63089	Plant Production Manager	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Huvepharma, EOOD	5th Floor, 3A "Nikolay Haytov" Str. 1113 Sofia, Bulgaria Bulgaria		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Glen M. Wilkinson	1405 Lakes Court Brooks, GA 30205	President	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
InCorp Services, Inc. Registered Agent Solutions, Inc.

3PLS

Name	Address	Title	Prescribing Authority
Huvepharma, Inc	20927 State Route K St. Joseph, MO 64505		
Geodis Logistics LLC	#18 Gateway Commerce Center Dr. East Edwardsville, IL 62025		

Company Particulars



STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensservicing.com

Date:

9/27/19

To:

Colorado Division of Professions and Occupations, Office of Licensing-Pharmacy

Re:

Change of Designated Representative for Huvepharma, Inc.

Facility Address: 3360 Maury Ave., St. Louis, MO 63116

Dear Sir/Madam:

Please be advised that I represent Huvepharma, Inc. as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check number 789 in the amount of \$35.00 representing your filing fee. As required, the following documents are also being submitted:

- | | |
|---|---|
| ☐ Fingerprint cards of _____ | |
| ☐ Resume of _____ | |
| ☐ Verification(s) of Licensure from _____ | |
| ☒ Company Particulars with List of Officers | ☒ FDA |
| ☐ Articles of incorporation/formation | ☐ Copy of DEA registration |
| ☐ Certificate of Good Standing | ☐ Notice of FEIN assignment |
| ☐ Copy of Home State License | ☐ Product listing |
| ☐ List of current state licenses | ☐ Product labels |
| ☐ Inspection report for the facility | ☐ Policies and procedures |
| ☐ Explanation of past disciplinary actions | ☐ Insurance declaration page |
| ☐ Facility floor plan | ☐ Proof of bond |
| ☐ Photographs of the facility | |
| ☐ Power of Attorney | |
| ☒ Other: <u>Flash Notices</u> | ☐ Other: _____ |
| ☐ Other: _____ | ☐ Other: _____ |

If you have any questions or need any additional documentation, please do not hesitate to contact me.

Kind regards,

Jennifer Schneider
VP, Client Services
HUV@SLSNY.COM
(845) 544-2482

18B

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: Northwest Generics

Physical Address: 916 W. Evergreen Blvd

City: Vancouver State: WA Zip Code: 98660

Telephone Number: 360-213-2271 Fax Number: 360-213-2252

Toll Free Number: _____

E-mail: tinak@hi-schoolpharmacy.com Website: _____

Facility Manager: Christina Klundt

Professional qualifications and experience of facility manager: Has been warehouse manager of Northwest Generics since 2013.

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: Accord Healthcare

Address: 1009 Slater Rd #210B Durham, NC 27703

Name: Breckenridge Pharmaceuticals

Address: 15 Massivio Drive Ste 201 Berlin, CT 06037

Name: Torrent Pharma Inc.

Address: 150 Allen Road Ste 102 Basking Ridge, NJ 07920

Name: Zydus Pharmaceuticals

Address: 73 NJ-31, Pennington, NJ 08534

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.

C. Klundt

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

Christina Klundt

Print Name of Authorized Person

10/29/20

Date

Board Use Only

Date Processed: _____

Amount: *500.00*

State of Incorporation: Washington

Parent Company if any: _____

Mailing Address: 916 W. Evergreen Blvd

City: Vancouver State: WA Zip: 98660

Telephone: 360-213-2271 Fax: 360-213-2252

Contact Person: Tina Klundt

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

a) Jack Holt 916 W. Evergreen Blvd Vancouver, WA 98660
Name Business Address

b) Steve Oliva 916 W. Evergreen Blvd Vancouver, WA 98660
Name Business Address

c) _____

Name	Business Address
------	------------------

d) _____

Name	Business Address
------	------------------

2) Provide the number of shares issued by the corporation. 2000 Total

3) What was the price paid per share? \$10 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 corporation

List of officers and directors

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

NORTHWEST GENERICS, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/07/2012.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/11/2021
UBI Number: 603 258 691



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

Kim Wyman, Secretary of State

Date Issued: 05/11/2021

We acquired a current one when we submitted the application. This is the most recent document we have. With respect, is it our responsibility to acquire a new one simply because it has taken this long to get to the review of our application?

Regards,

Tina Klundt
Northwest Generics
Hi-School Pharmacy
Warehouse Manager/Generic Rx Buyer
Phone: 360-213-2271
Fax: 360-213-2252
tinak@hi-schoolpharmacy.com



From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, May 11, 2021 7:20 AM
To: Tina Klundt <tinak@hi-schoolpharmacy.com>
Subject: RE: Nevada Wholesaler Application-Northwest Generics

Hi Tina,

I appreciate the fast response, please note this document has to be dated within 6 months. Do you have the most recent?

Thank you,

Maria H.

From: Tina Klundt <tinak@hi-schoolpharmacy.com>
Sent: Monday, May 10, 2021 8:48 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Wholesaler Application-Northwest Generics

Hello Maria,

Please find the attached Certificate of Existence for Northwest Generics LLC.

From the Washington Secretary of State records desk, "All states have different terminology for what is the same certificate. So may it be called the certificate of status, good standing or existence, but they are all the same with the same information that is required. We just call it a certificate of existence in Washington state."

Please let me know if you require any other information.

Tina Klundt
Northwest Generics
Hi-School Pharmacy
Warehouse Manager/Generic Rx Buyer
Phone: 360-213-2271
Fax: 360-213-2252

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

NORTHWEST GENERICS, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/07/2012.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/30/2020

UBI Number: 603 258 691



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

A handwritten signature in cursive script, reading "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 10/30/2020

Washington State Department of Health

This organization

Northwest Generics LLC

is authorized by RCW 18.64 to have a

Pharmaceutical Wholesaler License

Operated by: Northwest Generics LLC

Located at: 916 W Evergreen Blvd
Vancouver, WA 98660-3035



A handwritten signature in black ink, appearing to read "John W. ...".

Secretary

Status
ACTIVE

Effective Date
10/01/2020

Credential Number
PHWH.FX.60396931

Expiration Date
09/30/2021



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

To whom it may concern:

The reasons for the affirmative responses to questions 3 and 5 are due to an old issue more than 30 years ago. In 1990, due to 58 record keeping errors, Pricemart distribution center surrendered DEA #RP0135458.

Northwest Generics does not have a DEA license, and we do not dispense controlled substances.

Thank you,

A handwritten signature in black ink that reads 'C. Klundt'. The signature is written in a cursive, flowing style.

Christina Klundt
Warehouse Manager

**Officers:**

Jack L. Holt, President, Owner

Steven J. Oliva, Owner

Director:

Tina Klundt, Warehouse Manager, Generic Drug Purchaser



*The National Association of Boards of Pharmacy®
hereby awards*

*Verified-Accredited Wholesale Distributors®
Accreditation*

to

*Northwest Generics, LLC
dba NW Generic Warehouse*

located at

916 W Evergreen Blvd, Vancouver, WA 98660

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

September 14, 2018 - September 13, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

*Verified
9/11/2021*

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State

(All)



Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Northwest Generics, LLC dba NW Generic Warehouse	916 W Evergreen Blvd Vancouver, WA 98660	09/14/18

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Contact

Christina Klundt
22 NW Thunderbird Ave
Vancouver, 98663, US
Phone: (206) 255-2500
E-mail: christina.klundt@northwestgenerics.com

QUALIFICATIONS

Enthusiastic and dependable office/warehouse professional, with the ability to self-manage or be fully engaged within an office/warehouse environment. I am seeking a new position that is forward thinking and mentally stimulating. I have proven to have the ability to not only keep up, but excel considering every change and challenge within my existing position.

WORK EXPERIENCE

Warehouse Manager/Generic Rx Buyer

September 2012-Present

Northwest Generics LLC.
916 West Evergreen Blvd.
Vancouver, WA 98660

Daily responsibilities include the purchasing of Generic Rx. Maintaining proper inventory levels, managing pricing to ensure invoicing is done correctly. Reports to all state & county entities as required. Verify all aspects of the warehouse are up to VAWD level accreditations. Hiring of staff, managing staff, creating schedule on a weekly basis. Ensure good customer service is offered to every inbound call we receive.

Customer Service & Sales Representative April 2002 – September 2012

TDS Telecom | La Center, WA

Telecommunications Services

As a Sales Support Advisor I have demonstrated that I have the ability to process a fairly high volume of sales orders, while maintaining a Superior level of accuracy. Have authored manuals and written procedures for fellow team members for companywide disbursement. Am always prepared to go the extra mile to ensure that each customers expectations are met. I am comfortable working within the TDS standard set of software applications for this position. I have experience responding to customers via email communications.

Quality Control-Immedia Department September 1997 - September 2001

Columbia Ultimate Business Systems | Vancouver, WA

Tracking customer complaints, getting results with our vendors, and problem solving were all responsibilities that I excelled in. Relationships with the clients, and our vendors were priorities. Responsible for creating forms and procedure guidelines used by all employees within the division. Used Word, Excel, Dial-up Networking, typing and 10-key on a daily basis.

Administrative Assistant January 1997 - September 1997

Columbia Ultimate Business Systems | Vancouver, WA

Created a database of all current clients within the division. Transcribed letters for disbursement to the clients. Proficient with mail merging databases. Responsible for handling all in-coming calls, and transferring calls accurately.

Message Center Receptionist July 1996 - December 1996

Columbia Ultimate Business Systems | Vancouver, WA

Provided technical support staff with brief descriptions of clients questions, and gave immediate support when needed. Handling multiple phones, listening to the clients, and being able to ask the proper questions were very necessary to perform this job.

Restaurant Manager

May 1991 - June 1996

Stauch Enterprises d.b.a. Stark Street Dairy Queen | Gresham, OR

Coordinating crew Schedules.

Taking care of payroll and stores daily balance sheet.

Scheduling repair work to be done at store.

Tracking food and labor costs.

Responsible for training and disciplining employees.

Maintaining adequate and proper inventory.

Screening applicants, hiring new employees and maintaining proper crew levels for business.

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. 107300182

Application/License No. _____

Northwest Generics LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
916 W Evergreen Blvd, Vancouver, WA 98660, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty & 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 TWENTY-FIVE THOUSAND
 DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors,
 administrators, successors and assigns jointly and severally, by these presents. This
 bond term shall become effective on October 12, 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 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
12th day of October, 2020.

APPLICANT/PRINCIPAL

Northwest Generics LLC


 Authorized Representative

SURETY COMPANY

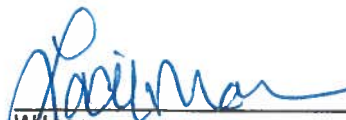
Travelers Casualty and Surety Company of America


 Surety Company's Representative

Sarah Harren, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:


 Witness


 Witness

SIGNED and SEALED in the presence of:

K.M. Niemela
 Witness

Karl Chaitin
 Witness

Countersigned by:

Not Required
 Nevada Resident Agent



**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 **Sarah Harren** of **PORTLAND Oregon**, 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
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
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 **12th** day of **October**, 2020.



Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.**

18C

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: Organon LLC

Physical Address: 2000 Galloping Hill Rd, Bldg K-15, 4th Fl

City: Kenilworth State: NJ Zip Code: 07033

Telephone Number: 908-740-4000 Fax Number: N/A

Toll Free Number: N/A

E-mail: nicole.steiner@merck.com Website: merck.com

Facility Manager: Karen M. Tatarowicz

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) See Attachment E
☐ 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 HEALTH

Address: 600 N 83RD AVE / TOLLESON AZ 85353-9257

Name: AMERISOURCEBERGEN DRUG CORP PHOENIX

Address: 7775 W BUCKEYE RD, STE 150 / PHOENIX AZ 85043-4204

Name: HENRY SCHEIN INC

Address: 255 VISTA BLVD / SPARKS NV 89434-9504

Name: ASD SPECIALITY HEALTHCARE

Address: 1195 TRADEMARK DR, STE 102 / RENO NV 89521-6002

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. See Attachment J

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 Schwartz

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

Michael Schwartz

Print Name of Authorized Person

1/23/21

Date

Board Use Only

Date Processed: 3/25/2021

Amount: \$500 check # 3218

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

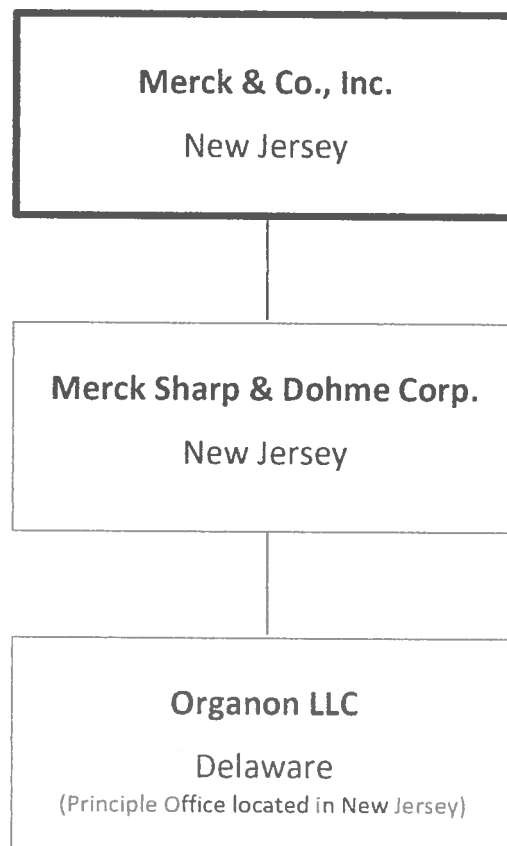
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Merck Sharp & Dohme Corp.Mailing Address: One Merck DriveCity: Whitehouse Station State: NJ Zip: 08889Telephone: 908-740-6572 Fax: N/AContact Person: Michael Schwartz

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

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

NOTE – All ownership is
100% unless provided



Delaware

The First State

Page 1

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

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



7803284 8300

SR# 20210085968

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

Authentication: 202267666

Date: 01-12-21



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**
P.O. Box 369, Trenton, New Jersey 08625-0369

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:

2000 GALLOPING HILL RD BLDG K15 FL4 KENILWORTH, NJ 07033-

Reg. No.
5005799

ORGANON LLC
MAIL CODE: F30, #F4200E
2000 GALLOPING HILL RD BLDG K15 FL4
KENILWORTH, NJ 07033-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2022

Karen M Tatarowicz

N 9th Street ■ Perkasio, PA, 18944 ■ (267

■ Email: karen.tatarowicz@organon.com

EDUCATION

Villanova University, Villanova, PA 19085
Bachelor of Chemical Engineering

EMPLOYMENT

- Effective 02/21 *Organon LLC (a wholly owned subsidiary of Merck Sharp & Dohme Corp.), D&L Operations Lead for USA* ■ Operation's lead supporting US distribution. Coordinates team with oversight of day to day operations to supply US and Puerto Rico.
- 5/16-present *Merck & Co., Inc. Associate Director, US Commercial Operations* ■ Operation's lead supporting US distribution at 3PI locations. Coordinates team with oversight of day to day operations for the two locations that supply the US and Puerto Rico. Manages relationship with 3rd party and collaborates with a cross-functional team including order management, planning, quality and technology to ensure consistent reliable supply to our customers.
- 5/14-5/16 *Merck & Co., Inc. Sr. Specialist -Logistics* ■ Technical lead supporting cold chain management, warehouse operations, and 3rd party warehouse/distribution centers. Interact with external partners/ third party logistics to discuss GDP compliance issues, perform technical review on their investigations and CAPAs and improve shipping process.
- 4/10-5/14 *Merck & Co., Inc. Production Lead* ■ Lead for Vaccine packaging in West Point Packaging Operations. Responsible for Compliance, Supply, Strategy and Profit Plan. Team includes coaches, operations personnel, and cross functional team of engineers and quality.
- 7/06-4/10 *Merck & Co., Inc. Sr. Production Supervisor* ■ Direct supervision and manufacturing responsibility for several of the primary vaccine packaging lines. Specifically, motivating the workforce, work performance, schedule execution, equipment and area preparation and administration of personnel policies and procedures.
- 1/01-3/03 *Air Products and Chemicals, Inc. Manager, Emerging Technology Identification* ■ I supervised a team that provided early access to external technologies by alerting researchers within the company and leading collaborative effort to bring new technologies into the company.
- 4/94-12/00 *Air Products and Chemicals, Inc. External Technology Specialist* ■ I identified new technology developments that would enhance the company portfolio. This position included traveling to universities, companies and technology fairs to seek out emerging technologies and develop contacts within the industry.
- 5/89-6/93 *Air Products and Chemicals, Inc. Senior Principal Safety Engineer* ■ I led technical teams to complete process safety hazard reviews. Also, I developed training materials and trained engineering staff members on how to complete safety reviews using several techniques, HAZOP, Consequence Analysis, and Fault Tree Analysis.
- 6/82-1/88 *Air Products and Chemicals, Inc. Senior Project Engineer* ■ I managed capital projects, ranging from \$200,000 to \$7,000,000. Responsibilities included preparing financial justification and presenting new projects to upper management for approval, estimating total project cost, scheduling, preparing specifications and bid drawings for design build work, conducting bid conferences, finalizing plans for construction, and overseeing construction and start-up.

PERSONAL INTERESTS

Hiking, Pickleball, volunteering, Doylestown Hospital, Children's Hospital of Philadelphia, and the ALS Association.

Attachment DList of Corporate Officers

President: Rita Karachun

Sr Vice President and Treasurer: Caroline Litchfield

Assistant Secretary: Faye Brown

Assistant Treasurer: Michael Schwartz

Assistant Treasurer: Juanita Lee

Attachment E

Regarding DEA Registration

Organon LLC has no products that are classified as federally controlled substances. Organon LLC does not hold a DEA license. One product, human chorionic gonadotropin (HCG), is classified as a Schedule III controlled drug by the Nevada Board of Pharmacy. Organon LLC does not handle prescription drugs at any time either for physical manufacturing or distribution.

Attachment F

Business Model

Organon LLC is a wholly owned subsidiary of Merck Sharp & Dohme Corp. Organon LLC does not handle prescription drugs at any time either for physical manufacturing or distribution. However, they do maintain product ownership and are responsible for the oversight and sale of products. Organon utilizes a NABP accredited Drug Distributor, third-party logistics provider to warehouse and distribute its prescription drugs into the fifty states and the District of Columbia.

Attachment G

Regarding the Fingerprint Submission

The required fingerprint cards were submitted separately to your office on Friday, January 29, 2021 via UPS Tracking #:

Attachment H**List of Employees**

Organon LLC is a virtual entity and does not handle prescription drugs at any time either for physical manufacturing or distribution.

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. 107349505

Application/License No. _____

Organon LLC Applicant/Principal doing or intending to do business as a
pharmaceutical wholesaler, whose address for purposes of service is
2000 Galloping Hill Road, Building K-15, 4th Floor, Kenilworth, NJ 07033 as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America a
Surety Company
corporation organized under the laws of the state of CT
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
ONE TOWER SQUARE, HARTFORD, CT 06183 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 7, 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 imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions

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

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

In witness whereof, each party to this bond has caused it to be executed on this
7th day of January, 2021.

APPLICANT/PRINCIPAL

SURETY

COMPANY

[Signature]
 Authorized Representative

[Signature]
 Surety Company's Representative

Donna M. Chancore Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of

Witness

[Signature]
 Witness Karen A. Read

Witness

[Signature]
 Witness Lori N. Baybutt

Countersigned by:

[Signature]
 Nevada ~~Resident~~ Agent Non-Resident Agent

Postes February 20, 2020

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:

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 lawfully brought.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and the corporate seal to be hereunto affixed, this 17th day of January 2019.



State of Connecticut

City of Hartford

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 was 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. Nowak, 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, any Assistant Treasurer, the Treasurer, any Assistant Secretary, 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 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 undertaking 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 7th 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.

Steven W. Schlerholt, Esq.
Executive Director



STATE OF OHIO John R. Go
BOARD OF PHARMACY

IN THE MATTER OF:
1892

CASE NO. 2017-

Merck Sharp & Dohme Corp.

License No. 01-2217150 c/o William Halm

**SETTLEMENT AGREEMENT WITH THE STATE OF OHIO
BOARD OF PHARMACY**

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Merck Sharp & Dohme Corp., for the purpose of resolving all issues between the parties relating to the Board investigation of their failure to report sample distribution to OARRS. Together, the Board and Merck Sharp & Dohme Corp. are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.54 of the Ohio Revised Code.
2. Merck Sharp & Dohme Corp. is a licensed Distributor of Dangerous Drugs entitled to distribute dangerous drugs at wholesale under license number 01-2217150.

FACTS

1. On or about July 6, 2017, in response to self-disclosure by Merck regarding inadvertent reporting violations, the Board initiated an investigation of Merck Sharp & Dohme Corp, Distributor of Dangerous Drugs entitled to distribute dangerous drugs at wholesale license number 01-2217150, related to Merck Sharp & Dohme Corp.'s shipping Schedule IV, non-opioid controlled substance samples into Ohio, without reporting to OARRS.

Merck Sharp & Dohme Corp.

Case No. 2017-1892

1

2. On or about April 3, 2018, the Board sent a Notice of Opportunity for Hearing to Merck Sharp & Dohme Corp., which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. On or about April 17, 2018, the Board sent a revised Notice of Opportunity for Hearing, which clarified the scope of the proposed action.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.
2. Merck Sharp & Dohme Corp. neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated April 3, 2018; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.
3. Merck Sharp & Dohme Corp. agrees to pay to the Board a monetary penalty in the amount of \$10,000.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elifens.com and process the items in your cart.
4. Merck Sharp & Dohme Corp. agrees to conduct an internal audit of its OARRS reporting activities on or before December 31, 2018.
5. The Board agrees to release Merck from any additional penalties or disciplinary action in connection with the conduct at issue related to OARRS reporting through the date of this Agreement.
6. The Board further agrees that Merck remains fully eligible for renewal of its Ohio wholesale drug distributor license.
7. Merck Sharp & Dohme Corp. agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

8. Merck Sharp & Dohme Corp. agrees to comply with all federal and state requirements related to Terminal Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Merck Sharp & Dohme Corp. of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Merck Sharp & Dohme Corp. by the Board and will NOT discharge Merck Sharp & Dohme Corp. from any obligation under the terms of this Agreement.
9. Merck Sharp & Dohme Corp. agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.
10. Merck Sharp & Dohme Corp. understands that it has the right to be represented by counsel for review and execution of this agreement.
11. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Merck Sharp & Dohme Corp. will operate.
12. Merck Sharp & Dohme Corp. waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.
13. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.
14. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.
15. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.
16. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives,

Approved by:


 Kirke D. Weaver, on behalf of,
 Merck Sharp & Dohme Corp., Respondent

9/26/2018
 Date of Signature


 Michael S. Labson, Attorney for Respondent

9/26/2018
 Date of Signature


 Fred M. Weaver, RPh, President
 State of Ohio Board of Pharmacy

10-2-18
 Date of Signature


 Yvonne Terter, Ohio Assistant Attorney General

10/2/2018
 Date of Signature

Description of Business

Organon LLC is a wholly owned subsidiary of Merck Sharp & Dohme Corp. Organon LLC does not handle prescription drugs at any time either for physical manufacturing or distribution. However, they do maintain product ownership and are responsible for the oversight and sale of products. Organon utilizes a NABP accredited Drug Distributor, third-party logistics provider to warehouse and distribute its prescription drugs into the fifty states and the District of Columbia.

18D

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.

See Attachment C

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 01409)
 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: Teva Pharmaceuticals USA, Inc.

Physical Address: 111 New Britain Blvd.

City: Chalfont State: PA Zip Code: 18914

Telephone Number: 215-591-3000 Fax Number: 215-591-8815

Toll Free Number: 888-TEVA-USA

E-mail: kelly.odonoghue@tevapharm.com Website: www.tevausa.com

Facility Manager: William J.Foley

Professional qualifications and experience of facility manager: See Attachment D

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) See Attachment B
☒ Other: Over-the-counter drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate) See Attachment E

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: Norton (Waterford) Limited

Address: Unit 301, IDA Industrial Park, Cork Rd, Waterford, Ireland

Name: Teva Women's Health, Inc.

Address: 5040 Duramed Drive, Cincinnati OH 45213

Name: Teva Czech Industries SRO

Address: Ostravska 29 CP 305 Opava-Kamarov

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. See Attachment F

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 J. Foley

Print Name of Authorized Person

Date

9/23/20

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: Teva Holdco US, Inc.Mailing Address: 400 Interpace Pkwy Bldg ACity: Parsippany State: NJ Zip: 07054Telephone: 201 591 3000 Fax: N/AContact Person: Kelly O'Donoghue

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 - Teva Pharmaceuticals USA, Inc. is wholly-owned by its parent company, Teva Holdco US, Inc.
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$.01A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directors See Attachment GCertificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment H

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification. See Attachment E
- 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". See Attachment I

N/A ***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

N/A ***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".



Certificate of Registration

Certificate No. 3000008044

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Drug & Device Registration

555 WALNUT ST
FORUM PLACE - 7th FLOOR - SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Distributor (Prescription)

TEVA PHARMACEUTICALS USA, INC.
111 NEW BRITAIN BOULEVARD
CHALFONT, PA 18914

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: August 31, 2006

Expiration Date: The Last Day of September, 2021

Susan Coble

Susan Coble
Deputy Secretary for Quality Assurance

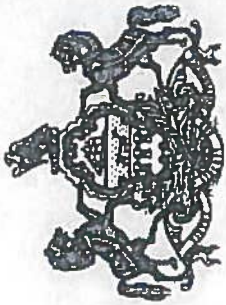


pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



Certificate of Licensure

Certificate No. 8000001764

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration

555 WALNUT ST
FORUM PLACE-7th FL.OOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

TEVA PHARMACEUTICALS USA, INC.
111 NEW BRITAIN BOULEVARD
CHALFONT, PA 18914

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: August 31, 2006

Expiration Date: The last Day of **September, 2021**

Susan Cople

Susan Cople
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.

Pennsylvania Department of Health
Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Certificate

(s): **3000008044** issued: 8/31/2006 expires: 9/30/2021; **8000001764** issued: 8/31/2006 expires: 9/30/2021

Teva Pharmaceuticals USA, Inc. 111 New Britain Boulevard; Chalfont, PA 18914

[Back to DD&C Home](#)

.....
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[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.

Attachment C

Regarding the Ownership Change

Effective on or about November 2, 2020 the direct parent company of Teva Pharmaceuticals USA, Inc. will undergo an internal corporate restructuring. Please be advised that this change is not due to an acquisition or sale of Teva Pharmaceuticals USA, Inc. by a third party, but simply due to an internal restructuring, where Teva Pharmaceuticals USA, Inc.'s parent company (direct shareholder) will be changed to Teva Holdco US, Inc. On 9/30/2020 Teva Holdco US, Inc., will become the direct parent company (direct shareholder) of Teva Pharmaceuticals USA, Inc.

William J. Foley

J. Herbein Dr. • Tipton, Pa. 19562 •

Senior Supervisor

Guiding distribution and receiving operations to continuing levels of efficiency and success

Results-oriented Senior Supervisor with 16 years' experience on-boarding, developing, and motivating high-performance teams that consistently produce upwards productivity and growth.

Key skills include:

- Compliance to all SOP's and Audits
- Adherence to all DEA regulations
- Controlled Substance Order Optimization
- Loss Prevention / Inventory Control
- Business Reporting
- Recruiting, Staffing and Training
- Warehouse Organization
- Working knowledge of WM
- Exceptional eye for detail
- Ability to utilize industry standard software applications

PROFESSIONAL EXPERIENCE

Teva Pharmaceuticals, Chalfont Pa

Senior Supervisor (August 2008 – Present)

Supervise warehouse personnel to ensure that products are received, stored, processed, packed, and shipped in an efficient, safe and timely manner consistently exceeding customer expectations and within conformance to company standards.

Key accomplishments:

- Designated Representative status for Florida and California
- Implement and maintain the Chalfont Safety Committee
- 100% Successful DEA Audits

Geiger Beverages, Allentown Pa

Supervisor (June 2002 – August 2008)

Responsibilities included hiring, training, and supervising a warehouse team of 7 material handlers. Daily route management for the delivery operations of 11 drivers within a 3 county territory.

Key accomplishments:

- Exceptional history of exceeding customer expectations for order accuracies while meeting the established delivery appointment requirements.

Geiger Beverages, Allentown Pa

Class A CDL Driver (May 1992 – June 2002)

Responsibilities included safe operations of a tractor trailer, customer relations, accountability for daily sales transactions and inventory accountability.

Key accomplishments

- 1999 Employee of the year

EDUCATION

Emmaus High School (1984-1986) Emmaus Pa

1986 Lehigh County Vo-Tech Co-Op student of the year (Computer Programming)



*The National Association of Boards of Pharmacy®
hereby awards*

*Verified-Accredited Wholesale Distributors®
Accreditation*

to

Teva Pharmaceuticals USA, Inc

located at

111 New Britain Blvd, Chalfont, PA 18914

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

January 15, 2018 - January 14, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

Verified 11/16/20

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State

(All)

Search

Reset

Current list of 2 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Resaccreditation in process" remain accredited throughout the resaccreditation process.

Name	Address	Accreditation Data
Teva Pharmaceuticals USA, Inc	111 New Britain Blvd Chalfont, PA 18914	01/15/18
Teva Pharmaceuticals USA, Inc	1090 Hordham Rd North Wales, PA 19454	01/15/18

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1600 Freshville Dr Mount Prospect, IL 60056
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Attachment G**Corporate Officer Information****Officer Information**

Brendan O'Grady – President and CEO

Deborah Griffin – Sr. VP –and Chief Accounting Officer

Joerg Tillmann – VP Supply Chain

Brian Shanahan – Vice President and Secretary

Debra Peterson - Treasurer

Christopher Lagullo - Sr. Director, North American Logistics

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEVA PHARMACEUTICALS USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEVA PHARMACEUTICALS USA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 1985.

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



2053734 8300

SR# 20208011322

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: 203929756

Date: 10-23-20

LICENSE OR
PERMIT BOND

Bond

9358173

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we, Teva Pharmaceuticals USA, Inc.
111 New Britain Boulevard, Chalfont, PA 18914
 as Principal, and the Fidelity and Deposit Company of Maryland, a Illinois corporation,
 as Surety, are held and firmly bound unto State of Nevada and to the Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206, Reno, NV 89521, as Obligee,
 in the sum of Twenty Five Thousand & 00/100

Dollars (\$25,000.00)

for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and sealed this 1st day of October, 2020.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as Wholesale Distributor by the Obligee.

NOW, Therefore, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER; 1. This bond shall continue in force:

☐ Until _____, _____, or until the date of expiration of any Continuation Certificate executed by the Surety

OR

☒ Until canceled as herein provided.

2 This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

Teva Pharmaceuticals USA, Inc.

By [Signature] Principal

Fidelity and Deposit Company of Maryland

By [Signature]
 April D. Pérez Attorney-in-Fact
 Nevada Non-Resident License# 722132

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint April D. Perez, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 11th day of July, A.D. 2019.



ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 11th day of July, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



Constance A. Dunn

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

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 1st day of October, 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

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND
1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition As Of December 31, 2019

ASSETS

Bonds	\$ 255,279,821
Stocks	21,280,401
Cash and Short Term Investments	2,878,421
Reinsurance Recoverable	25,356,035
Federal Income Tax Recoverable	140,480
Other Accounts Receivable	20,383,843
TOTAL ADMITTED ASSETS	\$ 325,319,001

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses	\$ 795,381
Ceded Reinsurance Premiums Payable	43,024,327
Remittances and Items Unallocated	0
Payable to parents, subs and affiliates	0
Securities Lending Collateral Liability	0
TOTAL LIABILITIES	\$ 43,819,708
Capital Stock, Paid Up	\$ 5,000,000
Surplus	276,499,293
Surplus as regards Policyholders	281,499,293
TOTAL	\$ 325,319,001

Securities carried at \$164,223,431 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2019 would be \$322,248,132 and surplus as regards policyholders \$288,428,424.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2019.

Laura J. Lazarczyk
Corporate Secretary

State of Illinois
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 25th day of February, 2020.

Darryl Joiner
Notary Public



Attachment F

Regarding the Disciplinary Actions

In February 2009, Teva Pharmaceuticals USA, Inc.'s (TUSA) North Wales, PA location had its Application for Out-of-State Wholesaler Registration denied by the Colorado State Board of Pharmacy (Board) due to lapse of the facility's previously-held license in the State. The Board subsequently issued a Cease and Desist Order to TUSA, banning further shipments from the facility into Colorado pending matter resolution.

TUSA worked quickly to resolve the matter by entering into a stipulation with the Board, acknowledging its improper shipment on December 11, 2008 of pharmaceutical product into the State without a valid license, in violation of applicable Colorado statutes, and paid a \$5,000.00 fine. The Board subsequently issued TUSA an Out-of-State Wholesaler Registration on February 10, 2009, which has since been properly maintained and is currently in good standing.

Enclosed are copies of the Cease and Desist Order and Stipulation and Final Agency Order.

On August 24, 2016, Zodiac Distributors, Corp.'s ("Zodiac") facility located at Calle I Metro Park #7 Suite 204, Guaynabo, Puerto Rico 00968 was inspected by the Puerto Rico Department of Health. Zodiac serves as TUSA's Puerto Rico license (license #: MA-00233-7) registered agent/distributor in Puerto Rico for product registrations, license applications and renewals and compliance agent for the law's regulating product registrations, licensing and controlled substance requirements. During this inspection, the inspector noted that Zodiac was deficient in certain areas of its record keeping requirements for TUSA products, as required by the laws of the Puerto Rico. As such, Zodiac/TUSA was fined a total of \$2,400 for three (3) record-keeping infractions on August 24, 2016. The observations leading to the fine were: i) Reports, records or inventories, Article 306 of Law #4 of Controlled Substances Puerto Rico, as amended — the quarter (monthly) report(s) for Schedule III-IV products, required additional details, such as expiration date of the product, lot number of the product and invoice number of TUSA and the customer to be added to the quarter report TUSA was already providing monthly to Zodiac; ii) Chapter 2, Article 3, Paragraph 5 of Regulation #153 of the Secretary of Health on Controlled Substances for control of the manufacture, distribution and disposal of controlled substances. This requires TUSA to provide daily reports for any Schedule II products shipped to customers in Puerto Rico. The daily reports for Schedule II products must include all information required on the quarter report (see observation i), along with a copy of form SC-1509 (see observation iii). This information is to be forwarded to Zodiac and the Puerto Rico Department of Health for all Schedule II products shipped into Puerto Rico by TUSA; and iii) Article 307 (A), the Controlled Substances Law' 4 — the absence/lack of the SC-1509 form by a client company in Puerto Rico.

Once the fine was issued and TUSA was made aware of the deficiencies in record keeping requirements and controlled substance reporting requirements, all shipments to Puerto Rico were stopped. Zodiac on behalf of TUSA immediately paid the \$2,400.00 fine to the Puerto Rico Department of Health on August 31, 2016. TUSA is now complying with the requirements and will ensure moving forward that it is compliant with the laws of Puerto Rico through Zodiac and other firms who are continuously reviewing any changes in the laws.

Attached is a copy of the Administrative Inspection Review. Puerto Rico does not provide translations of its documents or reports. For your convenience, attached is a copy of the English translation.

Attachment "A"

Please be advised that in February 2009, the State Board of Pharmacy of Colorado initially denied the application of Teva Pharmaceuticals USA, Inc. ("Teva") for an Out-of-State Wholesaler Registration for Teva's distribution facility located at 1090 Horsham Road, North Wales, Pennsylvania. Colorado also issued an order that Teva should cease and desist further shipments from that site into Colorado until this was resolved. Teva had been previously licensed by Colorado at the North Wales facility but that license had lapsed.

Teva quickly resolved this matter by entering into a stipulation with Colorado acknowledging its improper shipment on December 11, 2008 of pharmaceutical product into the State without a license, in violation of applicable Colorado Statutes, along with the payment of a \$5,000 fine. The Colorado Board of Pharmacy then promptly issued Teva an Out-of-State Wholesaler Registration on February 10, 2009, which is currently valid and in effect.

Enclosed for your information are copies of the above referenced Cease and Desist Order, Stipulation and Final Agency Order as well as the newly issued and active Out-of-State Wholesaler Registration for the North Wales facility.

STATE OF COLORADO

STATE BOARD OF PHARMACY
Wendy L. Anderson, Program Director

1560 Broadway, Suite 1300
Denver, Colorado 80202
Phone (303) 894-7800
Fax (303) 894-7892
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/pharmacy

Department of Regulatory Agencies
D. Rico Munn, Executive Director

Division of Registrations
Rosemary McCool, Director



Bill Ritter, Jr.
Governor

5 February 2009

Teva Pharmaceuticals USA
Attn: Designated Representative
1090 Horsham Rd.
North Wales, PA 19451

RE: Case 2009-2512 against Teva Pharmaceuticals USA

Dear Designated Representative:

Pursuant to guidance established at its January 15, 2009 meeting, the Colorado State Board of Pharmacy ("Board") determined that on or around December 11, 2008, the aforementioned wholesaler distributed prescription drugs into Colorado without an Out of State Prescription Drug Wholesaler registration issued by the Board.

It was the decision of the Board to issue the attached Cease and Desist Order in this case.

You may request a hearing on the question of whether the described practices have occurred and are in violation of this article. Pursuant to Section CRS 12-22-125.2(9)(b), any such request must be made within ten (10) days of the date of your receipt of this Order. If no hearing is requested, this Order becomes a Final Agency Order of the Board.

If you wish to pursue obtaining an Out of State Prescription Drug Wholesaler registration from the Board, please complete and submit the enclosed application and required fee.

Please contact me at (303) 894 - 7754 or wendy.anderson@dora.state.co.us if you have any questions.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

cc: File

ENCLOSURE

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2009-2512

CEASE AND DESIST ORDER

IN THE MATTER OF THE UNAUTHORIZED AND UNLAWFUL DISTRIBUTION OF
PRESCRIPTION DRUGS IN COLORADO BY TEVA PHARMACEUTICALS USA,

Respondent.

Pursuant to guidance established by the Colorado State Board of Pharmacy ("Board") at its January 15, 2009 meeting, documentation has been considered, including, but not limited to, the written complaint dated January 21, 2009, in the above-captioned matter.

Based upon this review, the Board hereby finds that it has jurisdiction over Respondent and the subject matter herein, and that there exists credible evidence that Respondent has acted without the required license, in violation of §§12-22-126 and/or 12-22-127, C.R.S.

The Board finds as follows:

1. Respondent is not registered to distribute prescription drugs or controlled substances in the State of Colorado.
2. On or around December 11, 2008, Respondent distributed prescription drugs to a prescription drug wholesaler in the State of Colorado.
3. Respondent's conduct constitutes the unlawful distribution of prescription drugs and in the State of Colorado, in violation of §§12-22-802(1), C.R.S.
4. WHEREFORE, pursuant to §12-22-125.2(9), C.R.S., the Board hereby ORDERS that Respondent immediately CEASE AND DESIST in engaging in the unlawful distribution of prescription drugs in the State of Colorado, in violation of §§12-22-802(1), C.R.S.

Within ten days after service of this order to cease and desist, Respondent may request a hearing on whether such acts or practices in violation of Part 1 of Article 22 of Title 12, C.R.S. have occurred. Such hearing shall be conducted pursuant to §§ 24-4-104 and 24-4-105, C.R.S.

The Board authorized the undersigned representative to sign this Cease and Desist Order on its behalf.

DATED this 5th day of February 2009.

STATE BOARD OF PHARMACY

BY: Wendy Anderson
Wendy Anderson
Program Director
1560 Broadway, Suite 1300
Denver, Colorado 80202

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within CEASE AND DESIST ORDER upon all parties herein by depositing copies of same in the United States mail, first-class postage prepaid, at Denver, Colorado, this 5th day of February 2009, addressed as follows:

Teva Pharmaceuticals USA
Attn: Designated Representative
1090 Horsham Rd.
North Wales, PA 19451

C. Hansen

STATE OF COLORADO

STATE BOARD OF PHARMACY
Wendy L. Anderson, Program Director

1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
Phone (303) 894-7800
Fax (303) 894-7692
V/TDD: Dial 711 for Relay Colorado
www.dora.state.co.us/pharmacy

Department of Regulatory Agencies

D. Rico Munn
Executive Director

Division of Registrations
Rosemary McCool
Director



Bill Ritter, Jr.
Governor

February 10, 2009

Teva Pharmaceuticals Usa, Inc.
Attn: John Fitzgerald, Designated Representative
1090 Holsham Road
North Wales, PA 19454

RE: Stipulation and Final Agency Order
Case #2009-2578

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO
PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF
TEVA PHARMACEUTICALS USA, INC.,

Dear Mr. Fitzgerald:

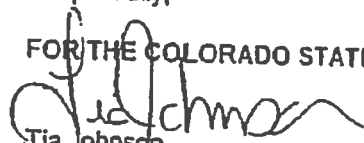
Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order in the above-mentioned matter, which became effective February 10, 2009.

Accordingly, Teva Pharmaceuticals Usa, Inc. has been issued out of state wholesaler registration #7486, effective 2/10/09.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY


Tia Johnson
Complaint/Licensing Analyst

Enclosure

cc: Brian E. Shanahan, Esq., Teva Pharmaceuticals Usa, Inc.
Jazell Carter, Licensing Specialist, Office of Licensing
File

**BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO**

Case No. 2009-2578

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE
TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO
OF TEVA PHARMACEUTICALS USA, INC.,**

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Teva Pharmaceuticals USA, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2 009-2578 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.
2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
3. On December 11, 2008, Wholesaler Applicant distributed prescription drugs to into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado.
4. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

Colorado Revised Statutes

12-22-125. Unprofessional conduct - grounds for discipline.

- (1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

. . .

12-22-802. Wholesaler license requirements. (1) A wholesaler that resides in this state shall be licensed by the board. A wholesaler that does not reside in this state shall be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-22-803, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rulemaking by the board.

. . .

5. On January 27, 2009, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.
6. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

**Conditional Registration;
\$5,000.00 Fine and Terms**

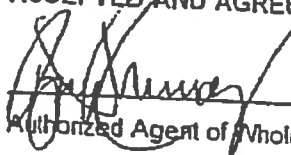
7. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

8. **Fine with Surcharge.** Wholesaler Applicant accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Wholesaler Applicant shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Wholesaler Applicant understands and acknowledges, pursuant to §24-34-108, C.R.S., that the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Wholesaler Applicant shall therefore pay a total amount of Five Thousand, Seven Hundred Fifty Dollars and No Cents (\$5,750.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Wholesaler Applicant submits this signed Final Agency Order to the Board.
9. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, et seq. C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.
10. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant 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.

Wholesaler Applicant freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.
11. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.
12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant 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 Wholesaler Applicant 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 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

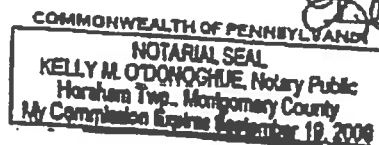

Authorized Agent of Wholesaler Applicant

Dated: Feb 9, 2009

LEGAL AFFAIRS
FEB 10 2009

Subscribed and sworn to by Bruce Murray, in his other capacity as an authorized agent of Teva Pharmaceuticals USA, Inc. before me in the County of Montgomery, State of Pennsylvania, this 9th day of February, 2009.

My commission expires:




Notary Public

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 10th day of February, 2009.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

APPROVED AS TO FORM

Attorneys for Respondent:

Brian E. Shanahan
Brian E. Shanahan, Esq.

Teva Pharmaceuticals USA, Inc.
425 Privet Road
Horsham, PA 19044
Telephone: (215) 293 - 6404
Fax: (214) 293 - 6499

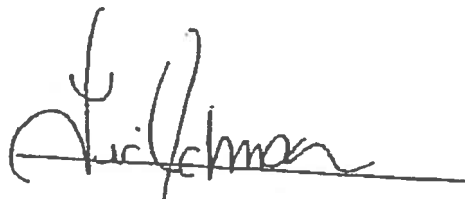
*Counsel of Record

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within STIPULATION AND FINAL AGENCY ORDER upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 10th day of February 2009, addressed as follows:

Teva Pharmaceuticals USA, Inc.
Attn: John Fitzgerald
1090 Horsham Rd.
North Wales, PA 19451

Teva Pharmaceutical USA, Inc.
Attn: Brian E. Shanahan, Esq.
425 Privet Rd.
Horsham, PA 19044



STATE OF COLORADO
Department of Regulatory Agencies
Division of Registrations

ACTIVE
WHOLESALE OUT-OF-STATE

7486
Number

02/10/2009
Issue Date

10/31/2010
Expires

PRINTED ON SECURE PAPER

Teva Pharmaceuticals Usa, Inc.
North Wales, PA 19454
United States

Opening the Court
Director

1876

Signature

Teva Pharmaceuticals Usa, Inc.

BRD 78 TYPE WHO NUMBER 7486

MAIL CORRESPONDENCE TO ☐ HOME ☐ BUSINESS

HOME PHONE	BUSINESS PHONE
AREA — —	AREA — —
Name Change	
Home Address - Include City State Zip Code	
Business Name / Address - Include City State Zip Code	

▲ Use the area above for any ADDRESS or NAME CHANGE ▲

THIS IS YOUR WALLET CARD

STATE OF COLORADO
DEPARTMENT OF REGULATORY AGENCIES
Division of Registrations
Suite 1500
1560 Broadway
Denver, CO 80202-5146
362800110

OFFICIAL DOCUMENT
ENCLOSED

TEVA PHARMACEUTICALS USA, INC.
1090 HORSBAM RD
North Wales, PA 19454
United States



PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
Denver, Colorado
Permit No. 738

BGDBOP1 19454



STATE OF COLORADO Department of Regulatory Agencies Division of Professions and Occupations			Wholesaler Out-of-State				
Active WHO			Board: Board of Pharmacy	Type: WHO Number: 7458			
PRINTED ON SECURE PAPER			Mail Correspondence to: (Circle one) Home Business				
<table border="1"> <tr> <td>WHO 0007458 Number</td> <td>11/01/2012 Issue Date</td> <td>10/31/2014 Expire Date</td> </tr> </table>			WHO 0007458 Number	11/01/2012 Issue Date	10/31/2014 Expire Date	Home Phone: Business Phone:	
WHO 0007458 Number	11/01/2012 Issue Date	10/31/2014 Expire Date					
Teva Pharmaceuticals Usa, Inc. North Wales PA 194540000			Name:				
 Division Director			Street Address:				
Signature			City, State and Zip Code:				
▲ Use the Area above for any ADDRESS Change ▲ ▲ THIS IS YOUR WALLET CARD							

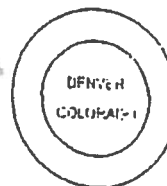
SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

STATE OF COLORADO
DEPARTMENT OF REGULATORY AGENCIES
Division of Registrations
Suite 1350
1560 Broadway
Denver, CO 80202-5146

362800110

OFFICIAL DOCUMENT
ENCLOSED

Teva Pharmaceuticals Usa, Inc.
1090 Horsham Rd
North Wales, PA 194540000



PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
Denver, Colorado
Permit No. 738

Attachment

On August 24, 2016, Zodiac Distributors, Corp.'s ("Zodiac") facility located at Calle 1 Metro Park #7 Suite 204, Guaynabo, Puerto Rico 00968 was inspected by the Puerto Rico Department of Health. Zodiac serves as Teva Pharmaceuticals USA, Inc.'s ("Teva") (Puerto Rico License#: MA-00233-7) registered agent/distributor in Puerto Rico for product registrations, license applications and renewals and compliance agent for the laws regulating product registrations, licensing and controlled substance requirements. During this inspection, the inspector noted that Zodiac was deficient in certain areas of its record keeping requirements for Teva products, as required by the laws of the Puerto Rico. As such, Zodiac/Teva was fined a total of \$2,400 for three (3) record-keeping infractions on August 24, 2016. The observations leading to the fine were: i) Reports, records or inventories, Article 306 of Law #4 of Controlled Substances Puerto Rico, as amended – the quarter (monthly) report(s) for Schedule III-IV products, required additional details, such as expiration date of the product, lot number of the product and invoice number of Teva and the customer to be added to the quarter report Teva was already providing monthly to Zodiac; ii) Chapter 2, Article 3, Paragraph 5 of Regulation #153 of the Secretary of Health on Controlled Substances for control of the manufacture, distribution and disposal of controlled substances. This requires Teva to provide daily reports for any Schedule II products shipped to customers in Puerto Rico. The daily reports for Schedule II products must include all information required on the quarter report (see observation i), along with a copy of form SC-1509 (see observation iii). This information is to be forwarded to Zodiac and the Puerto Rico Department of Health for all Schedule II products shipped into Puerto Rico by Teva; and iii) Article 307 (A), the Controlled Substances Law 4 – the absence/lack of the SC-1509 form by a client company in Puerto Rico.

Once the fine was issued and Teva was made aware of the deficiencies in record keeping requirements and controlled substance reporting requirements, all shipments to Puerto Rico were stopped. Zodiac on behalf of Teva immediately paid the \$2,400.00 fine to the Puerto Rico Department of Health on August 31, 2016. Teva is now complying with the requirements and will ensure moving forward that it is compliant with the laws of Puerto Rico through Zodiac and other firms who are continuously reviewing any changes in the laws.

Attached is a copy of the Administrative Inspection Review. Puerto Rico does not provide translations of its documents or reports. For your convenience, attached is a copy of the English translation.

18E

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 00774)
 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: Teva Pharmaceuticals USA, Inc.

Physical Address: 1090 Horsham Rd.

City: North Wales State: PA Zip Code: 19454

Telephone Number: 215-591-3000 Fax Number: 215-591-8815

Toll Free Number: 888-TEVA-USA

E-mail: kelly.odonoghue@tevapharm.com Website: www.tevausa.com

Facility Manager: John A. Fitzgerald

Professional qualifications and experience of facility manager: See Attachment D

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) See Attachment B
☒ Other: Over-the-counter drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate) See Attachment E

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: Norton (Waterford) Limited

Address: Unit 301, IDA Industrial Park, Cork Rd, Waterford Ireland

Name: Teva Women's Health, Inc.

Address: 5040 Duramed Drive, Cincinnati OH 45213

Name: Teva Czech Industries SRO

Address: Ostravska 29 CP 305 Opava-Kamarov

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. See Attachment F

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 A. Fitzgerald
Print Name of Authorized Person
Date 9/24/20

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

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Teva Holdco US, Inc.Mailing Address: 400 Interpace Pkwy Bldg ACity: Parsippany State: NS Zip: 07054Telephone: 215 591 3000 Fax: N/AContact Person: Kelly O'Donoghue

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 - Teva Pharmaceuticals USA, Inc. is wholly-owned by its parent company, Teva Holdco US, Inc.
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$.01A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directors See Attachment GCertificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment H

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification. See Attachment E
- 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". See Attachment I

N/A ***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

N/A ***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".



Certificate of Registration

Certificate No. 3000006441

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Distributor (Prescription)

TEVA PHARMACEUTICALS USA, INC.
1090 HORSHAM ROAD
P.O. BOX 1090
NORTH WALES, PA 19454-1090

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: April 01, 1995

Expiration Date: The Last Day of March, 2021

Susan Coble

Susan Coble
Deputy Secretary for Quality Assurance

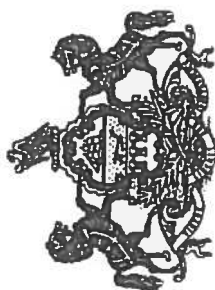


pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



Certificate of Licensure

Certificate No. 80000000062

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

TEVA PHARMACEUTICALS USA, INC.
1090 HORSHAM ROAD
P.O. BOX 1090
NORTH WALES, PA 19454-1090

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: September 01, 1994

Expiration Date: The Last Day of March, 2021

Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance



Rachel L. Levine
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): **3000006441** issued: 4/1/1995 expires: 3/31/2021; **8000000062** issued: 9/1/1994 expires: 3/31/2021

Teva Pharmaceuticals USA, Inc. 1090 Horsham Road P.O. Box 1090; North Wales, PA 19454-1090

[Back to DD&C Home](#)

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[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.

Attachment C

Regarding the Ownership Change

Effective on or about November 2, 2020 the direct parent company of Teva Pharmaceuticals USA, Inc. will undergo an internal corporate restructuring. Please be advised that this change is not due to an acquisition or sale of Teva Pharmaceuticals USA, Inc. by a third party, but simply due to an internal restructuring, where Teva Pharmaceuticals USA, Inc.'s parent company (direct shareholder) will be changed to Teva Holdco US, Inc. On 9/30/2020 Teva Holdco US, Inc., will become the direct parent company (direct shareholder) of Teva Pharmaceuticals USA, Inc.

Stonehill Rd.
Harleysville, PA 19438

John A. FitzGerald

Objective	To obtain a senior level position in a pharmaceutical corporation, which would utilize my logistics and leadership background	
Strengths	• Extensive logistics & operations experience • Certified in Six Sigma Quality Project Management • Strong customer service & sales experience • Strong systems experience – Including Manhattan Associates, Oracle and MHE systems applications	
Work experience	10/02 – Present	Teva Pharmaceuticals USA Associate Director, Distribution (North Wales, PA) • Allocates staff appropriately to ensure optimal workload balance, proper routing and quality loads in a high paced, 3 shift, highly automated, pharmaceutical distribution facility • 99% on-time shipping performance. 90% shipped within 24 hrs. • Provides leadership and support to a staff inclusive of Managers, shift supervisors, group leads and in excess of 100 material handlers, in charge of receiving, replenishments, picking, sorting and shipping activities • Focuses on improvements and fine tuning of the WMS and MHE systems, as well as process improvement throughout the DC. • Ensures Distribution Center automated equipment is operating properly ○ Coordinates with contractors to resolve issues and implement enhancements on material handling equipment (MHE), inclusive of 5,806 ft of conveyor systems ○ Ensures lift equipment maintenance programs are current • Implemented and monitors SOP and Safety training programs. • Maintains relations with truckload, LTL, express freight & package carriers, as well as, refrigerated shipping services • Collaborates with Customer Service, Quality Assurance, Security Operations, Safety, Health & Environment (SHE) to achieve common goals • Participates in budgeting and procurement activities for a facility with \$14MM operational and \$40MM freight annual budgets • Promoted from Operations Manager to Associate Director in conjunction with integration of 5th largest generic pharmaceutical company, which included an increase of over a 1,000 SKUs and a complete retrofit of the DC inclusive of 3,164 ft more conveyor, 3 new pick modules, 18 new sorter lanes, addition of a 225K sq ft feeder site, 65 new employees and various other enhancements - 10/2006. Promoted again to Director in conjunction with another acquisition increasing SKU count and volume by another 20% - 6/2011.

4/96 – 10/02

GE Capital Corporation

Sun Microsystems Remanufactured Products (Division of GE Capital)

Senior Logistics Specialist (Southborough, MA 2000 - 2002)

- Maintained relations with truckload, LTL, express freight & package carriers, air ride van line service and international freight brokers
- Led Six Sigma Quality projects to improve inbound, order entry, WIP, inventory and outbound processes
- Developed and implemented logistics contingency plans each qtr end
- Provided leadership and support to a staff of over 40 employees of a 3rd party warehouse

Transport International Pool (TIP) Intermodal Service (Division of GE Capital)

Rail Team Leader (Devon, PA 1996 - 2000)

- Managed a fleet of over 124,000 semi trailers, containers & chassis
- Arranged trucking services to relocate trailers to meet customer demand across North America
- Acted as liaison for trucking & railroad partners to provide customer service and improve utilization of assets

1995 – 4/96

United Parcel Service

Operations Supervisor (Willow Grove, PA)

- Allocated staff appropriately to ensure optimal flow, proper routing and quality loads of packages in a high paced small package distribution facility
- Provided leadership and support to a union staff of 15 package handlers

Education

2010

Center for Creative Leadership

Greensboro, NC

Leading for Organizational Impact

1997

Penn State University

Abington, PA

Business Logistics Management Certificate

1993

LaSalle University

Philadelphia, PA

Bachelor of Science Degree in Business Administration

1989

Plymouth Whitemarsh H.S.

Whitemarsh, PA

High School Diploma



*The National Association of Boards of Pharmacy[®]
hereby awards*

Verified-Accredited Wholesale Distributors[®]

Accreditation

to

Teva Pharmaceuticals USA, Inc

located at

1090 Monahan Rd, North Wales, PA 19454

This facility has met all the Verified-Accredited Wholesale Distributors (VAD) 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 VAD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone
Carmen A. Catizone, Executive Director/Secretary

January 15, 2018 - January 14, 2021
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name
State

(All)

Search Reset

Current list of 2 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Data
Teva Pharmaceuticals USA, Inc	111 New Britain Blvd Chalfont, PA 18914	01/15/18
Teva Pharmaceuticals USA, Inc	1090 Horsham Rd North Wales, PA 19454	01/15/18

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NABP
National Association of
Boards of Pharmacy

1600 Peleeville Dr Mount Prospect, IL 60056

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Help

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Attachment G

Corporate Officer Information

Officer Information

Brendan O'Grady – President and CEO
Deborah Griffin – Sr. VP –and Chief Accounting Officer
Joerg Tillmann – VP Supply Chain
Brian Shanahan – Vice President and Secretary
Debra Peterson - Treasurer
Christopher Lagullo - Sr. Director, North American Logistics

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEVA PHARMACEUTICALS USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEVA PHARMACEUTICALS USA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 1985.

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



2053734 8300

SR# 20208011322

You may verify this certificate online at corp.delaware.gov/authver.shtmlA 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: 203929756

Date: 10-23-20

LICENSE OR
PERMIT BOND

Bond

9358174

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we, Teva Pharmaceuticals USA, Inc.
1090 Horsham Road, North Wales, PA 19454
 as Principal, and the Fidelity and Deposit Company of Maryland, a Illinois corporation,
 as Surety, are held and firmly bound unto State of Nevada and to the Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206, Reno, NV 89521, as Obligee,
 in the sum of Twenty Five Thousand & 00/100

Dollars (\$25,000.00)

for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and sealed this 1st day of October, 2020.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as Wholesale Distributor by the Obligee.

NOW, Therefore, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER; 1. This bond shall continue in force:

☐ Until _____, _____, or until the date of expiration of any Continuation Certificate executed by the Surety

OR

☒ Until canceled as herein provided.

2 This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

Teva Pharmaceuticals USA, Inc.

By [Signature] Principal

Fidelity and Deposit Company of Maryland

By [Signature]
 April D. Perez Attorney-in-Fact
 Nevada Non-Resident License# 722132

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint April D. Perez, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 11th day of July, A.D. 2019.



ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 11th day of July, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



Constance A. Dunn

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

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 1st day of October, 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

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND
1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition As Of December 31, 2019

ASSETS

Bonds	\$ 255,279,821
Stocks	21,280,401
Cash and Short Term Investments.....	2,878,421
Reinsurance Recoverable.....	25,356,035
Federal Income Tax Recoverable.....	140,480
Other Accounts Receivable.....	20,383,843
TOTAL ADMITTED ASSETS	\$ 325,319,001

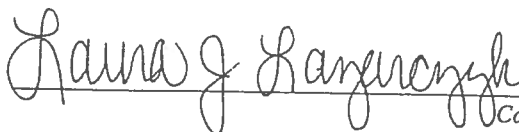
LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses.....	\$ 795,381
Ceded Reinsurance Premiums Payable	43,024,327
Remittances and Items Unallocated	0
Payable to parents, subs and affiliates.....	0
Securities Lending Collateral Liability	0
TOTAL LIABILITIES	\$ 43,819,708
Capital Stock, Paid Up	\$ 5,000,000
Surplus	276,499,293
Surplus as regards Policyholders.....	281,499,293
TOTAL	\$ 325,319,001

Securities carried at \$164,223,431 in the above statement are deposited with various states as required by law.

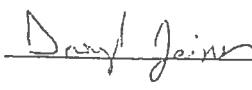
Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2019 would be \$322,248,132 and surplus as regards policyholders \$288,428,424.

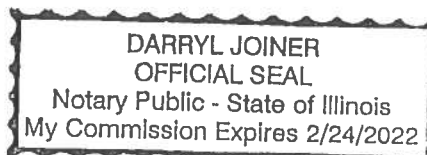
I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2019.


Corporate Secretary

State of Illinois }
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 25th day of February, 2020.


Notary Public





October 30, 2020

VIA FEDERAL EXPRESS

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

Re: Teva Pharmaceuticals USA, Inc.
1090 Horsham Rd., North Wales, PA – License No. WH00774
111 New Britain Blvd., Chalfont, PA – License No. WH01409

Dear Sir or Madam:

Per my August 28, 2020 email, Teva Pharmaceuticals USA, Inc. will be undergoing an internal reorganization/restructuring, where the direct parent company (direct shareholder) of the company will be changed from Orvet UK to Teva Holdco US, Inc. This change is estimated to take place on or after 11/2/2020. Originally the reorganization/restructuring was scheduled for 9/30/2020, but was pushed off at the last minute. I will forward you an email and/or FedEx'd letter confirming the exact date of the change, when it has been determined and finalized by our Tax Department.

In connection with the upcoming change, attached please find change of ownership applications, for the above referenced facilities, along with checks in the amount of \$500.00 to cover the fees.

Please be advised that this change is not due to an acquisition, merger or sale of Teva Pharmaceuticals USA, Inc. by a third party, but simply due to an internal reorganization/restructuring, where Teva Pharmaceuticals USA, Inc.'s parent company (direct shareholder) will be changed from Orvet UK to Teva Holdco US, Inc. On or about 11/2/2020, Orvet UK will transfer the stock it owns in Teva Pharmaceuticals USA, Inc. to Teva Holdco US, Inc., which will become the direct parent company (direct shareholder) of Teva Pharmaceuticals USA, Inc. Orvet UK is also the direct parent company (direct shareholder) of Teva Holdco US, Inc.

Other than the reorganization/restructuring of the direct parent company (direct shareholder), there will be no other changes made to any of the licensed facilities, officers, directors, facility managers, DRs, DR Supervisors, SOPs, DEA licenses, etc. Teva Pharmaceuticals USA, Inc.'s corporate status and FEIN will not change. In addition, the Pennsylvania Department of Health has been advised of the internal reorganization/restructuring and will not be issuing new licenses to the facilities.

I appreciate your assistance with this matter! If you have any questions or would like to discuss further, please contact me at 215-370-8472. Thank you!

Very truly yours,

Kelly M. O'Donoghue
Assoc. Director, Legal Affairs

/kod
Enc.

Teva Pharmaceuticals

1090 Horsham Rd | North Wales, PA 19454 | Tel. 215.591.3000 | www.tevapharm-na.com
Kelly M. O'Donoghue, Assoc. Director | kelly.odonoghue@tevapharm.com | Direct Dial: 215-293-6526 | Fax: 215-293-6499

Attachment F

Regarding the Disciplinary Actions

In February 2009, Teva Pharmaceuticals USA, Inc.'s (TUSA) North Wales, PA location had its Application for Out-of-State Wholesaler Registration denied by the Colorado State Board of Pharmacy (Board) due to lapse of the facility's previously-held license in the State. The Board subsequently issued a Cease and Desist Order to TUSA, banning further shipments from the facility into Colorado pending matter resolution.

TUSA worked quickly to resolve the matter by entering into a stipulation with the Board, acknowledging its improper shipment on December 11, 2008 of pharmaceutical product into the State without a valid license, in violation of applicable Colorado statutes, and paid a \$5,000.00 fine. The Board subsequently issued TUSA an Out-of-State Wholesaler Registration on February 10, 2009, which has since been properly maintained and is currently in good standing.

Enclosed are copies of the Cease and Desist Order and Stipulation and Final Agency Order.

On August 24, 2016, Zodiac Distributors, Corp.'s ("Zodiac") facility located at Calle I Metro Park #7 Suite 204, Guaynabo, Puerto Rico 00968 was inspected by the Puerto Rico Department of Health. Zodiac serves as TUSA's Puerto Rico license (license #: MA-00233-7) registered agent/distributor in Puerto Rico for product registrations, license applications and renewals and compliance agent for the law's regulating product registrations, licensing and controlled substance requirements. During this inspection, the inspector noted that Zodiac was deficient in certain areas of its record keeping requirements for TUSA products, as required by the laws of the Puerto Rico. As such, Zodiac/TUSA was fined a total of \$2,400 for three (3) record-keeping infractions on August 24, 2016. The observations leading to the fine were: i) Reports, records or inventories, Article 306 of Law #4 of Controlled Substances Puerto Rico, as amended — the quarter (monthly) report(s) for Schedule III-IV products, required additional details, such as expiration date of the product, lot number of the product and invoice number of TUSA and the customer to be added to the quarter report TUSA was already providing monthly to Zodiac; ii) Chapter 2, Article 3, Paragraph 5 of Regulation #153 of the Secretary of Health on Controlled Substances for control of the manufacture, distribution and disposal of controlled substances. This requires TUSA to provide daily reports for any Schedule II products shipped to customers in Puerto Rico. The daily reports for Schedule II products must include all information required on the quarter report (see observation i), along with a copy of form SC-1509 (see observation iii). This information is to be forwarded to Zodiac and the Puerto Rico Department of Health for all Schedule II products shipped into Puerto Rico by TUSA; and iii) Article 307 (A), the Controlled Substances Law' 4 — the absence/lack of the SC-1509 form by a client company in Puerto Rico.

Once the fine was issued and TUSA was made aware of the deficiencies in record keeping requirements and controlled substance reporting requirements, all shipments to Puerto Rico were stopped. Zodiac on behalf of TUSA immediately paid the \$2,400.00 fine to the Puerto Rico Department of Health on August 31, 2016. TUSA is now complying with the requirements and will ensure moving forward that it is compliant with the laws of Puerto Rico through Zodiac and other firms who are continuously reviewing any changes in the laws.

Attached is a copy of the Administrative Inspection Review. Puerto Rico does not provide translations of its documents or reports. For your convenience, attached is a copy of the English translation.

Attachment

On August 24, 2016, Zodiac Distributors, Corp.'s ("Zodiac") facility located at Calle 1 Metro Park #7 Suite 204, Guaynabo, Puerto Rico 00968 was inspected by the Puerto Rico Department of Health. Zodiac serves as Teva Pharmaceuticals USA, Inc.'s ("Teva") (Puerto Rico License#: MA-00233-7) registered agent/distributor in Puerto Rico for product registrations, license applications and renewals and compliance agent for the laws regulating product registrations, licensing and controlled substance requirements. During this inspection, the inspector noted that Zodiac was deficient in certain areas of its record keeping requirements for Teva products, as required by the laws of the Puerto Rico. As such, Zodiac/Teva was fined a total of \$2,400 for three (3) record-keeping infractions on August 24, 2016. The observations leading to the fine were: i) Reports, records or inventories, Article 306 of Law #4 of Controlled Substances Puerto Rico, as amended – the quarter (monthly) report(s) for Schedule III-IV products, required additional details, such as expiration date of the product, lot number of the product and invoice number of Teva and the customer to be added to the quarter report Teva was already providing monthly to Zodiac; ii) Chapter 2, Article 3, Paragraph 5 of Regulation #153 of the Secretary of Health on Controlled Substances for control of the manufacture, distribution and disposal of controlled substances. This requires Teva to provide daily reports for any Schedule II products shipped to customers in Puerto Rico. The daily reports for Schedule II products must include all information required on the quarter report (see observation i), along with a copy of form SC-1509 (see observation iii). This information is to be forwarded to Zodiac and the Puerto Rico Department of Health for all Schedule II products shipped into Puerto Rico by Teva; and iii) Article 307 (A), the Controlled Substances Law 4 – the absence/lack of the SC-1509 form by a client company in Puerto Rico.

Once the fine was issued and Teva was made aware of the deficiencies in record keeping requirements and controlled substance reporting requirements, all shipments to Puerto Rico were stopped. Zodiac on behalf of Teva immediately paid the \$2,400.00 fine to the Puerto Rico Department of Health on August 31, 2016. Teva is now complying with the requirements and will ensure moving forward that it is compliant with the laws of Puerto Rico through Zodiac and other firms who are continuously reviewing any changes in the laws.

Attached is a copy of the Administrative Inspection Review. Puerto Rico does not provide translations of its documents or reports. For your convenience, attached is a copy of the English translation.

Attachment "A"

Please be advised that in February 2009, the State Board of Pharmacy of Colorado initially denied the application of Teva Pharmaceuticals USA, Inc. ("Teva") for an Out-of-State Wholesaler Registration for Teva's distribution facility located at 1090 Horsham Road, North Wales, Pennsylvania. Colorado also issued an order that Teva should cease and desist further shipments from that site into Colorado until this was resolved. Teva had been previously licensed by Colorado at the North Wales facility but that license had lapsed.

Teva quickly resolved this matter by entering into a stipulation with Colorado acknowledging its improper shipment on December 11, 2008 of pharmaceutical product into the State without a license, in violation of applicable Colorado Statutes, along with the payment of a \$5,000 fine. The Colorado Board of Pharmacy then promptly issued Teva an Out-of-State Wholesaler Registration on February 10, 2009, which is currently valid and in effect.

Enclosed for your information are copies of the above referenced Cease and Desist Order, Stipulation and Final Agency Order as well as the newly issued and active Out-of-State Wholesaler Registration for the North Wales facility.

STATE OF COLORADO

STATE BOARD OF PHARMACY

Wendy L. Anderson, Program Director

1560 Broadway, Suite 1300
Denver, Colorado 80202
Phone (303) 894-7800
Fax (303) 894-7692
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/pharmacy

Department of Regulatory Agencies
D. Rick Munn, Executive Director

Division of Registrations
Rosemary McCool, Director



Bill Ritter, Jr.
Governor

5 February 2009

Teva Pharmaceuticals USA
Attn: Designated Representative
1090 Horsham Rd.
North Wales, PA 19451

RE: Case 2009-2512 against Teva Pharmaceuticals USA

Dear Designated Representative:

Pursuant to guidance established at its January 15, 2009 meeting, the Colorado State Board of Pharmacy ("Board") determined that on or around December 11, 2008, the aforementioned wholesaler distributed prescription drugs into Colorado without an Out of State Prescription Drug Wholesaler registration issued by the Board.

It was the decision of the Board to issue the attached Cease and Desist Order in this case.

You may request a hearing on the question of whether the described practices have occurred and are in violation of this article. Pursuant to Section CRS 12-22-125.2(9)(b), any such request must be made within ten (10) days of the date of your receipt of this Order. If no hearing is requested, this Order becomes a Final Agency Order of the Board.

If you wish to pursue obtaining an Out of State Prescription Drug Wholesaler registration from the Board, please complete and submit the enclosed application and required fee.

Please contact me at (303) 894 - 7754 or wendy.anderson@dora.state.co.us if you have any questions.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy L. Anderson
Program Director

xc: File

ENCLOSURE

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

. . .

12-22-802. Wholesaler license requirements. (1) A wholesaler that resides in this state shall be licensed by the board. A wholesaler that does not reside in this state shall be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-22-803, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rulemaking by the board.

. . .

5. On January 27, 2009, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.
6. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

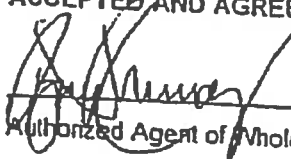
**Conditional Registration;
\$5,000.00 Fine and Terms**

7. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

8. **Fine with Surcharge.** Wholesaler Applicant accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Wholesaler Applicant shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Wholesaler Applicant understands and acknowledges, pursuant to §24-34-108, C.R.S., that the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Wholesaler Applicant shall therefore pay a total amount of Five Thousand, Seven Hundred Fifty Dollars and No Cents (\$5,750.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Wholesaler Applicant submits this signed Final Agency Order to the Board.
9. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.
10. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant 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.
- Wholesaler Applicant freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.
11. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.
12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant 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 Wholesaler Applicant 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 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

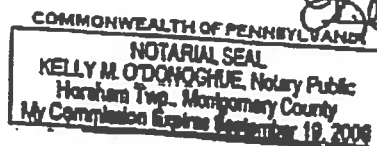

Authorized Agent of Wholesaler Applicant

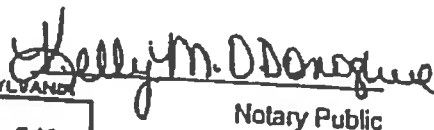
Dated: Feb 9, 2009

LEGAL AFFAIRS
4/20/09

Subscribed and sworn to by Bruce Murray, in his her capacity as an authorized agent of Teva Pharmaceuticals USA, Inc. before me in the County of Montgomery, State of Pennsylvania, this 9th day of February, 2009.

My commission expires:



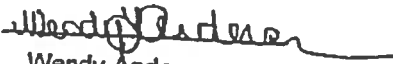

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

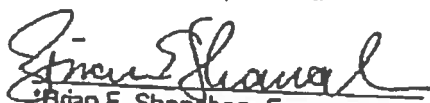
Done and effective this 10th day of February, 2009.

State Board of Pharmacy

BY: 
Wendy Anderson
Program Director

APPROVED AS TO FORM

Attorneys for Respondent:


Brian E. Shanahan, Esq.

Teva Pharmaceuticals USA, Inc.
425 Privet Road
Horsham, PA 19044
Telephone: (215) 293 - 6404
Fax: (214) 293 - 6499

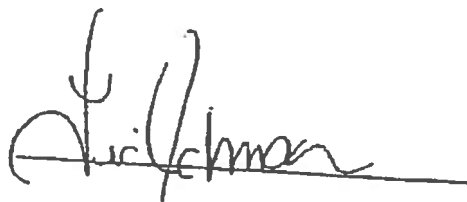
*Counsel of Record

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 10th day of February 2009, addressed as follows:

Teva Pharmaceuticals USA, Inc.
Attn: John Fitzgerald
1090 Horsham Rd.
North Wales, PA 19451

Teva Pharmaceutical USA, Inc.
Attn: Brian E. Shanahan, Esq.
425 Privet Rd.
Horsham, PA 19044



STATE OF COLORADO
Department of Regulatory Agencies
Division of Registrations

ACTIVE
WHOLESALE OUT-OF-STATE
7486
Number

02/10/2009
Issue Date

10/31/2010
Expires

PRINTED ON SECURE PAPER

Teva Pharmaceuticals Usa, Inc.
North Wales, PA 19154
United States

Receiving the Card
Director

Signature

Teva Pharmaceuticals Usa, Inc.

BRD 78 TYPE WHO NUMBER 7486

MAIL
CORRESPONDENCE TO ☐ HOME ☐ BUSINESS

HOME PHONE
AREA — — BUSINESS PHONE
AREA — —

Name Change

Home Address - Include City State Zip Code

Business Name / Address - Include City State Zip Code

▲ Use the area above for any ADDRESS or NAME CHANGE ▲

THIS IS YOUR WALLET CARD

STATE OF COLORADO
DEPARTMENT OF REGULATORY AGENCIES
DIVISION OF REGISTRATIONS
Suite 1500
1560 Broadway
Denver, CO 80202-5146
362800110

OFFICIAL DOCUMENT
ENCLOSED

TEVA PHARMACEUTICALS USA, INC.
1090 HORSBAM RD
North Wales, PA 19154
United States



BGDBOP1 19454



STATE OF COLORADO Department of Regulatory Agencies Division of Professions and Occupations			Wholesaler Out-of-State	
Active WHO			Board: Board of Pharmacy	Type: WHO Number: 7498
PRINTED ON SECURE PAPER			Mail Correspondence to: Home Business	
			Home Phone:	Business Phone:
Name:				
Street Address:				
City, State and Zip Code:				
WHO 0007498 Number 11/01/2012 Issue Date 10/31/2014 Expire Date				
Teva Pharmaceuticals Usa, Inc. North Wales PA 194540000 <i>James J. [Signature]</i> Division Director			▲ Use the Area above for any ADDRESS Change ▲ ◀ THIS IS YOUR WALLET CARD	

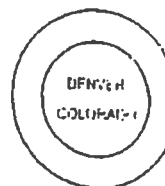
SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

STATE OF COLORADO
DEPARTMENT OF REGULATORY AGENCIES
Division of Registrations
Suite 1350
1560 Broadway
Denver, CO 80202-5146

362800110

OFFICIAL DOCUMENT
ENCLOSED

Teva Pharmaceuticals Usa, Inc.
1090 Horsham Rd
North Wales, PA 194540000



PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
Denver, Colorado
Permit No. 738

18F

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: USWM, LLC

Physical Address: 4441 Springdale Road

City: Louisville State: KY Zip Code: 40241

Telephone Number: 866-750-8796 Fax Number: 1-888-787-1730

Toll Free Number: N/A

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

Facility Manager: Adam Reuther

Professional qualifications and experience of facility manager: See attached CV

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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 new entity

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 ☒

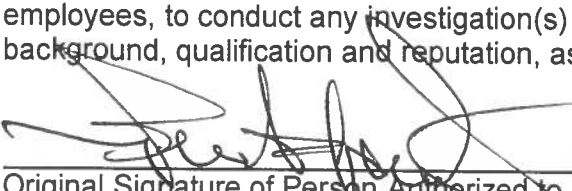
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

PB Jones, CEO
Print Name of Authorized Person

6/18/20
Date

Board Use Only

Date Processed: _____

Amount: _____

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: US WorldMeds, Ventures, LLC

Business Name: USWM, LLC

Current Business Address: 4441 Springdale Road

City: Louisville State: KY Zip Code: 40241

Telephone: 866-750-8796

Fax: 1-888-787-1730

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 sole owner

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".



4441 Springdale Road
Louisville, KY 40241
Phone 502-815-8000
Fax 502-815-8001
usworldmeds.com

CONFIDENTIAL
CONTAINS TRADE SECRETS AND COMMERCIAL AND PROPRIETARY INFORMATION OF
USWM, LLC

January 6, 2021

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

RE: Background Check Report for Lee Warren

Dear Nevada Board of Pharmacy,

In regards to charge in South Carolina; I was a passenger in a car with 5 people that was pulled over and there was an illegal substance in the car and since they could not identify whose substance it was all 5 people were charged with procession. This does not condone what happened but times were a bit different back then. Other traffic charges have been served.

Thank you for your consideration,

A handwritten signature in blue ink, appearing to read "Lee Warren".

Lee Warren
Chief Operating Officer
USWM, LLC



4441 Springdale Road
Louisville, KY 40241
Phone 502-815-8000
Fax 502-815-8001
usworldmeds.com

CONFIDENTIAL
CONTAINS TRADE SECRETS AND COMMERCIAL AND PROPRIETARY INFORMATION OF
USWM, LLC

December 7, 2020

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521



RE: USWM State Licensing

Dear Mark:

USWM, LLC is a virtual company that does not physically handle the pharmaceutical products that are distributed under the USWM, LLC brand name. These products are shipped to Third Party Logistics Providers all across the country to be supplied to the end user patients. USWM, LLC contracts with ICS, in Reno, Nevada, to perform the specialty distribution of our critical products. USWM, LLC is applying for this license to ensure uninterrupted supply of this medication to patients and ask that the review continues.

I apologize for any confusion. Please let me know if you have any questions or require additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Adam Reuther".

Adam Reuther
Director, Regulatory Affairs
USWM, LLC
(502) 815-8129



4441 Springdale Road
Louisville, KY 40241
Phone 502-815-8000
Fax 502-815-8001
usworldmeds.com

CONFIDENTIAL
CONTAINS TRADE SECRETS AND COMMERCIAL AND PROPRIETARY INFORMATION OF
USWM, LLC

December 8, 2020

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521



RE: USWM State Licensing

Dear Mark:

Reference is made to the USWM, LLC's response in a letter dated December 7, 2020 to the Nevada Board of Pharmacy's email request for information on December 3, 2020. In that response, USWM, LLC provided clarification that it is a virtual company that does not physically handle the pharmaceutical products that are distributed under the USWM, LLC brand name. USWM, LLC's products are shipped to Third Party Logistics Providers all across the country to be supplied to the end user patients. USWM, LLC contracts with ICS, in Reno, Nevada, to perform the specialty distribution of its critical products.

In addition, we would also like to respond to the Nevada Board of Pharmacy's email request for information on December 7, 2020 to further clarify that USWM, LLC's parenteral and medically necessary products are needed to address potentially life-threatening conditions. Continued and uninterrupted supply of these medications is paramount to the wellbeing of our patients.

USWM, LLC is applying for this license to ensure uninterrupted supply of this medication to patients and asks that the review continues.

Please let me know if you have any questions or require additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Adam Reuther".

Adam Reuther
Director, Regulatory Affairs
USWM, LLC
(502) 815-8129

USWM, LLC
Business Information Sheet
Corporate Officers & Owner

Name	Title	Home Address	Contact Information	Share of Company
US WorldMeds Ventures, LLC	Single Member LLC	4441 Springdale Road Louisville, KY 40241	(P) 502-815-8101 (F) 888-787-1730	100%
P. Breckinridge ("Breck") Jones, Sr.	Chief Executive Officer	1 Stoll Hill Rd Louisville, KY 40222	(P) 502- (F) 888-787-1730 (C) 502-	0%
H. Lee Warren, Jr.	Chief Operating Officer	PO Box Goshen, KY 40026	(P) 502- (F) 888-787-1730 (C) 502- 5	0%
Henry van den Berg	Senior Vice President	Grandstone Ln Cincinnati, OH 45249	(P) 502- .0 (C) 513- + (F) 888-787-1730	0%
Pam Sheehan	Controller	Valley Spring Ct Louisville, KY 40220	(P) 502- (F) 502-805-0695 (C) 502-	0%
Stephanie Montgomery	Secretary and Vice President of Finance	Forest School Ln Anchorage, KY 40223	(P) 502- (F) 888-787-1730 (C) 502-	0%

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number W04420

USWM LLC

4441 SPRINGDALE ROAD
LOUISVILLE, KY 40241

Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	9/30/2021
Effective Date	6/9/2020
Status of Permit	Active
Board Action	No
Case Number(s)	

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.



COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 06/09/2020

NUMBER: W04420

EXPIRATION DATE: 09/30/2020

Issued to:
USWM LLC

4441 SPRINGDALE ROAD
LOUISVILLE, KY 40241

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.



The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

CURRICULUM VITAE**Adam J. Reuther**

(502)-

(614)

(Cellular)

areuther@usworldmeds.com

PROFESSIONAL EXPERIENCE**MARCH 2015-PRESENT****Regulatory Affairs, Director
US WorldMeds, Louisville Kentucky****Responsibilities:**

- Clinical Regulatory, CMC, and Commercial Regulatory department management
- Responsible for management and submission of BLA, NDA, ANDA, IND portfolio.
- Ensure compliance with development and post-approval regulations

2012-2015**Senior Manager, Regulatory Affairs, CMC
Aptalis Pharmatech, Inc. Vandalia, OH****Responsibilities:**

- Preparation of CMC documents for the filings including NDA, ANDA, and DMFs for modified release solid oral, orally disintegrating tablets, and suspensions.
- Support of manufacturing facility change control impact assessments.

2008-2012**Regulatory Affairs Manager - Quality and Regulatory Affairs
Cardinal Health, Dublin, OH****Responsibilities:**

- Generation of CMC sections of new ANDAs and Drug Master Files to support parenteral nuclear pharmaceuticals.

2007-2008**Regulatory Affairs Associate
PharmaForce, Inc. Columbus, OH****Responsibilities:**

- Regulatory submission support for ANDAs and maintain approved submissions for parenteral, ophthalmic, otic, and injectable suspension drug products.

2006-2007**Analytical Chemist – Analytical Laboratory
Ventaira Pharmaceuticals, Columbus, OH****2005-2006****Chemist– Analytical Development
Patheon Pharmaceuticals, Inc. Cincinnati, OH****2002-2005****Research Associate – Analytical Laboratory
Battelle Memorial Institute, Columbus, OH****ACADEMIC BACKGROUND**

Bachelor of Science

2002

Biochemistry (ACS Certified)
Ohio Northern University, Ada, OH

CURRICULUM VITAE**Adam J. Reuther**

(502)-

(614) (Cellular)

areuther@usworldmeds.com

PROFESSIONAL EXPERIENCE**JUNE 2020-PRESENT****Regulatory Affairs, Director
USWM, LLC, Louisville Kentucky****Responsibilities:**

- Clinical Regulatory, CMC, and Commercial Regulatory department management
- Responsible for management and submission of BLA, NDA, ANDA, IND portfolio.
- Ensure compliance with development and post-approval regulations

MARCH 2015-JUNE 2020**Regulatory Affairs, Director
US WorldMeds, Louisville Kentucky****Responsibilities:**

- Clinical Regulatory, CMC, and Commercial Regulatory department management
- Responsible for management and submission of BLA, NDA, ANDA, IND portfolio.
- Ensure compliance with development and post-approval regulations

2012-2015**Senior Manager, Regulatory Affairs, CMC
Aptalis Pharmatech, Inc. Vandalia, OH****Responsibilities:**

- Preparation of CMC documents for the filings including NDA, ANDA, and DMFs for modified release solid oral, orally disintegrating tablets, and suspensions.
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2007-2008**Regulatory Affairs Associate
PharmaForce, Inc. Columbus, OH****Responsibilities:**

- Regulatory submission support for ANDAs and maintain approved submissions for parenteral, ophthalmic, otic, and injectable suspension drug products.

2006-2007**Analytical Chemist – Analytical Laboratory
Ventaira Pharmaceuticals, Columbus, OH****2005-2006****Chemist– Analytical Development
Patheon Pharmaceuticals, Inc. Cincinnati, OH**

CURRICULUM VITAE**Adam J. Reuther**

(502)

(614) (Cellular)

areuther@usworldmeds.com

2002-2005**Research Associate – Analytical Laboratory
Battelle Memorial Institute, Columbus, OH****ACADEMIC BACKGROUND**

Bachelor of Science

2002

Biochemistry (ACS Certified)
Ohio Northern University, Ada, OH

Mark I. Sedar

From: Meredith Shinn <Meredith.Shinn@qpharmacorp.com>
Sent: Thursday, August 13, 2020 5:20 AM
To: Mark I. Sedar
Subject: FW: Nevada Wholesaler applicatoin - USWM, LLC

Hi Mark,

As you may recall, QPharma, Inc. provides regulatory licensing services. We are working with USWM, LLC and submitted the above-mentioned application for review.

USWM, LLC is a virtual manufacturer in that they maintain ownership but do not take possession of the product. Product is handled and distributed by USWM's contracted 3PL.

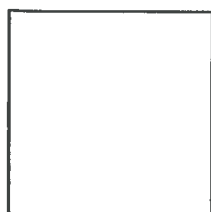
Please let me know if you require further information or if anything else is needed.

Thanks,

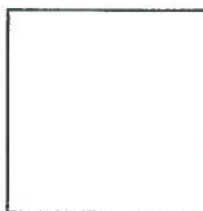
Meredith Shinn / Senior Regulatory Specialist
 QPharma, Inc. / 22 South Street / Morristown, NJ 07960
 (tel) 973.656.0011 ext. 2059 (fax) 973.656.0408
meredith.shinn@qpharmacorp.com

Your Commercial and Compliance Partner

From: Kay Moles <kmoles@usworldmeds.com>
Sent: Wednesday, August 12, 2020 6:22 PM
To: Meredith Shinn <Meredith.Shinn@qpharmacorp.com>
Subject: FW: Nevada Wholesaler applicatoin - USWM, LLC



Kay Moles | Regulatory Submission Manager
 o 502.815.8195 | m 859.608.3094



4441 Springdale Rd | Louisville, KY 40241

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Wednesday, August 12, 2020 6:20 PM
To: Kay Moles <kmoles@usworldmeds.com>
Subject: Nevada Wholesaler applicatoin - USWM, LLC

EXTERNAL MESSAGE

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from USWM, LLC. The application is incomplete due to the following missing items.

- Missing list of employees that handle drugs on a daily basis

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Mark Sedar
Chief Operating Officer
Nevada State Board of
Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are **hereby** notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

Please consider the environment before printing this email.

This message contains confidential information, intended only for the person(s) named above, which may also be privileged. Any use, distribution, copying, or disclosure by any other person is strictly prohibited. In such case, you should delete this message and kindly notify the sender via reply e-mail. Please advise immediately if you or your employer does not consent to Internet e-mail for messages of this kind.

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

Premium: \$2,000.00

Bond No. 0783925

Application/License No. _____

USWM, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
4441 Springdale Road, Louisville, KY 40241, as
Address of Applicant/Principal
PRINCIPAL, and Harco National Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Illinois,
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Newark, 20th Floor, Newark, NJ 07102 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 7/20/2020.
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:

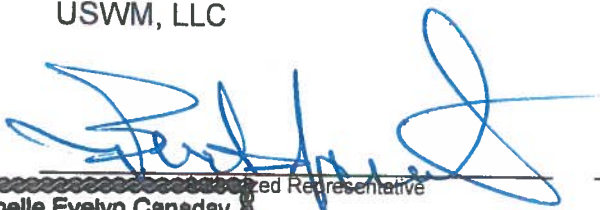
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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.

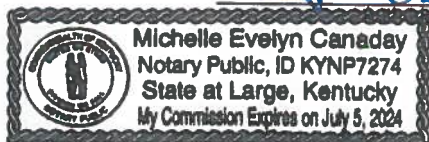
In witness whereof, each party to this bond has caused it to be executed on this
20 day of July, 2020.

APPLICANT/PRINCIPAL
USWM, LLC

SURETY
Harco National Insurance Company


Authorized Representative


Surety Company's Representative



Sandra Corona, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness

SIGNED and SEALED in the presence of:

see attached notary acknowledgment
Witness


Witness

Witness

State of KY, County of Jefferson
Signed before me on this 20 day
of July, 2020 by P. Breckinridge Jones
Notary Public Michelle Canaday

Countersigned by:

Nevada Resident Agent

Aidan Kathleen Smock

Posted February 20, 2020

POWER OF ATTORNEY

Bond # 0783925

**HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY**

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

**PAUL JEFFREY HERING, MARTA COLLETT, SANDRA CORONA, RICHARD HALLETT, AIDAN SMOCK,
KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN**

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018



STATE OF NEW JERSEY
County of Essex

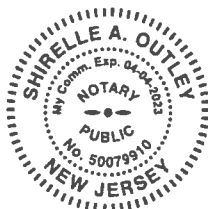
Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 7/20/2020

A00874

Irene Martins, Assistant Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

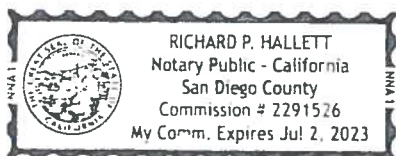
STATE OF CALIFORNIA

County of San Diego

On JUL 20 2020 before me, Richard P. Hallett, Notary Public,
Date Insert Name of Notary exactly as it appears on the official seal

personally appeared Sandra Corona

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

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing:

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing:

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:23 AM 04/29/2020
FILED 11:23 AM 04/29/2020
SR 20203264729 - File Number 7952267

CERTIFICATE OF FORMATION

OF

USWM, LLC

April 29, 2020

This Certificate of Formation of USWM, LLC is being duly executed and filed by Imole Ogowewo, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del C. § 18-101, *et seq.*).

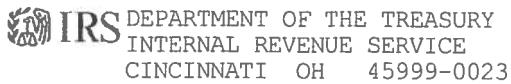
FIRST: The name of the limited liability company formed hereby is USWM, LLC (the "Company").

SECOND: The address of the registered office of the Company in the State of Delaware is c/o The Corporation Trust Company, 1209 Orange Street, Wilmington, Delaware 19801.

THIRD: The name and address of the registered agent of the Company for service of process in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation.

/s/ Imole Ogowewo
Name: Imole Ogowewo
Authorized Person



Date of this notice: 04-30-2020

Employer Identification Number:
85-0881834

Form: SS-4

Number of this notice: CP 575 A

USWM LLC
PAUL BRECKINRIDGE JONES SR SOLE MBR
4441 SPRINGDALE RD
LOUISVILLE, KY 40241

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 85-0881834. 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 941	07/31/2020
Form 940	01/31/2021

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.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

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.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is USWM. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

999999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 04-30-2020
EMPLOYER IDENTIFICATION NUMBER: 85-0881834
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

A barcode consisting of vertical bars of varying heights, used for document tracking or identification.

USWM LLC
PAUL BRECKINRIDGE JONES SR SOLE MBR
4441 SPRINGDALE RD
LOUISVILLE, KY 40241

From: [Kay Moles](#)
To: [Meredith Shinn](#)
Subject: FW: Labeler Code Request Approved
Date: Wednesday, June 10, 2020 9:34:45 AM

Fyi – new labeler code for USWM, LLC



Kay Moles | Regulatory Submission Manager
 o 502.815.8195 | m 859.608.3094

4441 Springdale Rd | Louisville, KY 40241 

From: Adam Reuther <areuther@usworldmeds.com>
Sent: Tuesday, June 2, 2020 5:23 PM
To: Shari Kamber <SK@usworldmeds.com>; Kay Moles <kmoles@usworldmeds.com>
Subject: FW: Labeler Code Request Approved

FYI - Adam

Adam Reuther | Director, Regulatory Affairs
 o 502.815.8129 | m 614.352.3943

4441 Springdale Rd | Louisville, KY 40241

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, June 2, 2020 12:52 PM
To: Adam Reuther <areuther@usworldmeds.com>
Subject: Labeler Code Request Approved

EXTERNAL MESSAGE

eDRLS - Electronic Drug Registration & Listing System

Current Date: 02-JUN-2020
Labeler DUNS: 117542566
Labeler Name: USWM, LLC
Labeler Code Assigned: 78670

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.

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).

18G

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: VET4U, LLC

Physical Address: 7020 Fly Rd, Suite 3

City: East Syracuse State: NY Zip Code: 13057

Telephone Number: 888-794-2360 Fax Number: 954-400-1329

Toll Free Number: _____

E-mail: pdimauro@onevet4u.com Website: http://50.16.20.58/about

Facility Manager: Patrick S. DiMauro

Professional qualifications and experience of facility manager: Responsible for the start up of a wholesale pharmaceutical distributorship selling to governmental agencies. Responsible for securing individual state wholesale licenses to distribute to over 40 states

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Veterans Administration CMOP's, VA Medical Centers, Department of Defense, Bureaus of Indian Affairs

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: Amerisource Bergen

Address: 6001 Global Distribution Way #102 Louisville, KY 40228

Name: TopRX, LLC

Address: 2950 Brother Blvd Bartlett, TN 38133

Name: ParMed Pharmaceuticals

Address: 5960 E Shelby Dr, Suite 100 Memphis, TN 38141

Name: The Harvard Drug Group

Address: 8401 Bearing Dr, Suite 100 Indianapolis, IN 46268

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

Patrick S. DiMauro

Print Name of Authorized Person

1-12-2021

Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: New York

Parent Company if any: _____

Mailing Address: 7020 Fly Rd, Suite 3City: East Syracuse State: NY Zip: 13057Telephone: 888-794-2360 Fax: 954-400-1329Contact Person: Patrick S. DiMauro

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 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: Raymond J. Davis, Managing Member %: 51Name: Patrick S. DiMauro, Member %: 49

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: VET4U, LLCMailing Address: 7020 Fly Rd, Suite 3City, State Zip Code: East Syracuse, NY 13057Telephone Number: 888-794-2360 Fax Number: 954-400-1329Contact Person: Patrick S. DiMauro

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 partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

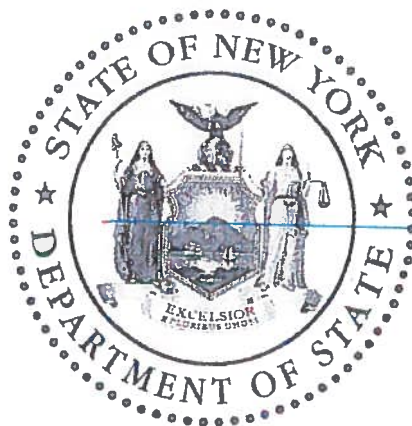
- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

State of New York
Department of State } ss:

I hereby certify, that VET4U, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/11/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 25th day of February two
thousand and twenty-one.

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State



Office of the Professions

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 *

01/05/2021

Type : WHOLESALER

Legal Name : VET4U, LLC

Trade Name :

Street Address :

7020 FLY ROAD

SUITE 3

EAST SYRACUSE, NY 13057-0000

Registration No : 038027

Date First Registered : 04/27/20

Registration Begins : 04/27/20

Registered through : 03/31/23

Supervisor : DIMAURO PATRICK S

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 [HFIP 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

NAME OF SUPERVISOR
PATRICK S. DIMAURO



2020-23

THIS IS TO CERTIFY

VET4U, LLC
7020 FLY ROAD
SUITE 3
EAST SYRACUSE, NY 13057

is duly recorded as a

REGISTERED WHOLESALER
OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE TWENTY-SEVENTH DAY OF APRIL, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF MARCH, 2023.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

038027



Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

NEW YORK STATE DEPARTMENT OF HEALTH
CONTROLLED SUBSTANCE LICENSE



VEI4U LLC
7020 FLY ROAD STE 3
EAST SYRACUSE NY 13057

CLASS 2
DISTRIBUTOR
SCHEDULE:
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 #: 0200413
EFFECTIVE: JUN 30, 2020
EXPIRES: JUN 29, 2022

Howard Zucker, M.D.
HOWARD ZUCKER, M.D., J.D.
COMMISSIONER OF HEALTH

TO BE PERMANENTLY DISPLAYED AT THE LICENSED SITE

Ownership Information

VET4U, LLC
FEIN: 27-0636421
7020 Fly Rd, Suite 3
East Syracuse, NY 13057
888-794-2360

1. Raymond J. Davis (Managing Member)

DOB:

Mailing Address: Citation Dr Fabius, NY 13063

(479)

51% ownership

2. Patrick S. DiMauro (Member)

DOB:

Mailing Address: Oran Delphi Rd Manlius, NY 13104

(315) ;

49% ownership

Controlled Substance Access

Biographical Information of All People with Access to Controlled Substances

Patrick S. DiMauro, DOB [REDACTED], [REDACTED] Oran Delphi Rd., Manlius, NY 13104, 315-

Ray Davis, DOB [REDACTED], [REDACTED] Citation Dr. Fabius, NY 13063, 479- [REDACTED] 3

Renee Ainsworth, DOB [REDACTED], [REDACTED] Lakeshore Rd., Cicero, NY 13039, 315

Anne Fusco, DOB [REDACTED], [REDACTED] Milo Dr. West Monroe, NY 13167, 315-

Warehouse Manager-TBD

Background Check Information

ADP, 1000 GSK Dr. Coraopolis, PA 15108, Telephone 412-356-1139

Scope: Social Security Number Verification, County Criminal records, County Standard Felony and Misdemeanor reports, Motor Vehicle Records, Multi-State Sex Offender Registry.

Results Timeframe- 48-72 hours

Person Responsible- Patrick S. DiMauro, Facility Supervisor

PATRICK S. DiMAURO

P.O. Box

Oran Delphi Road

Manlius, New York 13104

Cell 315-

pdimauro@onevet4u.com

PROFESSIONAL OVERVIEW

Over thirty years of progressive leadership experience with profitable, dynamic growth-oriented organizations. Senior management team member with proven expertise in the areas of leadership, strategic planning, general management, budgeting, general administrative functions, facilities management, and human resources.

EXPERIENCE**Member**

VET4U, LLC, Syracuse, NY, 7/09-present

4/15-present- Responsible for the start- up of a wholesale pharmaceutical distributorship selling to governmental entities and non-governmental entities including managing the record keeping, storage and shipments of drugs and devices .

- Developed contractual relationships with over fifteen manufacturers of pharmaceuticals
 - Responsible for securing individual state wholesale pharmaceutical licenses resulting in being able to distribute pharmaceutical in over forty (40) states
 - Responsible for the development and implementation of Standard Operating Procedures that follow FDA, DEA and individual state requirements
 - Responsible for providing educational sessions for all employees on the company SOP's
- 07/09-4/15 - Responsible for the on-going management of commercial construction company
- Increase annual sales from start up to \$2.5 million in annual construction revenue
 - Implemented an integrated project delivery program that resulted in on-time on budget projects with open communications between all parties involved in the construction process

Director of Operations

Hueber-Breuer Construction Co., Inc., Syracuse, NY, (8/02-12/13)

Responsible for the areas of Risk Management, Contract Administration, Safety, Field Administration, Special Projects, and Human Resources.

- Reduced overall costs of insurances over four years by 35% resulting in direct bottom line savings through the implementation of risk transfer programs.
- Increased direct labor hourly rate margin by 33% through the thorough analysis of all cost components.
- Implemented onsite superintendent training programs that resulted in increased project profits
- Responsible for the refinancing of a commercial project resulting in annual cash flow increases of over \$500,000 in addition to securing full guarantee of tenant.
- Implemented field safety and accountability programs that resulted in the continual reduction of the workers' compensation mod and having a positive bottom-line impact.
- Implemented project management software that increased communication between field, architect, and owner that resulted in reducing the construction schedule and increasing margins.

Vice President of Operations

David J Hardy Construction Company, Inc. Syracuse, NY (1997-2001)

Responsible for the areas of Estimating, Construction, Warehousing/Inventory Control, Human Resources and Administration.

- Increased annual sales from \$13 million to over \$42 million in four years through the implementation of annual goal setting planning programs for all division and department heads.
- Implemented management-training programs for field managers that resulted in increased profitability on each job.
- Implemented employee relations programs that reduced turnover to below ten percent annually.
- Implemented a performance appraisal program for all levels of employees that identified top performers and career paths for future opportunities.
- Developed and implemented a company wide benefits program that reduced costs by over fifteen percent while providing overall better coverages.

VET4U,**LLC****Background Information**

Federal Licenses

Current-DEA Controlled Substance Schedule 3, 3N, 4, 5 Drugs – Distributor Lic. #
RV0582444, Exp. 5/31/2021

State Licenses-copies of individual licenses attached Exhibit 1

Current

New York State Registered Wholesaler of Drugs and/or Devices expiration
3/31/23- Lic. # 038027
North Carolina Wholesaler Prescription Drug Registration expiration 12/31/20-
Lic. #1582
Ohio License to Distribute Dangerous Drugs expiration 6/31/21-Lic.
#0132000015
Arkansas Wholesale Distributor License expiration 12/31/20-Lic. #WD05204
Georgia Wholesaler Pharmacy expiration 6/30/21- Lic. #PHWH004564
Kentucky Wholesale Distributor expiration 09/30/20-Lic. #W04273
Louisiana Distributor of Legend Drugs or Legend Devices expiration 12/31/20

Previous

Florida RX Drug Wholesale Distributor-Broker Only expiration 7/31/20-Lic.
#2971
New York State Non-Resident Establishment Registered Wholesaler of Drugs
and/or Devices-Lic. #036587

Hours of Operation

Working- Monday through Friday 9:00am-5:00pm
Dispensing- Monday through Friday 9:00am-5:00pm

Business Information

Type of Business- Wholesale Pharmaceutical Distributor

Organizational information- See attached organizational chart Exhibit 2

Principals of the Firm

Raymond J. Davis, DOB 7/1/1967, 7 Citation Drive Fabius, NY 13063, Managing
Member

Patrick S. DiMauro, 1000 Oran Delphi Rd., Manlius, New York 13104,
Member

Site Information

Square footage- 6,365 sq. ft.

Floor Plan-see attached

Floor Plan with Security Measures-see attached Exhibit 3

Supplier Information

Amerisource Bergen, DEA #RA0556742, 6001 Global Distribution Way #102, Louisville, KY 40228,
Contact Phone Number- Julie Dahl Watson, Director Strategic Accounts, 631-789-6827



New York State Certified
Service-Disabled Veteran-Owned Business

VET4U,**LLC**

TopRX, LLC, DEA #RT0474217, 2950 Brother Blvd., Bartlett, TN 38133, Contact Phone Number- Brian Vanderhayden, Director of National Accounts, 800-542-8677, ext. 1715
 ParMed Pharmaceuticals, DEA #RC0501014, 5960 E. Shelby Dr., Suite 100, Memphis, TN 38141, Contact Phone Number- Jeanie Wilson, Senior Account Manager, 800-727-6331, ext. 66437
 The Harvard Drug Group, Major Pharm/Rugby Labs, DEA #RT0485020, 8401 Bearing Dr., Ste 100, Indianapolis, IN 46268, Contact Phone Number- Charles Nell, Vice President, 740-362-6279
 Real Value Products Group, DEA #BW4304957, 5100 Commerce Parkway, San Antonio, TX 78218, Tom Napolitano, Senior Vice President and General Manager, 210-979-3323
 BluPax Pharmaceuticals, LLC, DEA #AB2289709, 160 Raritan Center Parkway, Unit 1, Edison, NJ 08837, Contact Phone Number- Adam Sloan, Senior National Account Manager, 732-902-6760, ext. 201

Record Keeping

Attached are the following policies:

Licensure and Reporting -Overview- see page 52 of SOP's
 Permit, Licensing and Compliance-see page 54 of SOP's
 Report to Government Contact-see page 57 of SOP's
 Reporting Control Substance to the DEA-ARCOS- see page 59 of SOP's
 Reporting Control Substances to Florida/State Required- see page 66 of SOP's
 Reporting to the FDA- see page 71 of SOP's
 Customer and Vendor Due Diligence-see page 76 of SOP's

Persons Responsible for Record Keeping

Raymond Davis, Managing Member
 Patrick S. DiMauro, Member, Facility Supervisor

Auditing / Evaluation / Quality Assurance

See attached policies

Customer and Vendor Due Diligence- see page 76 of SOP's
 Audit Policy- Wholesale Suppliers- see page 79 of SOP's
 Audit Policy-Manufacturing Vendor- see page 81 of SOP's
 Product Tracing- see page 85 of SOP's

**Controlled Substance Access****Biographical Information of All People with Access to Controlled Substances**

Patrick S. DiMauro, DOB [redacted], Oran Delphi Rd., Manlius, NY 13104, 315-

Ray Davis, DOB [redacted], Citation Dr. Fabius, NY 13063, 479

Renee Ainsworth, DOB [redacted], 8464 Lakeshore Rd., Cicero, NY 13039, 315

Anne Fusco, DOB [redacted], Milo Dr. West Monroe, NY 13167, 315-

Warehouse Manager-TBD

Background Check Information

ADP, 1000 GSK Dr. Coraopolis, PA 15108, Telephone 412-356-1139



New York State Certified
 Service-Disabled Veteran-Owned Business

VET4U,



LLC

Scope: Social Security Number Verification, County Criminal records, County Standard Felony and Misdemeanor reports, Motor Vehicle Records, Multi-State Sex Offender Registry.

Results Timeframe- 48-72 hours

Person Responsible- Patrick S. DiMauro, Facility Supervisor

Security

Floorplan with Security Measures- See attached floor plan-see Exhibit 3

Security Contract(s) / Agreement(s)

Ring Protect Inc., 800-686-1918- NY License #120000327271

Card Access Vendor- Alarm Lock, NAPO Security, Amityville, NY 800-ALA-LOCK

Description of Security Measures

Perimeter of building covered by 24/7/365 cameras recorded on security computer 24/7/365. Cameras are from Night Owl with remote viewing, real-time motion alerts and night vision.

Interior of facility, office corridors, shipping/receiving, warehouse, controlled substance room, has Nigh Owl cameras with the same functionality as the exterior cameras. Additionally, motion detectors are located in shipping/receiving, and entrances to the warehouse and controlled substance room.

All entrances to the main facility are by key card access only identifying the time, date and employee entering. Additionally, the Key card access to the shipping/receiving area and the warehouse are limited to authorized individuals with access identifying time, date and employee entering.

This same procedure is applied to the controlled substance room.

Lastly, the main entrance to the facility is locked at all times requiring visitors to ring a buzzer to be let in. All visitors are required to sign in/out indicating purpose of visit, company, employee they will be seeing, and date/time.

Responding Law Enforcement

Town of Dewitt Police Department

5400 Butternut Drive

East Syracuse, New York 13057

Administrative Phone: 315-449-3640

Emergency: 911

Onondaga County Sheriff's Office

407 South State Street

Syracuse, New York 13202

Administrative Phone: 315-435-2036

Emergency: 911

Controlled Substance Container(s)

At this time, VET4U, LLC will not be carrying Schedule 2

Controlled Substance Storage

Room-dimensions 15' 7" X 10' 9" see Exhibit 3



New York State Certified
Service-Disabled Veteran-Owned Business

VET4U,



LLC

People with Access to Room

Raymond Davis, Managing Member
 Patrick DiMauro, Member and Facility Supervisor
 Renee Ainsworth, Office Manager/Pharmacy Technician
 Anne Fusco, Senior Sales Director New York State

Room's Security Measures

Entrance to the controlled substance room is by electronic key lock on entrance door, security key entry into fully enclosed cage, and when implemented, security key entry into schedule 2 cage which will contain a safe.

All entry into to controlled substance room and cage(s) must be by two authorized employees each time. Although the electronic key entry into the controlled substance room records employee name, date and time, all employees are also required to sign in for entrance into the cage and, when implemented, will require sign in to enter the schedule 2 cage.

Controlled Substance Transport

All controlled substance will be transported via FEDEX or UPS.

All controlled substance orders will be pulled and packed within the controlled substance room by two authorized employees who will confirm order is appropriate, pull and pack shipping box, label the shipping box and hand to FEDEX or UPS.

Theft of Loss Reporting

Policy / Procedure

Inventory Controls- see page 108 of SOP's

Law Enforcement Notification Process

Upon confirmation of a theft or loss, the facility supervisor and/or the General Manger will contact the local law enforcement and file a report. The facility supervisor will be responsible for follow-up with law enforcement.

DEA Notification Process

Inventory Controls-see page 108 of SOP's

Procedure for filling out DEA 106

Inventory Controls- see page 108 of SOP's

Destruction of Controlled Substances

Reverse Distributors

National Pharmaceutical Returns

DEA #RN0205408

4164 NW Urbandale Drive

Urbandale, IA 50322

Contact Phone: Natalie Thomas, Assistant to the COO, 515-252-7722, ext. 307



New York State Certified
 Service-Disabled Veteran-Owned Business

13 April 2021

State Board of Pharmacy
State of Nevada

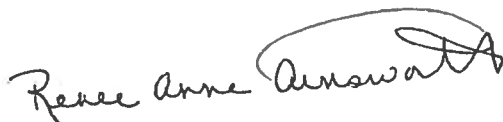
In October 2011 I received a DWI in the State of Arkansas where I had resided for over 40 years. At that time, I was an Insurance Agency Owner licensed by the State of Arkansas. I had attended dinner with company reps that we did business with. We ate at JJ's Sports Bar and Grill which I had dinner and drinks which consisted of Miller Lite. At approximately 8:30 pm I left the restaurant and observed police officers in their vehicle in the parking lot. As I was driving out of parking lot on to the main road the officer's followed me. They followed me for about ½ a mile and pulled me over. They informed me that they had reason to believe I had been drinking. I said that I had some beers with dinner and that they saw me when I left the establishment. They wanted to do a breathalyzer on me which I was fine with. To accomplish this, I had to be taken in for the test. They offered to park my car for me instead of towing it due to me being so cooperative. I performed the test and registered .09 which I thought was fine due to the law was 1.0. I was then told the law had just changed and it was now .08. I received the DWI and performed everything that was asked of me. This included fines, classes and community service which I completed. I have never been in trouble and had not had a speeding ticket in 25 years. My attorney told me that it would be fine that it was a misdemeanor just like getting a parking ticket. I did plead guilty due to the fact that I had drinks at dinner, and I did register over the legal limit. I appreciate your consideration in our License application. I am available for any questions you might have about this incident.

Thank you,



Raymond J. Davis
7 Citation Drive
Fabius, NY 13063

13 Apr 2021



4/13/2021

Renee Anne Ainsworth
Notary Public - State of New York
No: 01AI6390019
Qualified in Onondaga County
My Commission Expires 4/8/2023

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: <u>VET4U, LLC</u>			
Address: <u>7020 Fly Rd, Suite 3</u>			
City: <u>East Syracuse</u>	State: <u>NY</u>	Zip: <u>13057</u>	
I hereby authorize the <u>State of New York</u> to furnish to the Nevada State Board of Pharmacy, the information requested below.			
Signature of Applicant <u></u>			

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

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 Seal

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

I hereby certify, that VET4U, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/11/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 18th day of November two
thousand and twenty.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*

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. 810007441

Application/License No. _____

VET4U, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
7020 Fly Rd. 3. East Syracuse, New York 13057-9653, United States, as
Address of Applicant/Principal
 PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
 corporation organized under the laws of the state of New York,
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

One State Street Plaza, 31st Floor, New York, NY 10004 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 07, 2021.
Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 7th day of January, 20 21.

APPLICANT/PRINCIPAL

VET4U, LLC

[Signature]
Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

[Signature]
Surety Company's Representative

Deborah A. Suatoni, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Signature]
Witness

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

[Signature]
Witness

Countersigned by:

N/A
Nevada Resident Agent

LLC ACKNOWLEDGMENT

State of New York
County of Onondaga

On the 12th day of JANUARY, 2021, before me personally came Patrick F. DiManno to me known who being by me duly sworn, did depose and say; that he is Member of the VET4U, LLC, the LLC described in and which executed the above instrument; that he knows the seal of such said corporation; that the seal affixed to the instrument is such corporate seal that it was so affixed and she signed her name thereto by like order.


Notary Public

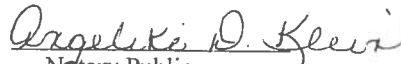
Renee Anne Ainsworth
Notary Public - State of New York
No: 01AI6390019
Qualified in Onondaga County
My Commission Expires 4/8/2023

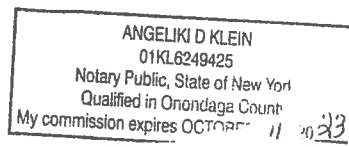
SURETY ACKNOWLEDGMENT

State of New York
County of Onondaga

On the 7th day of January, 2021, before me a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared Deborah A. Suatoni known to me to be the Attorney-In-Fact of the Atlantic Specialty Insurance Company, the corporation described in and that executed the within and foregoing instrument and known to me to be the person who executed the said instrument in behalf of the said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.


Notary Public





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: **John P. Rumschik, Ramon Dunlop, David Mehlbaum, Deborah A. Suatoni, Raymond Suatoni, Jesse M Champagne**, 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.

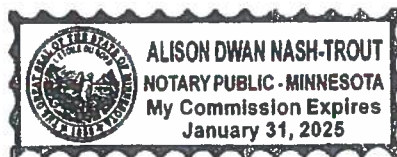


By

Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



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 7th day of January, 2021



Kara Barrow, Secretary

This Power of Attorney expires
January 31, 2025



Atlantic Specialty Insurance Company
Period Ended 12/31/2019

Dollars displayed in thousands

Admitted Assets		Liabilities and Surplus	
Investments:		Liabilities	
Bonds	\$ 1,219,332	Loss Reserves	\$ 750,516
Preferred Stocks	-	Loss Adjustment Expense Reserves	243,193
Common Stocks	791,167	Total Loss & LAE Reserves	993,709
Mortgage Loans	-		
Real Estate	-	Unearned Premium Reserve	520,053
Contract Loans	-	Total Reinsurance Liabilities	17,061
Derivatives	-	Commissions, Other Expenses, and Taxes due	40,497
Cash, Cash Equivalents & Short Term Investments	62,383	Derivatives	-
Other Investments	17,350	Payable to Parent, Subs or Affiliates	-
Total Cash & Investments	2,090,232	All Other Liabilities	165,932
		Total Liabilities	1,737,252
Premiums and Considerations Due	261,176		
Reinsurance Recoverable	51,892	Capital and Surplus	
Receivable from Parent, Subsidiary or Affiliates	21,005	Common Capital Stock	9,001
All Other Admitted Assets	59,600	Preferred Capital Stock	-
		Surplus Notes	-
Total Admitted Assets	2,484,105	Unassigned Surplus	49,392
		Other Including Gross Contributed	688,460
		Capital & Surplus	746,853
		Total Liabilities and C&S	2,484,105

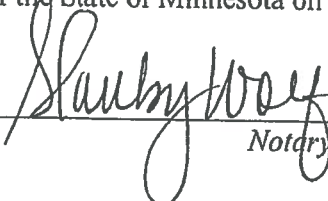
State of Minnesota
County of Hennepin

I, Christopher Jerry, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said OneBeacon Insurance Company, on the 31st day of December, 2019, according to the best of my information, knowledge and belief.


Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 27th day of February, 2020.




Notary Public

19

19A

2643

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: RUTH MERCY Middle: SIMON Last: MAGALIT

Mailing Address: P.O. BOX

City: SAN BERNARDINO State: CA Zip Code: 92427

Telephone: _____ E-mail Address: _____ @yahoo.com

Date of Birth: _____ Place of Birth: TACLOBAN CITY, PHILIPPINES

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: _____

CALIFORNIA Date of Issuance: 04-16-2009

College of Pharmacy Information

Graduation Date: 03/26/93
(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: CENTRO ESCOLAR UNIVERSITY

Location of School: MANILA, PHILIPPINES

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250.00 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
none		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: na

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: na

				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

Board Administrative Action: DISCIPLINARY REVOCATION STAYED PROBATION 6 years	State: CA	Date: 02/27/2019	Case #: ADMINISTRATIVE CASE 6239
Criminal Action: na	State: / /	Date: / /	Case #: / /
		County	Court

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒

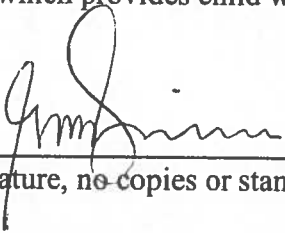
4a. If you marked Yes, to the question 4, are you in compliance with the court order?..... Yes ☐ No ☐

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

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.


Original Signature, no copies or stamps accepted

July 1, 2020
Date

BOARD OF PHARMACY

LICENSING DETAILS FOR: RPH 62379

NAME: MAGALIT, RUTH MERCY SIMON

LICENSE TYPE: REGISTERED PHARMACIST

LICENSE STATUS: PROBATION OR PRACTICE RESTRICTION

SECONDARY STATUS: PROBATION

ADDRESS NOT DISCLOSED

ISSUANCE DATE

APRIL 16, 2009

EXPIRATION DATE

NOVEMBER 30, 2020

CURRENT DATE / TIME

JULY 20, 2020

8:21:01 AM

PUBLIC RECORDS

DISCIPLINARY ACTIONS (1)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.

DISCIPLINARY ACTIONS RENDERED BY THE BOARD AND PENALTIES IMPOSED BECOME OPERATIVE ON THE EFFECTIVE DATE OF THE ACTION EXCEPT IN SITUATIONS WHERE THE LICENSEE OBTAINS A COURT-ORDERED STAY THROUGH THE APPEAL PROCESS. THIS MAY OCCUR AFTER THE PUBLICATION OF THE INFORMATION ON THIS WEBSITE.

TO OBTAIN INFORMATION PRIOR TO JANUARY 1998 OR FOR INFORMATION ON SPECIFIC DISCIPLINE LISTED SUBMIT A WRITTEN REQUEST TO THE *STATE BOARD OF PHARMACY, 1625 N. MARKET BLVD, SUITE N219, SACRAMENTO, CA 95834, ATTENTION PUBLIC RECORDS DESK.*

PUBLIC DISCLOSURES:

♦ **CASE NUMBER:** AC201700623900

♦ **EFFECTIVE DATE OF ACTION:** FEBRUARY 27, 2019

♦ **DESCRIPTION OF ACTION:** THROUGH A DISCIPLINARY ACTION OF THE BOARD, THE LICENSE IS REVOKED, THE REVOCATION IS STAYED, AND THE LICENSEE IS PLACED ON PROBATION FOR SIX YEARS SUBJECT TO THE TERMS AND CONDITIONS IN THE DECISION.

PUBLIC DOCUMENTS

DOCUMENTS (1)

CASE NUMBER: AC201700623900

DOCUMENT: LINK

BOARD OF PHARMACY

LICENSING DETAILS FOR: RPH 62379

NAME: MAGALIT, RUTH MERCY SIMON

LICENSE TYPE: REGISTERED PHARMACIST

LICENSE STATUS: PROBATION OR PRACTICE RESTRICTION

SECONDARY STATUS: PROBATION

ADDRESS NOT DISCLOSED

ISSUANCE DATE

APRIL 16, 2009

EXPIRATION DATE

NOVEMBER 30, 2020

CURRENT DATE / TIME

JULY 20, 2020
8:21:01 AM

PUBLIC RECORDS

DISCIPLINARY ACTIONS (1)

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DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY. DISCIPLINARY ACTIONS RENDERED BY THE BOARD AND PENALTIES IMPOSED BECOME OPERATIVE ON THE EFFECTIVE DATE OF THE ACTION EXCEPT IN SITUATIONS WHERE THE LICENSEE OBTAINS A COURT-ORDERED STAY THROUGH THE APPEAL PROCESS. THIS MAY OCCUR AFTER THE PUBLICATION OF THE INFORMATION ON THIS WEBSITE.

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PUBLIC DOCUMENTS

DOCUMENTS (1)

CASE NUMBER: AC201700623900

DOCUMENT: LINK

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

SLOKUM LLC, DBA RIVERWALK PHARMACY

Riverwalk Pkwy., S
Riverside, CA 92505

Pharmacy Permit No. PHY 49858

NIMESH M. PATEL

Branding Iron Ln.
Riverside, CA 92508

Pharmacist License No. RPH 52508

RUTH MERCY SIMON MAGALIT

Po Box
San Bernardino, CA 92427

Pharmacist License No. RPH 62379

ZARINA QUTUBUDDIN

Hollywood Ave.
Corona, CA 92880

Pharmacist License No. RPH 67183

Respondents.

Case No. 6239

OAH No. 2018050637

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER AS TO RUTH MERCY
SIMON MAGALIT ONLY**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

STIPULATED SETTLEMENT AND DISCIPLINARY ORDER AS TO RUTH MERCY SIMON MAGALIT ONLY (CASE No. 6239)

This Decision shall become effective at 5:00 p.m. on February 27, 2019.

It is so ORDERED on January 28, 2019.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

A handwritten signature in black ink, appearing to read 'Victor Law', is written over a horizontal line.

By

Victor Law, R.Ph.
Board President

1 XAVIER BECERRA
 Attorney General of California
 2 GREGORY J. SALUTE
 Supervising Deputy Attorney General
 3 DIONNE MOCHON
 Deputy Attorney General
 4 State Bar No. 203092
 600 West Broadway, Suite 1800
 5 San Diego, CA 92101
 P.O. Box 85266
 6 San Diego, CA 92186-5266
 Telephone: (619) 738-9012
 7 Facsimile: (619) 645-2061
Attorneys for Complainant
 8

9 **BEFORE THE**
BOARD OF PHARMACY
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
 11 **STATE OF CALIFORNIA**
 12

13 In the Matter of the Accusation Against:

Case No. 6239

14 **SLOKUM LLC, DBA RIVERWALK**
PHARMACY

OAH No. 2018050637

15 Branding Iron Ln.
 16 Riverside, CA 92508

**STIPULATED SETTLEMENT AND
 DISCIPLINARY ORDER AS TO RUTH
 MERCY SIMON MAGALIT ONLY**

17 Pharmacy Permit No. PHY 49858,

18 **NIMESH M. PATEL**
 Branding Iron Ln.
 19 Riverside, CA 92508

20 Pharmacist License No. RPH 52508

21 **RUTH MERCY SIMON MAGALIT**
 P.O. Bo
 22 San Bernardino, CA 92427

23 Pharmacist License No. RPH 62379,

24 **ZARINA QUTUBUDDIN**
 Hollywood Ave.
 25 Corona,, CA 92880

26 Pharmacist License No. RPH 67183.

27 Respondents.
 28

1 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
2 entitled proceedings that the following matters are true:

3 PARTIES

4 1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy
5 (Board). She brought this action solely in her official capacity and is represented in this matter by
6 Xavier Becerra, Attorney General of the State of California, by Dionne Mochon, Deputy Attorney
7 General.

8 2. Respondent Ruth Mercy Simon Magalit (Respondent) is represented in this,
9 proceeding by attorney Darlene M. McIver, Esq. whose address is CPL-California Pharmacy
10 Lawyers, 49 Discovery, Suite 240, Irvine, CA 92618.

11 3. On or about April 16, 2009, the Board issued Pharmacist License No. RPH 62379 to
12 Respondent. The Pharmacist License was in full force and effect at all times relevant to the
13 charges brought in Accusation No. 6239, and will expire on November 30, 2018, unless renewed.

14 JURISDICTION

15 4. Accusation No. 6239 was filed before the Board, and is currently pending against
16 Respondent. The Accusation and all other statutorily required documents were properly served
17 on Respondent on March 15, 2018. Respondent timely filed her Notice of Defense contesting the
18 Accusation.

19 5. A true and correct copy of Accusation No. 6239 is attached as exhibit A and
20 incorporated herein by reference.

21 ADVISEMENT AND WAIVERS

22 6. Respondent has carefully read, fully discussed with counsel, and fully understands the
23 charges and allegations in Accusation No. 6239. Respondent has also carefully read, fully
24 discussed with counsel, and fully understands the effects of this Stipulated Settlement and
25 Disciplinary Order.

26 7. Respondent is fully aware of her legal rights in this matter, including the right to a
27 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
28 the witnesses against her; the right to present evidence and to testify on her own behalf; the right

1 to the issuance of subpoenas to compel the attendance of witnesses and the production of
2 documents; the right to reconsideration and court review of an adverse decision; and all other
3 rights accorded by the California Administrative Procedure Act and other applicable laws.

4 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
5 every right set forth above.

6 **CULPABILITY**

7 9. Respondent admits the truth of each and every charge and allegation in Accusation
8 No. 6239.

9 10. Respondent agrees that her Pharmacist License is subject to discipline and she agrees
10 to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

11 **CONTINGENCY**

12 11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent
13 understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may
14 communicate directly with the Board regarding this stipulation and settlement, without notice to
15 or participation by Respondent or her counsel. By signing the stipulation, Respondent
16 understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation
17 prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation
18 as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or
19 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,
20 and the Board shall not be disqualified from further action by having considered this matter.

21 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
22 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
23 signatures thereto, shall have the same force and effect as the originals.

24 13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an
25 integrated writing representing the complete, final, and exclusive embodiment of their agreement.
26 It supersedes any and all prior or contemporaneous agreements, understandings, discussions,
27 negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary
28

1 Order may not be altered, amended, modified, supplemented, or otherwise changed except by a
2 writing executed by an authorized representative of each of the parties.

3 14. In consideration of the foregoing admissions and stipulations, the parties agree that
4 the Board may, without further notice or formal proceeding, issue and enter the following
5 Disciplinary Order:

6 **DISCIPLINARY ORDER**

7 IT IS HEREBY ORDERED that Pharmacist License No. RPH 62379 issued to Respondent
8 Ruth Mercy Simon Magalit is revoked. However, the revocation is stayed and Respondent is
9 placed on probation for six (6) years on the following terms and conditions.

10 I. **Suspension**

11 As part of probation, Respondent is suspended from the practice of pharmacy until such
12 time in which she completes at least six (6) hours of remedial education on the topics of either
13 prescription drug abuse and/or corresponding responsibility, and provides satisfactory proof. The
14 remedial education program must be approved by the Board or its designee. If Respondent
15 completes the continuing education course offered jointly by the Board and the U.S. Drug
16 Enforcement Administration, entitled "CURES, Prescription Drug Abuse and Preventing Drug
17 Diversion-What a Pharmacist Needs to Know," on December, 2018, in Santa Barbara, California,
18 then no period of suspension shall be automatically imposed on the effective date of this decision.
19 If the December course is cancelled, Respondent must take the next Board DEA training course,
20 otherwise, Respondent shall be suspended until the course is completed.

21 During suspension, Respondent shall not enter any pharmacy area or any portion of the
22 licensed premises of a wholesaler, third-party logistics provider, veterinary food-animal drug
23 retailer, or any other distributor of drugs that is licensed by the board, or any manufacturer, or any
24 area where dangerous drugs and/or dangerous devices or controlled substances are maintained.

25 Respondent shall not practice pharmacy nor do any act involving drug selection, selection
26 of stock, manufacturing, compounding, dispensing or patient consultation; nor shall
27 Respondent manage, administer, or be a consultant to any licensee of the board, or have access
28

1 to or control the ordering, distributing, manufacturing or dispensing of dangerous drugs and/or
2 dangerous devices or controlled substances.

3 Respondent shall not engage in any activity that requires the professional judgment of
4 and/or licensure as a pharmacist. Respondent shall not direct or control any aspect of the practice
5 of pharmacy or of manufacturing, distributing, wholesaling, or retailing of dangerous drugs
6 and/or dangerous devices or controlled substances.

7 Failure to comply with this suspension shall be considered a violation of probation.

8 **2. Obey All Laws**

9 Respondent shall obey all state and federal laws and regulations. Respondent shall report
10 any of the following occurrences to the board, in writing, within seventy- two (72) hours of such
11 occurrence:

- 12 • an arrest or issuance of a criminal complaint for violation of any provision of the
13 Pharmacy Law, state and federal food and drug laws, or state and federal controlled
14 substances laws
- 15 • a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal
16 criminal proceeding to any criminal complaint, information or indictment
- 17 • a conviction of any crime
- 18 • the filing of a disciplinary pleading, issuance of a citation, or initiation of another
19 administrative action filed by any state or federal agency which involves
20 Respondent's license or which is related to the practice of pharmacy or the
21 manufacturing, obtaining, handling, distributing, billing, or charging for any drug,
22 device or controlled substance.

23 Failure to timely report such occurrence shall be considered a violation of probation.

24 **3. Report to the Board**

25 Respondent shall report to the board quarterly, on a schedule as directed by the board or its
26 designee. The report shall be made either in person or in writing, as directed. Among other
27 requirements, Respondent shall state in each report under penalty of perjury whether there has
28 been compliance with all the terms and conditions of probation.

1 Failure to submit timely reports in a form as directed shall be considered a violation of
2 probation. Any period(s) of delinquency in submission of reports as directed may be added to the
3 total period of probation. Moreover, if the final probation report is not made as directed,
4 probation shall be automatically extended until such time as the final report is made and accepted
5 by the board.

6 **4. Interview with the Board**

7 Upon receipt of reasonable prior notice, Respondent shall appear in person for interviews
8 with the board or its designee, at such intervals and locations as are determined by the board or its
9 designee. Failure to appear for any scheduled interview without prior notification to board staff,
10 or failure to appear for two (2) or more scheduled interviews with the board or its designee during
11 the period of probation, shall be considered a violation of probation.

12 **5. Cooperate with Board Staff**

13 Respondent shall timely cooperate with the board's inspection program and with the board's
14 monitoring and investigation of Respondent's compliance with the terms and conditions of her
15 probation, including but not limited to: timely responses to requests for information by board
16 staff; timely compliance with directives from board staff regarding requirements of any term or
17 condition of probation; and timely completion of documentation pertaining to a term or condition
18 of probation. Failure to timely cooperate shall be considered a violation of probation.

19 **6. Continuing Education**

20 Respondent shall provide evidence of efforts to maintain skill and knowledge as a
21 pharmacist as directed by the board or its designee.

22 **7. Reporting of Employment and Notice to Employers**

23 During the period of probation, Respondent shall notify all present and prospective
24 employers of the decision in case number 6239 and the terms, conditions and restrictions imposed
25 on Respondent by the decision, as follows:

26 Within thirty (30) days of the effective date of this decision, and within ten (10) days of
27 undertaking any new employment, Respondent shall report to the board in writing the name,
28 physical address, and mailing address of each of her employer(s), and the name(s) and telephone

1 number(s) of all of her direct supervisor(s), as well as any pharmacist(s)-in-charge, designated
2 representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work
3 schedule, if known. Respondent shall also include the reason(s) for leaving the prior
4 employment. Respondent shall sign and return to the board a written consent authorizing the
5 board or its designee to communicate with all of Respondent's employer(s) and supervisor(s), and
6 authorizing those employer(s) or supervisor(s) to communicate with the board or its designee,
7 concerning Respondent's work status, performance, and monitoring. Failure to comply with the
8 requirements or deadlines of this condition shall be considered a violation of probation.

9 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
10 Respondent undertaking any new employment, Respondent shall cause (a) her direct supervisor,
11 (b) her pharmacist-in-charge, designated representative-in-charge, responsible manager, or other
12 compliance supervisor, and (c) the owner or owner representative of her employer, to report to the
13 board in writing acknowledging that the listed individual(s) has/have read the decision in case
14 number 6239, and terms and conditions imposed thereby. If one person serves in more than one
15 role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the Respondent's
16 responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the
17 event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term
18 of probation, Respondent shall cause the person(s) taking over the role(s) to report to the board in
19 writing within fifteen (15) days of the change acknowledging that he or she has read the decision
20 in case number 6239, and the terms and conditions imposed thereby.

21 If Respondent works for or is employed by or through an employment service, Respondent
22 must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board
23 of the decision in case number 6239, and the terms and conditions imposed thereby in advance of
24 Respondent commencing work at such licensed entity. A record of this notification must be
25 provided to the board upon request.

26 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
27 (15) days of Respondent undertaking any new employment by or through an employment service,
28 Respondent shall cause the person(s) described in (a), (b), and (c) above at the employment

1 service to report to the board in writing acknowledging that he or she has read the decision in case
 2 number, and the terms and conditions imposed thereby. It shall be Respondent's responsibility to
 3 ensure that these acknowledgment(s) are timely submitted to the board.

4 • Failure to timely notify present or prospective employer(s) or failure to cause the identified
 5 person(s) with that/those employer(s) to submit timely written acknowledgments to the board
 6 shall be considered a violation of probation.

7 "Employment" within the meaning of this provision includes any full-time, part-time,
 8 temporary, relief, or employment/management service position as a Pharmacist, or any position
 9 for which a Pharmacist is a requirement or criterion for employment, whether the Respondent is
 10 an employee, independent contractor or volunteer.

11 **8. Notification of Change(s) in Name, Address(es), or Phone Number(s)**

12 Respondent shall further notify the board in writing within ten (10) days of any change in
 13 name, residence address, mailing address, e-mail address or phone number.

14 Failure to timely notify the board of any change in employer, name, address, or phone
 15 number shall be considered a violation of probation.

16 **9. Restrictions on Supervision and Oversight of Licensed Facilities –**

17 During the period of probation, Respondent shall not supervise any intern pharmacist, be
 18 the pharmacist-in-charge, designated representative-in-charge, responsible manager or other
 19 compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption
 20 of any such unauthorized supervision responsibilities shall be considered a violation of probation.

21 **10. Reimbursement of Board Costs**

22 As a condition precedent to successful completion of probation, Respondent shall pay to the
 23 board its costs of investigation and prosecution in the amount of \$ 4,081.00. Respondent shall
 24 make said payments as follows:

25 There shall be no deviation from this schedule absent prior written approval by the board or
 26 its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of
 27 probation.

28 ///

1 Respondent shall be permitted to pay these costs in a payment plan approved by the board
2 or its designee, so long as full payment is completed no later than one (1) year prior to the end
3 date of probation.

4 **11. Probation Monitoring Costs**

5 Respondent shall pay any costs associated with probation monitoring as determined by the
6 board each and every year of probation. Such costs shall be payable to the board on a schedule as
7 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
8 be considered a violation of probation.

9 **12. Status of License**

10 Respondent shall, at all times while on probation, maintain an active, current Pharmacist
11 License with the board, including any period during which suspension or probation is tolled.
12 Failure to maintain an active, current Pharmacist License shall be considered a violation of
13 probation.

14 If Respondent's Pharmacist License expires or is cancelled by operation of law or otherwise
15 at any time during the period of probation, including any extensions thereof due to tolling or
16 otherwise, upon renewal or reapplication Respondent's license shall be subject to all terms and
17 conditions of this probation not previously satisfied.

18 **13. License Surrender While on Probation/Suspension**

19 Following the effective date of this decision, should Respondent cease practice due to
20 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
21 Respondent may relinquish her license, including any indicia of licensure issued by the board,
22 along with a request to surrender the license. The board or its designee shall have the discretion
23 whether to accept the surrender or take any other action it deems appropriate and reasonable.
24 Upon formal acceptance of the surrender of the license, Respondent will no longer be subject to
25 the terms and conditions of probation. This surrender constitutes a record of discipline and shall
26 become a part of the Respondent's license history with the board.

27 Upon acceptance of the surrender, Respondent shall relinquish her pocket and/or wall
28 license, including any indicia of licensure not previously provided to the board within ten (10)

1 days of notification by the board that the surrender is accepted if not already provided.
2 Respondent may not reapply for any license from the board for three (3) years from the effective
3 date of the surrender. Respondent shall meet all requirements applicable to the license sought as
4 of the date the application for that license is submitted to the board, including any outstanding
5 costs.

6 **14. Practice Requirement – Extension of Probation**

7 Except during periods of suspension, Respondent shall, at all times while on probation, be
8 employed as a Pharmacist in California for a minimum of 80 hours per calendar month. Any
9 month during which this minimum is not met shall extend the period of probation by one month.
10 During any such period of insufficient employment, Respondent must nonetheless comply with
11 all terms and conditions of probation, unless Respondent receives a waiver in writing from the
12 board or its designee.

13 If Respondent does not practice as a Pharmacist in California for the minimum number of
14 hours in any calendar month, for any reason (including vacation), Respondent shall notify the
15 board in writing within ten (10) days of the conclusion of that calendar month. This notification
16 shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the
17 interruption or reduction in practice; and the anticipated date(s) on which Respondent will resume
18 practice at the required level. Respondent shall further notify the board in writing within ten (10)
19 days following the next calendar month during which Respondent practices as a Pharmacist in
20 California for the minimum of hours. Any failure to timely provide such notification(s) shall be
21 considered a violation of probation.

22 It is a violation of probation for Respondent's probation to be extended pursuant to the
23 provisions of this condition for a total period, counting consecutive and non-consecutive months,
24 exceeding thirty-six (36) months. The board or its designee may post a notice of the extended
25 probation period on its website.

26 **15. Violation of Probation**

27 If Respondent has not complied with any term or condition of probation, the board shall
28 have continuing jurisdiction over Respondent, and the board shall provide notice to Respondent

1 that probation shall automatically be extended, until all terms and conditions have been satisfied
2 or the board has taken other action as deemed appropriate to treat the failure to comply as a
3 violation of probation, to terminate probation, and to impose the penalty that was stayed. The
4 board or its designee may post a notice of the extended probation period on its website.

5 If Respondent violates probation in any respect, the board, after giving Respondent notice
6 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
7 was stayed. If a petition to revoke probation or an accusation is filed against Respondent during
8 probation, or the preparation of an accusation or petition to revoke probation is requested from
9 the Office of the Attorney General, the board shall have continuing jurisdiction and the period of
10 probation shall be automatically extended until the petition to revoke probation or accusation is
11 heard and decided.

12 **16. Completion of Probation**

13 Upon written notice by the board or its designee indicating successful completion of
14 probation, Respondent's license will be fully restored.

15 **17. Remedial Education**

16 Within ninety (90) days of the effective date of this decision, Respondent shall submit to
17 the board or its designee, for prior approval, an appropriate program of remedial education related
18 to prescription drug abuse and pharmacy security and controls. The program of remedial
19 education shall consist of at least ten (10) hours, which shall be completed within every year at
20 Respondent's own expense. Fifty percent of the training must be in-person training. All remedial
21 education shall be in addition to, and shall not be credited toward, continuing education (CE)
22 courses used for license renewal purposes for pharmacists.

23 Failure to timely submit for approval or complete the approved remedial education shall be
24 considered a violation of probation. The period of probation will be automatically extended until
25 such remedial education is successfully completed and written proof, in a form acceptable to the
26 board, is provided to the board or its designee.

27 Following the completion of each course, the board or its designee may require the
28 Respondent, at her own expense, to take an approved examination to test the Respondent's

1 knowledge of the course. If the Respondent does not achieve a passing score on the examination
 2 that course shall not count towards satisfaction of this term. Respondent shall take another course
 3 approved by the board in the same subject area.

4 18. Ethics Course

5 Within sixty (60) calendar days of the effective date of this decision, Respondent shall
 6 enroll in a course in ethics, at Respondent's expense, approved in advance by the board or its
 7 designee that complies with Title 16 California Code of Regulations section 1773.5. Respondent
 8 shall provide proof of enrollment upon request. Within five (5) days of completion, Respondent
 9 shall submit a copy of the certificate of completion to the board or its designee. Failure to timely
 10 enroll in an approved ethics course, to initiate the course during the first year of probation, to
 11 successfully complete it before the end of the second year of probation, or to timely submit proof
 12 of completion to the board or its designee, shall be considered a violation of probation.

13 19. Supervised Practice

14 As part of probation, Respondent shall be subject to supervised practice for two years
 15 effective the date of this decision. Within thirty (30) days of the effective date of this decision,
 16 Respondent shall submit to the board or its designee, for prior approval, the name of a Pharmacist
 17 by and not on probation with the board, to serve as Respondent's practice supervisor. As part of
 18 the documentation submitted, Respondent shall cause the proposed practice supervisor to report
 19 to the board in writing acknowledging that he or she has read the decision in case number 6239,
 20 and is familiar with the terms and conditions imposed thereby, including the level of supervision
 21 required by the board or its designee. This level will be determined by the board or its designee,
 22 will be communicated to the Respondent on or before the effective date of this decision and shall
 23 be one of the following:

24 Continuous – At least 75% of a work week

25 Substantial - At least 50% of a work week

26 Partial - At least 25% of a work week

27 Daily Review - Supervisor's review of probationer's daily activities within 24 hours
 28

Respondent may practice only under the required level of supervision by an approved practice supervisor. If, for any reason, including change of employment, Respondent is no longer supervised at the required level by an approved practice supervisor, within ten (10) days of this change in supervision Respondent shall submit to the board or its designee, for prior approval, the name of a Pharmacist by and not on probation with the board, to serve as Respondent's replacement practice supervisor. As part of the documentation submitted, Respondent shall cause the proposed replacement practice supervisor to report to the board in writing acknowledging that he or she has read the decision in case number 6239, and is familiar with the terms and conditions imposed thereby, including the level of supervision required.

Any of the following shall result in the automatic suspension of practice by a Respondent and shall be considered a violation of probation:

Failure to nominate an initial practice supervisor, and to have that practice supervisor report to the board in writing acknowledging the decision, terms and conditions, and supervision level, within thirty (30) days;

Failure to nominate a replacement practice supervisor, and to have that practice supervisor report to the board in writing acknowledging the decision, terms and conditions, and supervision level, within ten (10) days;

Practicing in the absence of an approved practice supervisor beyond the initial or replacement nomination period; or

Any failure to adhere to the required level of supervision.

Respondent shall not resume practice until notified in writing by the board or its designee.

During any suspension, Respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, third-party logistics provider, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or any area where dangerous drugs and/or dangerous devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall Respondent manage, administer, or be a consultant to any licensee of the board, or have access to

1 or control the ordering, distributing, manufacturing or dispensing of dangerous drugs and/or
2 dangerous devices or controlled substances.

3 During any suspension, Respondent shall not engage in any activity that requires the
4 professional judgment and/or licensure as a Pharmacist. Respondent shall not direct or control
5 any aspect of the practice of pharmacy or of the manufacture, distribution, wholesaling, or
6 retailing of dangerous drugs and/or dangerous devices or controlled substances.

7 **20. No Ownership or Management of Licensed Premises**

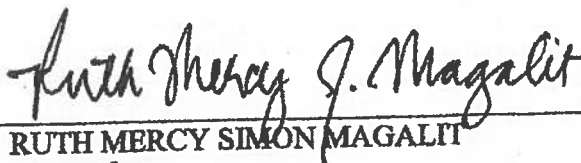
8 Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager,
9 administrator, member, officer, director, trustee, associate, or partner of any business, firm,
10 partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell
11 or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90)
12 days following the effective date of this decision and shall immediately thereafter provide written
13 proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide
14 documentation thereof shall be considered a violation of probation.

15 **ACCEPTANCE**

16 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
17 discussed it with my attorney, Darlene McIver, Esq. I understand the stipulation and the effect it
18 will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary
19 Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order
20 of the Board of Pharmacy.

21
22 DATED:

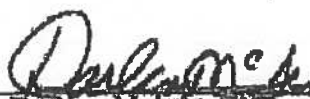
Nov. 8, 2018


RUTH MERCY SIMON MAGALIT
Respondent

24 I have read and fully discussed with Respondent Ruth Mercy Simon Magalit the terms and
25 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
26 I approve its form and content.

27 DATED:

11/8/2018


Darlene McIver, Esq.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated: 11/01/08

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
GREGORY J. SALUTE
Supervising Deputy Attorney General



DIONNE MOCHON
Deputy Attorney General
Attorneys for Complainant

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Attorneys for Complainant

8
 9 **BEFORE THE**
BOARD OF PHARMACY
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 6239

12 **SLOKUM LLC, DBA RIVERWALK**
 13 **PHARMACY**

14 Riverwalk Pkway, St
 Riverside, CA 92505

15 Pharmacy Permit No. PHY 49858

16 **NIMESH M. PATEL**
 Branding Iron Lane
 17 Riverside, CA 92508

18 Pharmacist License No. RPH 52508

19 **RUTH MERCY SIMON MAGALIT**
 20 P.O. Box
 San Bernardino, CA 92401

21 Pharmacist License No. RPH 62379

22 **ZARINA QUTUBUDDIN**
 Hollywood Ave.
 24 Corona, CA 92880

25 Pharmacist License No. RPH 67183

26 Respondents.

ACCUSATION

1 Complainant alleges:

2 **PARTIES**

3 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
4 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

5 2. On or about March 13, 2009, the Board of Pharmacy issued Pharmacy Permit Number
6 PHY 49858 to Slokum LLC, doing business as Riverwalk Pharmacy (Riverwalk Pharmacy).
7 From March 13, 2009 through the present, Respondent Nimesh M. Patel has been the pharmacist-
8 in charge and the one hundred percent shareholder of Riverwalk Pharmacy. The Pharmacy Permit
9 was in full force and effect at all times relevant to the charges brought herein and will expire on
10 March 1, 2018, unless renewed.

11 3. On or about April 16, 2001, the Board of Pharmacy issued Pharmacist License
12 Number RPH 52508 to Nimesh M. Patel (Nimesh Patel). The Pharmacist License was in full
13 force and effect at all times relevant to the charges brought herein and will expire on August 31,
14 2018, unless renewed.

15 4. On or about April 16, 2009, the Board of Pharmacy issued Pharmacist License
16 Number RPH 62379 to Ruth Mercy Simon Magalit (Ruth Magalit). The Pharmacist License was
17 in full force and effect at all times relevant to the charges brought herein and will expire on
18 November 30, 2018, unless renewed.

19 5. On or about July 12, 2012, the Board of Pharmacy issued Pharmacist License Number
20 RPH 67183 to Zarina Qutubuddin (Zarina Qutubbin). The Pharmacist License was in full force
21 and effect at all times relevant to the charges brought herein and will expire on September 30,
22 2019, unless renewed.

23 **JURISDICTION**

24 6. This Accusation is brought before the Board of Pharmacy (Board), Department of
25 Consumer Affairs, under the authority of the following laws. All section references are to the
26 Business and Professions Code (Code) unless otherwise indicated.

27 ///

28 ///

7. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 et seq.].

8. Section 4300(a) of the Code provides that every license issued by the Board may be suspended or revoked.

9. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY AND REGULATORY PROVISIONS

10. Section 4301 of the Code states in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(c) Gross negligence.

(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

...

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or any other state or federal regulatory agency.

...

11. Section 4113(c) of the Code states:

The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

12. Section 4306.5 of the Code states, in pertinent part:

Unprofessional conduct for a pharmacist may include any of the following:

Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the board.

Acts or omissions that involve, in whole or in part, the failure to consult appropriate patient, prescription, and other records pertaining to the performance of any pharmacy function.

...

13. Section 4307(a) of the Code states that:

Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner member, officer, director, associate, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manger, administrator, owner, member, officer, director, associate, or partner had knowledge or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manger, administrator, owner, member, officer, director, associate, or partner of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

14. Health and Safety Code section 11153(a) states:

A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

....

15. Health and Safety Code section 11162.1(a) states:

(a) The prescription forms for controlled substances shall be printed with the following features:

(1) A latent, repetitive 'void' pattern shall be printed across the entire front of the prescription blank; if a prescription is scanned or photocopied, the word "void" shall appear in a pattern across the entire front of the prescription.

(2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription."

(3) A chemical void protection that prevents alteration by chemical washing.

(4) A feature printed in thermochromic ink.

(5) An area of opaque writing so that the writing disappears if the prescription is lightened.

(6) A description of the security features included on each prescription form.

(7) (A) Six quantity check off boxes shall be printed on the form so that the prescriber may indicate the quantity by checking the applicable box where the following quantities shall appear:

1-24

25-49

50-74

75-100

101-150

151 and over.

(B) In conjunction with the quantity boxes, a space shall be provided to designate the units referenced in the quantity boxes when the drug is not in tablet or capsule form.

(8) Prescription blanks shall contain a statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted."

(9) The preprinted name, category of licensure, license number, federal controlled substance registration number, and address of the prescribing practitioner.

(10) Check boxes shall be printed on the form so that the prescriber may indicate the number of refills ordered.

(11) The date of origin of the prescription.

(12) A check box indicating the prescriber's order not to substitute.

(13) An identifying number assigned to the approved security printer by the Department of Justice.

(14) (A) A check box by the name of each prescriber when a prescription form lists multiple prescribers.

(B) Each prescriber who signs the prescription form shall identify himself or herself as the prescriber by checking the box by his or her name.

16. Health and Safety Code section 11164(a) states in pertinent part:

Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1...

17. Section 1707.3 of title 16, California Code of Regulations states:

Prior to consultation as set forth in section 1707.2, a pharmacist shall review a patient's drug therapy and medication record before each prescription drug is delivered. The review shall include screening for severe potential drug therapy problems.

18. Section 1761 of title 16, California Code of Regulations states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

COST RECOVERY

19. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

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DRUGS

20. Norco is the brand name for hydrocodone/acetaminophen, a Schedule III controlled substance pursuant to Health and Safety Code section 11056(e)(5) and a dangerous drug pursuant to Business and Professions Code section 4022.

21. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(b)(1)(M) and a dangerous drug pursuant to Business and Professions Code section 4022.

22. Phenergan with Codeine is the brand name for promethazine with codeine, a Schedule V controlled substance pursuant to Health and Safety Code section 11058(c)(1) and is a dangerous drug pursuant to Business and Professions Code section 4022.

23. Soma is a brand name for carisodoprodol, a Schedule IV controlled substance pursuant to title 21, Code of Federal Regulations, section 1308.14(c)(6) and is a dangerous drug pursuant to Business and Professions Code section 4022.

24. Xanax is the brand name for alprazolam, a Schedule IV controlled substance pursuant to Health and Safety Code section 11057(d)(1) and a dangerous drug pursuant to Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

25. At all times relevant herein, Nimesh Patel was the Pharmacist-in-Charge of Riverwalk Pharmacy while Ruth Magalit and Zarina Qutubuddin were staff pharmacists at Riverwalk Pharmacy.

Dr. C.A. Prescriptions.

26. From January 2, 2013 through April 2, 2013, Nimesh Patel, Zarina Qutubuddin and Riverwalk Pharmacy filled prescriptions for controlled substances which were written by Dr. C.A. whose address was listed on the prescriptions as being 60 miles away from Riverwalk Pharmacy. Patients paid for the controlled substance prescriptions in cash and did not seek reimbursement from an insurance company or government agency. Nimesh Patel, Zarina Qutubuddin and Riverwalk Pharmacy dispensed controlled substances to multiple patients on the same day.

1 27. Dr. C.A. wrote these prescriptions for the same controlled substances of high abuse
2 and diversion potential to multiple patients as follows: (1) promethazine with codeine, 480ml (full
3 pint size); (2) alprazolam 2 mg in a quantity of 90; and (3) oxycodone 30mg in a quantity of 180.
4 Only two dangerous drugs were prescribed along with these controlled substances and prescribed
5 dosages of those dangerous drugs was well below the recommended doses for patients requiring
6 potent opioids such as oxycodone. There was no adjustment in the prescribing pattern for sex,
7 age, weight, renal or hepatic function, race, diagnosis, past medications used or any other patient
8 related factor.

9 28. None of the "patients" being treated by Dr. C.A. were receiving a long acting pain
10 medication to control their baseline pain. Dr. C.A. prescribed only the highest dosage of
11 oxycodone without prescribing a lower strength and increasing the strength as needed. Many
12 patients were prescribed both oxycodone and promethazine with codeine which when combined,
13 increases the risk of respiratory depression. No antibiotics or respiratory medications were
14 prescribed along with the promethazine with codeine. Dr. C.A. used the same diagnosis for
15 multiple patients.

16 29. On March 27, 2013, Nimesh Patel reported to the Drug Enforcement Administration
17 that he suspected Dr. C.A. of issuing illegitimate prescriptions.

18 30. On or about December 15, 2014, The Medical Board of California filed an accusation
19 against Dr. C.A. for gross negligence, repeated negligent acts, incompetence, dishonest or corrupt
20 acts, prescribing to addicts, prescribing without performing physical examination or medical
21 indication or both, record keeping violations, excessive prescribing, violations of drug statutes
22 and unprofessional conduct.

23 **Dr. K.T. Prescriptions:**

24 31. From August 3, 2013 through March 11, 2014, Nimesh Patel, Zarina Qutubuddin and
25 Riverwalk Pharmacy filled prescriptions for controlled substances which were written by Dr. K.T.
26 whose addresses were listed on the prescriptions as being 30 and 70 miles away from Riverwalk
27 Pharmacy. Patients paid for the controlled substance prescriptions in cash (sometimes hundreds
28

1 of dollars) at Riverwalk Pharmacy and did not seek reimbursement from an insurance company or
2 government agency.

3 32. Dr. K.T. wrote these prescriptions for many of the same patients that Nimesh Patel
4 reported were issued suspect prescriptions by Dr. C.A. Nimesh Patel, Zarina Qutubuddin and
5 Riverwalk Pharmacy dispensed similar or identical prescriptions written by Dr. K.T. to multiple
6 patients on the same day.

7 33. Dr. K.T. wrote these prescriptions for controlled substances of high abuse and
8 diversion potential to multiple patients as follows: (1) promethazine with codeine in a quantity of
9 480ml (full pint size); (2) carisoprodol 35mg in a quantity of 30; (3) oxycodone 30mg in a
10 quantity of 180; and (4) hydrocodone/APAP 10/325 in a quantity of 120. There was no
11 adjustment in the prescribing pattern for sex, age, weight, renal or hepatic function, race,
12 diagnosis, past medications used or any other patient related factor.

13 34. None of the "patients" being treated by Dr. K.T. were receiving a long acting pain
14 medication to control their baseline pain. Dr. K.T. prescribed only the highest dosage of
15 oxycodone without prescribing a lower strength and increasing the strength as needed. Many
16 patients were prescribed both oxycodone or Norco and promethazine with codeine which when
17 combined, increases the risk of respiratory depression. The majority of prescriptions for
18 promethazine with codeine were written without a corresponding prescription for an antibiotic.
19 The majority of the "patients" were given the same diagnosis by Dr. K.T.

20 35. Riverwalk Pharmacy and Nimesh Patel charged three times the acquisition cost of
21 oxycodone, twenty-five times the acquisition cost of promethazine with codeine and eight times
22 the acquisition cost of hydrocodone/APAP.

23 **PA S.D. Prescriptions:**

24 36. From December 19, 2013 through February 6, 2015, Nimesh Patel, Zarina
25 Qutubuddin, Ruth Magalit and Riverwalk Pharmacy filled prescriptions for controlled substances
26 which were written by physician assistant, S.D. whose address was listed on the prescriptions as
27 being 30 miles away from Riverwalk Pharmacy. Patients paid for the controlled substance
28

1 prescriptions in cash and did not seek reimbursement from an insurance company or government
2 agency.

3 37. PA S.D. wrote these prescriptions for many of the same patients that Nimesh Patel
4 reported were issued suspect prescriptions by Dr. C.A. Nimesh Patel, Zarina Qutubuddin and
5 Riverwalk Pharmacy dispensed similar or identical prescriptions written by PA S.D. to multiple
6 patients on the same day, all of which received oxycodone.

7 38. PA S.D. wrote these prescriptions for controlled substances of high abuse and
8 diversion potential for multiple patients as follows: (1) promethazine with codeine in a quantity of
9 480ml (full pint size); (2) oxycodone 30mg in a quantity of 180; and (3) hydrocodone/APAP
10 10/325 in a quantity of 120. There was no adjustment in the prescribing pattern for sex, age,
11 weight, renal or hepatic function, race, diagnosis, past medications used or any other patient
12 related factor. The majority of these patients were prescribed both promethazine with codeine and
13 oxycodone.

14 39. None of the "patients" being treated by PA S.D. were receiving a long acting pain
15 medication to control their baseline pain. PA S.D. prescribed only the highest dosage of
16 oxycodone without prescribing a lower strength and increasing the strength as needed. Dangerous
17 drugs were prescribed, along with opioids but in doses commonly considered to be less than
18 therapeutic for this class of patients. Many patients were prescribed both oxycodone and
19 promethazine with codeine which when combined, increases the risk of respiratory depression.
20 PA S.D. diagnosed the majority of patients with the same condition.

21 **Dr. S.K. Prescriptions:**

22 40. From May 14, 2014 through July 3, 2015, Nimesh Patel, Ruth Magalit, Zarina
23 Qutubuddin and Riverwalk Pharmacy filled prescriptions for controlled substances which were
24 written by Dr. S.K. whose addresses were listed on the prescriptions as being 30 and 70 miles
25 away from Riverwalk Pharmacy and areas of practice are listed as internal medicine, family
26 medicine and complementary and alternative medicine. Patients paid for the controlled substance
27 prescriptions in cash (sometimes for hundreds of dollars) and did not seek reimbursement from an
28 insurance company or government agency.

1 41. Dr. S.K. wrote these prescriptions for many of the same patients that Nimesh Patel
2 reported were issued suspect prescriptions by Dr. C.A. Nimesh Patel, Zarina Qutubuddin and
3 Riverwalk Pharmacy dispensed similar or identical prescriptions written by Dr. S.K. to multiple
4 patients on the same day.

5 42. Dr. S.K. wrote these prescriptions for controlled substances of high abuse and
6 diversion potential to multiple patients as follows: (1) promethazine with codeine in a quantity of
7 480ml (pint size); (2) oxycodone 30mg in a quantity of 180; and (3) hydrocodone/APAP 10/325
8 in a quantity of 120. There was no adjustment in the prescribing pattern for sex, age, weight,
9 renal or hepatic function, race, diagnosis, past medications used or any other patient related factor.

10 43. None of the "patients" being treated by Dr. S.K. were receiving a long acting pain
11 medication to control their baseline pain. Dr. S.K. prescribed only the strongest dosage of
12 oxycodone without prescribing a lower strength and increasing the strength as needed. The doses
13 of dangerous drugs prescribed by S.K., along with opioids, were well below the recommended
14 doses for patients requiring potent opioids. Many patients were prescribed both oxycodone and
15 promethazine with codeine which when combined, increases the risk of respiratory depression.
16 The majority of patients received the same diagnosis from Dr. S.K.

17 **Dr. R.G. Prescriptions:**

18 44. From February 3, 2015 through June 29, 2016, Nimesh Patel, Ruth Magalit, Zarina
19 Qutubuddin and Riverwalk Pharmacy filled prescriptions for controlled substances which were
20 written by Dr. R.G. whose address was listed on the prescriptions as being 30 miles away from
21 Riverwalk Pharmacy. Patients paid for the controlled substance prescriptions primarily in cash
22 and did not seek reimbursement from an insurance company or government agency.

23 45. Dr. R.G. wrote these prescriptions for many of the same patients that Nimesh Patel
24 reported were issued suspect prescriptions by Dr. C.A. Respondents dispensed similar or
25 identical prescriptions written by Dr. R.G. to multiple patients on the same day, all of which
26 received oxycodone.

27 46. Dr. R.G. wrote these prescriptions for controlled substances of high abuse and
28 diversion potential to multiple patients as follows: (1) promethazine with codeine in a quantity of

1 480ml (full pint size); (2) oxycodone 30mg in a quantity of 180; and (3) hydrocodone/APAP
2 10/325 in a quantity of 120. There was no adjustment in the prescribing pattern for sex, age,
3 weight, renal or hepatic function, race, diagnosis, past medications used or any other patient
4 related factor.

5 47. None of the "patients" being treated by Dr. R.G. were receiving a long acting pain
6 medication to control their baseline pain. Dr. R.G. prescribed only the highest dosage of
7 oxycodone without prescribing a lower strength and increasing the strength as needed. Many
8 patients were prescribed both oxycodone and promethazine with codeine which when combined,
9 increases the risk of respiratory depression. A dangerous drug was prescribed along with an
10 opioid but in a lower dose than required for patients receiving potent opioids. The majority of
11 patients received the same diagnosis from Dr. R.G.

12 48. From September 2, 2014 through September 27, 2016, Respondents dispensed
13 controlled substances pursuant to prescriptions which were written by Dr. R.G., PA S.D., Dr. S.K.
14 and Dr. G.B. on non-compliant prescription forms missing such required security elements as a
15 watermark printed on the backside of the prescription blank entitled "California Security
16 Prescription," an identifying number assigned to an approved security printer by the Department
17 of Justice, a lot number printed on the form and each form within that batch numbered
18 sequentially and check off boxes. Nimesh Patel dispensed controlled substances in connection
19 with a prescription written by Dr. L.W. (Number 2010610) but dispensed in the name of Dr. R.G.

20 49. Respondents did not follow proper procedures for verifying if controlled substance
21 prescriptions were written for a legitimate medical purpose.

22 FIRST CAUSE FOR DISCIPLINE

23 (Failing to Comply with Corresponding Responsibility

24 for Legitimate Controlled Substance Prescriptions against Respondents)

25 50. Respondents are subject to disciplinary action under Code section 4301(j), for
26 violating Health and Safety Code section 11153(a), in that they failed to comply with their
27 corresponding responsibility to ensure that controlled substances were dispensed for a legitimate
28 medical purpose when Respondents furnished prescriptions for controlled substances even though

1 "red flags" were present, indicating those prescriptions were not issued for a legitimate medical
2 purpose, as set forth in paragraphs 25 through 49 above, which are incorporated herein by
3 reference.

4 SECOND CAUSE FOR DISCIPLINE

5 (Clearly Excessive Furnishing of Controlled Substances against Respondents)

6 51. Respondents are subject to disciplinary action under Code section 4301(d), for the
7 clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section
8 11153 of the Health and Safety Code, as set forth in paragraphs 25 through 49, above, which are
9 incorporated herein by reference.

10 THIRD CAUSE FOR DISCIPLINE

11 (Dispensing Controlled Substance Prescriptions with Significant Errors, Omissions, 12 Irregularities, Uncertainties, Ambiguities or Alterations against Respondents)

13 52. Respondents are subject to disciplinary action under Code section 4301(o), for
14 violating title 16, California Code of Regulations, sections 1761(a) and (b) in that they dispensed
15 prescriptions for controlled substances, which contained significant errors, omissions,
16 irregularities, uncertainties, ambiguities or alterations, as set forth in paragraphs 25 through 49,
17 above, which are incorporated herein by reference.

18 FOURTH CAUSE FOR DISCIPLINE

19 (Dispensing Controlled Substance Prescriptions Written on Unauthorized Forms)

20 53. Respondents are subject to disciplinary action under Code section 4301(j), for
21 violating Health and Safety Code sections 11162.1(a) and 11164(a), in that they dispensed
22 prescriptions written on unauthorized forms, as set forth in paragraphs 25 through 49 above,
23 which are incorporated herein by reference.

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FIFTH CAUSE FOR DISCIPLINE

(Failure to Exercise or Implement Best Professional Judgment or Corresponding Responsibility when Dispensing Controlled Substances against Respondents Nimesh Patel, Ruth Magalit and Zarina Qutubuddin)

54. Respondents Nimesh Patel, Ruth Magalit and Zarina Qutubuddin are subject to disciplinary action under Code section 4301(o), for violating Business and Professions Code section 4306.5(a) and (b), in that they failed to exercise or implement his or her best professional judgment or corresponding responsibility when dispensing controlled substances, as set forth in paragraphs 25 through 49, above, which are incorporated herein by reference.

SIXTH CAUSE FOR DISCIPLINE

(Gross Negligence against Respondents Nimesh Patel, Ruth Magalit and Zarina Qutubuddin)

55. Respondents Nimesh Patel, Ruth Magalit and Zarina Qutubuddin are subject to disciplinary action under Code section 4301(c), for being grossly negligent when dispensing controlled substances, as set forth in paragraphs 25 through 49, above, which are incorporated herein by reference.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct against Respondents)

56. Respondents are subject to disciplinary action under Code section 4301 for unprofessional conduct in that they engaged in the activities described in paragraphs 25 through 49, above, which are incorporated herein by reference.

OTHER MATTERS

57. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 49858 issued to Slokum LLC, doing business as Riverwalk Pharmacy, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 49858 is placed on probation or until Pharmacy Permit Number PHY 49858 is reinstated if it is revoked.

1 58. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number
2 PHY 49858 issued to Slokum LLC, doing business as Riverwalk Pharmacy while Nimesh M.
3 Patel has been an officer and owner and had knowledge of or knowingly participated in any
4 conduct for which the licensee was disciplined, Nimesh M. Patel shall be prohibited from serving
5 as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee
6 for five years if Pharmacy Permit Number PHY 49858 is placed on probation or until Pharmacy
7 Permit Number PHY 49858 is reinstated if it is revoked.

8 59. Pursuant to Code section 4307, if discipline is imposed on Pharmacist License
9 No. RPH 52508 issued to Nimesh M. Patel, Nimesh M. Patel shall be prohibited from serving as
10 a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for
11 five years if Pharmacist License Number RPH 52508 is placed on probation or until Pharmacist
12 License Number RPH 52508 is reinstated if it is revoked.

13 DISCIPLINARY CONSIDERATIONS

14 60. To determine the degree of discipline, if any, to be imposed on Respondents,
15 Complainant alleges that on January 23, 2012, the Board issued Citation number CI 2011 49369
16 against Riverwalk Pharmacy and Citation number CI 2011 50898 against Nimesh M. Patel for
17 violating Business and Professions Code sections 4104(a) and (b) for failing to have theft and
18 impairment policy and procedures for violating California Code of Regulations, sections
19 1735.3(a), 1735.4(b) and (c), 1735.5(a), 1735.6(c) and 1735.7(a) and (b) for various drug
20 compounding violations. The Board issued fines which Respondents paid.

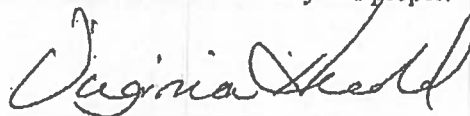
21 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
22 and that following the hearing, the Board of Pharmacy issue a decision:

- 23 1. Revoking or suspending Pharmacy Permit Number PHY 49858, issued to Slokum
- 24 LLC, dba Riverwalk Pharmacy;
- 25 2. Revoking or suspending Pharmacist License Number RPH 52508, issued to Nimesh
- 26 M. Patel;
- 27 3. Revoking or suspending Pharmacist License Number RPH 62379, issued to Ruth
- 28 Mercy Simon Magalit;

- 1 4. Revoking or suspending Pharmacist License Number RPH 67183, issued to Zarina
2 Qutubuddin;
- 3 5. Prohibiting Slokum LLC, dba Riverwalk Pharmacy from serving as a manager,
4 administrator, owner, member, officer, director, associate, or partner of a licensee for five years if
5 Pharmacy Permit Number PHY 49858 is placed on probation or until Pharmacy Permit Number
6 PHY 49858 is reinstated if Pharmacy Permit Number PHY 49858 issued to Slokum LLC, dba
7 Riverwalk Pharmacy is revoked;
- 8 6. Prohibiting Nimesh M. Patel from serving as a manager, administrator, owner,
9 member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit
10 Number PHY 49858 is placed on probation or until Pharmacy Permit Number PHY 49858 is
11 reinstated if Pharmacy Permit Number PHY 49858 issued to Slokum LLC, dba Riverwalk
12 Pharmacy is revoked;
- 13 7. Prohibiting Nimesh M. Patel from serving as a manager, administrator, owner,
14 member, officer, director, associate, or partner of a licensee for five years if Pharmacist License
15 Number RPH 52508 is placed on probation or until Pharmacist License Number RPH 52508 is
16 reinstated if Pharmacist License Number RPH 52508 issued to Nimesh M. Patel is revoked;
- 17 8. Ordering Slokum LLC, dba Riverwalk Pharmacy, Nimesh M. Patel, Ruth Mercy
18 Simon Magalit and Zarina Qutubuddin to pay the Board of Pharmacy the reasonable costs of the
19 investigation and enforcement of this case, pursuant to Business and Professions Code section
20 125.3; and,
21 ///
22 ///
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28 ///

9. Taking such other and further action as deemed necessary and proper.

DATED: 3/11/18



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SD2017801820/81880104.doc

FPGEC CERTIFICATE



National Association of Boards of Pharmacy
Foreign Pharmacy Graduate Examination Committee
1600 Feehanville Drive, Mount Prospect, Illinois 60056

I hereby affix the seal of the National Association of Boards of Pharmacy for the Foreign Pharmacy Graduate Examination Committee, and certify that

RUTH MERCY SIMON MAGALIT

whose photograph and name have been so sealed on this Certificate, has passed the Foreign Pharmacy Graduate Equivalency Examination, the Test of English as a Foreign Language, and the Test of Spoken English and has met all other requirements for Certification.

This is not a license to practice pharmacy. Before using this Certificate in the licensing process, its authenticity should be verified in writing through the National Association of Boards of Pharmacy.



RUTH MERCY SIMON MAGALIT
EE# 202-3886

[Handwritten Signature]

Carmen A. Calisone, Executive Director/Secretary

JULY 05, 2005

Date

19B

APPLICATION BY RECIPROCATATION AS A PHARMACIST

If you are requesting licensure by reciprocatation (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: DOAN Middle: VAN Last: TRAN

Mailing Address: Broadway St., Apt #516

City: Pearland State: TX Zip Code: 77581

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Westminster, CA

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: _____

FL Date of Issuance: 7/4/2019

College of Pharmacy Information

Graduation Date: 06/30/2014
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Lake Erie College of Osteopathic Medicine

Location of School: Erie, PA

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: \$250.00 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
TX	63683	Yes ☒ No ☐			Yes ☐ No ☐
FL	57742	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: Section 1721	State: CA	Date: 12/9/2014	Case #: NABP #664435
			Leaving testing building during exam
Criminal Action: VC 20002(a)	State: CA	Date: 9/28/1999	Case #: 00CM03955 MA
		County: Orange	Court: Superior Court of California County of Orange

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☒

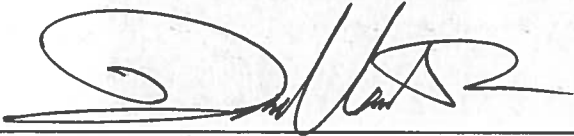
4a. If you marked Yes to the question 4. are you in compliance with the court order?.....Yes ☐ No ☐

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

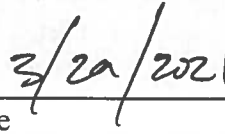
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

A handwritten signature in black ink, appearing to be 'D. K. R.', written over a horizontal line.

Original Signature, no copies or stamps accepted

A handwritten date '3/20/2021' in black ink, written over a horizontal line.

Date

March 29, 2021

Doan Van Tran
1 Broadway St., Apt 4
Pearland, TX 77581

Re: Explanation of Disciplinary Action

Dear Nevada Board of Pharmacy:

My name is Doan Van Tran (NABP e-Profile ID # 664435). On December 9, 2014, I sat for the NAPLEX at the Pearson Center in Anaheim, CA. During the break, I was feeling dizzy and made the honest mistake of leaving the building to grab a bag of candy and bottle of water from my car. Due to the dizziness from low blood sugar and the stress of the exam, I did not realize what I had done was wrong at the time. As soon as I returned to the testing room, I answered the test proctor truthfully about what I had done because I had nothing to hide and know that I did not compromise the integrity of the exam in any manner. However, now I realize that what I did was against testing policies, and for that I am truly sorry for this honest mistake.

I have attached both copies of the letters from the California Board of Pharmacy as well as from NABP on this matter for your review.

Sincerely,



Doan Van Tran
NABP e-Profile ID # 664435
DOB: '
Last 4 digit SS: 'n



National Association of Boards of Pharmacy

nabp

1600 Feehanville Drive • Mount Prospect, IL 60056-6014
Tel 847/391-4406 • Fax 847/391-4502
Web Site www.nabp.net

December 26, 2014

via certified mail and email

NABP e-Profile ID # **664435**

Doan Van Tran
West Maurie Avenue
Santa Ana, CA 92703

Dear Doan Van Tran,

The National Association of Boards of Pharmacy[®] (NABP[®]) records indicate that on December 9, 2014 you attended the North American Pharmacist Licensure Examination[®] (NAPLEX[®]) for the state of California. The testing center administrator, Pearson VUE, provided NABP with an incident report stating that you were observed leaving the test building during your examination appointment.

NABP has reviewed the statement you provided as well as the incident report from the testing center administrator. NABP has determined that you engaged in misconduct during your examination appointment. Before the examination started, you read and agreed to the terms of the Non-Disclosure and Examinee Conduct Agreement for NABP examination programs. Specifically, you confirmed that you read and understood the contents of the, *NAPLEX/MPJE Candidate Registration Bulletin* and you would comply with all expectations for examinee conduct. Please refer to page 17 of the *NAPLEX/MPJE Candidate Registration Bulletin* for additional details.

Individuals, who engage in any of the following misconduct or exhibit any of the following behaviors during their examination appointment session, may be subject to one or more of the actions listed in the "Actions" subsection of this bulletin, below. The examination appointment session begins when the candidate is checked into the test center, and includes scheduled and non-scheduled breaks, and ends when the candidate is dismissed from the center.

Misconduct during examination

- **Leave the testing center for any reason.**

Actions

If NABP obtains information that an individual has engaged in any misconduct as defined in the bulletin, NABP in its sole discretion may take one or more actions but not limited to:

- **Invalidation/cancellation of examination score**

Based upon the violation of the misconduct policy, NABP has invalidated/cancelled your NAPLEX score. If you wish to test again, NABP requires you submit a new registration form and fees, and a state board of pharmacy must reconfirm your eligibility. Please note that candidates must wait 91 days from the date of their examination before they are allowed to retake the NAPLEX. The *NAPLEX/MPJE Candidate Registration Bulletin* contains complete details regarding the application process, and it may be viewed at www.nabp.net.

Cordially,

Competency Assessment Department

Virginia Herold, California Board of Pharmacy

**California State Board of Pharmacy**

1625 N. Market Blvd, 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.

January 2, 2015

CERTIFIED MAILDoan Van Tran
West Maurie Ave
Santa Ana, CA 92703

Dear Mr. Tran:

In accordance with Section 1721 of the California Code of Regulations (Code), the State Board of Pharmacy has the authority to disqualify a candidate the opportunity to take a subsequent examination and to require the applicant to surrender his or her intern license. Enclosed is a copy of this regulation.

You are hereby notified that your intern license has been canceled due to your dishonest conduct at the NAPLEX examination on December 9, 2014. Please return your intern permit immediately to the attention of Susan Cappello, Enforcement Manager, along with a copy of this letter.

As a result of you leaving the test building during your examination, you have been disqualified as an examination candidate for three years. Pursuant to the Code, you will not be eligible to retest for three years from the date of the last incident, namely December 8, 2017.

If you have any questions regarding this matter, please contact Susan Cappello, Enforcement Manager at (916) 574-7926.

Sincerely,

A handwritten signature in cursive script, reading "Virginia K. Herold".

VIRGINIA K. HEROLD
Executive Officer

VKH:sc

Enclosure

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Application for Pharmacist Licensure and Examination

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 N. Market Blvd, Suite N219, Sacramento, California 95834.

On January 2, 2015, I served the attached:

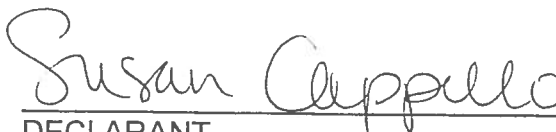
Letter

in said cause, by placing a true copy thereof enclosed with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California, addresses as follows:

NAME	CERTIFIED NUMBER
Doan Van Tran West Maurie Ave Santa Ana, CA 92703	7004 0750 0000 6656 1135

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 2, 2015, at Sacramento, California.



DECLARANT
Susan Cappello
Enforcement Manager

Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4200 of the Business and Professions Code.

1720. Application for Pharmacist Examination and Licensure.

(a) An application for examination shall be submitted on the form provided by the board, and filed with the board at its office in Sacramento.

(b) The fee required by subdivision (d) of section 1749 of this Division shall be paid for each application for initial examination and for any application to retake the examination described in section 4200.2 of the Business and Professions Code. The fee is nonrefundable.

(c) Each applicant shall be solely responsible for applying to and complying with the requirements imposed by the administrators of the North American Pharmacist Licensure Examination and the Multi-State Pharmacy Jurisprudence Examination for California for the administration of those examinations.

Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4200 and 4200.2, Business and Professions Code.

1720.1. Graduates of Foreign Pharmacy Schools.

Graduates of foreign pharmacy schools who have been certified by the Foreign Pharmacy Graduate Equivalency Committee shall be deemed by the board to have satisfied the requirements of paragraphs (3) and (4) of Business and Professions Code Section 4200(a). Candidates who have been certified by the Foreign Pharmacy Graduate Equivalency Committee before January 1, 1998, must also provide the board with a score on the Test of Spoken English of least 50. For candidates who took the Test of Spoken English before June 30, 1995, a score of at least 220 must be achieved.

Authority cited: Section 4005, Business and Professions Code. Reference: Sections 851 and 4200, Business and Professions Code.

1721. Dishonest Conduct during Examination.

An applicant for examination as a pharmacist who engages in dishonest conduct during the examination shall not have that examination graded, shall not be approved to take the examination for three years from the date of the incident, and shall surrender his or her intern license until eligible to take the examination. The applicant may not be issued a pharmacy technician license until the applicant is again eligible to take the examination.

Authority cited: Section 4005, Business and Professions Code. Reference: Sections 123, 496 and 4200, Business and Professions Code.

1723.1. Confidentiality of Examination Questions

Examination questions are confidential. Any applicant for any license issued by the board who removes all or part of any qualifying examination from the examination room or area, or who conveys or exposes all or part of any qualifying examination to any other person may be disqualified as a candidate for a license. The applicant shall not be approved to take the examination for three years from the date of the incident and shall surrender his or her intern license until again eligible to take the examination. The applicant may not be issued a pharmacy technician license until the applicant is again eligible to take the examination.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 123 and 496, business and Professions Code.

March 29, 2021

Doan Van Tran
Broadway St., Apt #
Pearland, TX 77581

Re: Explanation of Misdemeanor

Violation: VC 20002 (a) - Misdemeanor vehicle hit and run
Accident Date: 9/28/1999
Location: Santa Ana, CA
Penalty: 3 years Informal probation and 3 months house arrest

Dear Nevada Board of Pharmacy Representative,

I was convicted of a misdemeanor vehicle hit and run at the age of 17. At that time I was driving and did not notice the vehicle in front of me had stopped abruptly. I swerve and side swiped a vehicle on my passenger side. This being my first accident and did not have my driver license on myself at the time, I panicked and left the scene. This unfortunate mistake has taught me many invaluable life experiences and safe driving habits. Since then I have matured drastically.

Educationally, I have acquired my Bachelors of Arts from California State University of Fullerton in Sociology, minor Criminal Justice. I have recently completed a rigorous 2-year post-baccalaureate premedical program at California State University of Fullerton to obtain the proper science prerequisites to apply for pharmacy school. I graduated from Lake Erie College of Osteopathic Medicine (LECOM) on June 2014 and have obtained pharmacist licensure in the state of Florida and Texas. I am also currently practicing community pharmacy fulltime for 2.5 years at CVS Health in the state of Texas.

I have attached the pertinent court, arrest and granted expungement (penal code section 1203.4) documents as requested for your review and consideration.

Please feel free to contact me if you have any questions, concerns or need additional documents.

Thank you,

A handwritten signature in black ink, appearing to be 'Doan Van Tran', with a large, stylized initial 'D' and 'V'.

Doan Van Tran

MINUTE ORDER

Case Number 00CM03955 M A

Report Request Criteria

1. Docket Date Range : Date filter
2. Sequence Number Range : Sequence filter
3. Docket Category : Category filter

People Vs Tran, Doan VanDocket Dt Seq Text

- 11/10/2003 1 Hearing held on 11/10/2003 at 08:30 AM in Department C61 for Chambers Work.
- 2 Officiating Judge: James H. Poole, Judge
- 3 Clerk: S. McFarlane
- 4 Court read and considered Petition for Relief Under PC 1203.4.
- 5 Petition is granted.
- 6 Defendant has complied with terms of probation, Pled Guilty set aside, plea of NOT GUILTY ENTERED and CASE DISMISSED as to count(s) 1 pursuant to provisions of Penal Code 1203.4.
- 7 Petition and Order under PC1203.4 or PC1203.4a filed.

I hereby certify the foregoing instrument consisting of 4 page(s) is a true and correct copy of the original on file in this court.

ATTEST (DATE) _____
ALAN SEATON, EXECUTIVE OFFICER AND CLERK OF THE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE
BY S. McFarlane, DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: ☐ Central - 700 Civic Center Dr. West, Santa Ana, CA 92701 ☐ Harbor-Newport Beach - 4601 Jamboree Rd., Newport Beach, CA 92660 ☐ Harbor-Laguna Niguel - 30143 Crown Valley Pkwy., Laguna Niguel, CA 92677 ☐ Harbor-Laguna Hills - 23141 Moulton Parkway 2 nd Floor, Laguna Hills, CA 92563-1206 ☐ North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500 ☐ West - 8141 13 th Street, Westminster, CA 92683	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF ORANGE CENTRAL JUSTICE CENTER NOV 10 2003 ALAN SLATER, Clerk of the Court <i>S. McFarlane</i> BY S. McFARLANE
PEOPLE OF THE STATE OF CALIFORNIA VS. Defendant: Doan Van Tran	
ORDER FOR RELIEF UNDER PENAL CODE §1203.4, §1203.4a	Case Number: 00CM 03955 Driver's License Number: B5201559 Date of Birth: 09/14/1961

The petition for relief under Penal Code §1203.4/1203.4a for the misdemeanor/felony offense of violation section(s) (list all) **V.C. 20002(a)**

- ☒ **GRANTED:** It appears to the court from the records on file in this matter, and from the petition, that the defendant is eligible for the relief requested. It is hereby ordered that the plea, verdict, or finding of guilty in the above-entitled action be set aside and vacated and a plea of not guilty be entered, and that the accusatory filing is dismissed pursuant to Penal Code Section 1203.4/1203.4a.

This order does NOT relieve the defendant of the obligation to disclose the conviction in response to any direct question contained in any questionnaire or application for public office, for licensure by any state or local agency, or for contracting with the California State Lottery.

This order does NOT affect DMV actions or future consequences for crimes involving operation of a motor vehicle.

This order does NOT permit the defendant to own, possess, or have in his/her custody or control any concealable firearm.

This order does NOT seal the record. The case, including the conviction, will remain public record.

This order does NOT relieve the defendant from any obligation to register under Penal Code 290.

☐ **DENIED**

☐ **OTHER**

Date: 11/10/03

[Signature]
 Judge/Commissioner of the Superior Court
JAMES H. POOLE

ORDER FOR RELIEF UNDER PENAL CODE §1203.4, §1203.4a

Superior Court of California, County of Orange, Central Justice Center
MISDEMEANOR PROBATION ORDER

The People of the State of California vs DEFENDANT Juan Dean Vau
CASE NO. SA00CH03955 DATE 11/16/00

☒ Imposition of sentence suspended as to count I VC 20002(a)
and defendant placed on INFORMAL Probation for 3 years (SEISP / with priors use SEIPP)
☒ On Motion of District Attorney/ Def (MOTXT/MOCRT), Count(s) II dismissed (CDCDM)
Count(s) _____ suspended (SESUS) / Stayed per 654P.C (SES65)

CONDITIONS

- ☒ Violate no law (SEVNL)
☒ OBEY all rules orders and regulations of the Prob. Dept, Court and Jail. (PBOAR) (Court and jail only, use SEORC)
- ☐ SUBMIT TO SEARCH AND SEIZURE of your person and property, real or personal, under your control, including residence, premises, vehicle and container, by any peace officer or probation officer at any time or place, with or without an warrant, and with or without probable cause. (SESAS)
 - ☐ SUBMIT TO CHEMICAL TESTING on demand of a Peace Officer or Probation Officer. (PBSCT)
 - ☐ Cooperate with Probation Dept. in any program of counseling or treatment. (PBCOP)
 - ☐ Seek training, schooling or employment and maintain residence as approved by Probation Dept. (SETSE)
 - ☐ Associates subject to approval or Prob. Officer. (SEASA)
 - ☐ Not use or possess any drugs or narcotics. (SENDN)
 - ☐ Not associate with narcotic/drug users or sellers. (SEADN)
 - ☐ Submit to AIDS testing (SEADS)
 - ☐ Attend AIDS Education. (SEAED)
 - ☐ Register per 11590 H&S / 290 PC (SENRG / SESRG)
 - ☐ Not possess any dangerous weapons. (SENPW)
 - ☐ Police agency to dispose of weapon(s). (SEWOD)
 - ☐ Weapon Destruction Order forwarded to _____ (SEWDF)
 - ☒ NOT DRIVE without a valid CDL in possession. (SEVDL)
 - ☒ and proof of insurance (SEINS)
 - ☒ Use true name at all times. (TNOTX) DATE OF BIRTH 12-1-00
 - ☐ Carry valid picture I.D. at all times. (COCVI)
 - ☐ Use no credit cards without approval of Prob Dept. (SENCC)
 - ☐ Do not drink or possess alcohol. (SENDA)
 - ☐ Stay out of places where alcohol is the main item of sale. (SENBS)
- ☐ Defendant advised that failure to pay the SRF will result in a Civil Judgement (ADCJE) if not paid by _____ (COCJS)
☐ Court finds defendant has no ability to pay fees. (COFVA)
☐ Court finds compelling and extraordinary circumstances to WAIVE / SUSPEND the \$100 SRF. (CORFW / CORSS)
☒ Fine(s) / fee(s) stayed to 11-30-00 (STAFI / STALF)
- JAIL**
☒ Serve 60 days in OCJ as to CT(s) I
☐ Serve _____ days in OCJ as to CT(s) _____ (SEJAL)
☐ Serve _____ days forthwith. (SEJFB - to be used when partial sentence / term is imposed forthwith)
☐ Credit for _____ days served including GT / WT (COCRD / SECRD / \$SECRF or COCTS)
☐ Defendant may apply for _____ (SEDMA)
☐ Sentence(s) to be served consecutive / concurrent to each other / any other sentence / to case # _____ (SERCC)
☐ To be served in State Prison concurrently (SEJCS)
☐ May be served in any Penal Institution. (SEJSA)
☐ Be BOOKED AND RELEASED (SEBRF) and submit proof clerk's office, RM G100 by _____ (CLCAS - Hrg type "RPT")
☐ To be released to _____ Program (CORLP) and receive day for day credit. If program not completed, full jail sentence to be imposed with no credit for time served. (COPRG)
☒ (Balance of) Jail stayed to 12-1-00 at 7:00 P.M. (SEJST) by Theo Lacy / SEA (SETHE)
☐ To Be Served as _____ Weekends, beginning from _____ M. _____ to _____ M. _____ and each like period thereafter. (SEJW) ☐ Pay weekend fees of ☐ At County rate / \$ _____ (SEPWF)
☐ Pre-Book by _____ (COPBB)
☐ The court orders that debt not be granted. (SENGR *text)
☐ Work or other furlough pursuant to 1208 PC *
☐ Home Detention pursuant to 1203.016 PC *
☐ Except as follows: _____ (SEXCP)
☐ Defendant to be examined by medical team. (COMED)
☐ Defendant allowed _____ collect phone calls (COCTC)
☐ _____ days jail stayed pending _____ (SEJTX)

DOMESTIC VIOLENCE

- ☐ Complete D.V. Batterer's Treatment Program. (SEDVT)
- ☐ Complete Anger Management Program. (PBANG)
 - ☐ With alcohol / drug component. (PBOTH)
- ☐ Complete 1 year Child Abuse Counseling Program (SECCP)
- ☐ Pay \$200 to the D.V. fund. (SEFEE - fee code "DD")
- ☐ Pay \$100 to the Victim / Witness fund. (COVWP)
- ☐ Pay \$ _____ to a Battered Women Shelter. (PBOTH)
- ☐ PROTECTIVE ORDER signed, served and filed. (FIDVO)
- ☐ Comply with all terms of Protective Order (SECPO)
- ☐ Stay away from _____ (SESAP)
- ☐ Have no violent contact with victim (SENVV)
- (no contact: SENOC)

FINE(S) / FEE(S)

- ☐ Defendant to pay fine of \$ _____ + P.A. or serve _____ days / months / hours in OCJ (SEFIJ or SEFJL, if going to G100)
☐ Committed on fine (SEFCM *enter & SHF4 before continuing)
- ☐ Consecutive / Concurrent to each other / any other / to case # _____ (SERCC)
(For fees, use SEFEE with appropriate fee code)
- ☐ Pay \$10.00 Cite and Release fee *fee code "CR"
- ☐ Pay \$25.00 Administrative screening fee *fee code "AS"
- ☒ Pay \$100.00 SRF (1203.04 PC) *fee code "R2"
- ☐ Pay \$50.00 LAB fee *fee code "CL"

COMM. SERVICE / CAL TRANS / MISC.

- ☐ Complete _____ hours / days of COMMUNITY SERVICE / CAL TRANS (SECS / SECTR)
- ☐ In Lieu of Fine (SECLU) ☐ In Lieu of Jail (SECJL/SECT)
- ☐ In lieu of Cal Trans, defendant to perform physical labor duties. (SECPL)
- ☐ Attend _____ meeting(s) of Alcoholics Anonymous per week / month and submit proof by _____ (SEAAM)
- ☒ MAKE RESTITUTION as determined through:
 - ☒ Victim / Witness Office
 - ☐ Probation Dept

Defendant's Name TRANCase Number JA 000403955

Page 2 of 2

- ☐ Defendant advised of GANG / TAGGER / _____ terms as a condition of probation incorporated by reference herein. (PBSGT)
- ☐ As to count(s) _____ and pursuant to 13202.6 VC, (Under 21 - VANDALISM) defendant's license is suspended or issuance delayed for _____ months / year(s). (SELSJ)
- ☐ Pursuant to 13202.5(a) VC (Under 21 - Drugs / Alcohol), the court finds that defendant was under the age of 21 years at the time of the offense. Therefore, Court orders the defendant's driving privilege be suspended for 1 year. (SESDL)
- ☐ Defendant petitions the Court for restriction in lieu of suspension. Pursuant to 13202.5(c)(1) VC, Court finds good cause to restrict defendant's driving privilege for one year. (SERLS)
- ☐ As to count(s) _____, defendant to complete _____ hours of GRAFFITI REMOVAL by _____ (SEGRF)
- ☐ OTHER: _____
- ☐ Probation to terminate / be modified to informal status upon _____ (PBTTU/PBFMC)
- ☐ Fine(s) / Fee(s) / Comm. Service / Cal Trans / Restitution, if applicable, to be paid / monitored through Probation Dept. (PBPPF) ***must F16 before entering this code)
- REPORT TO COURT ON _____
8:30a.m., Dept. _____ / G100 (CLCAS - hrg type RPT) for: _____
- REPORT FORTHWITH TO: ☐ Room G-100 / JA regarding:
☐ Fines / Fees ☐ Community Service / Cal Trans
☒ Restitution (CODRP)
☒ Probation Dept. Room 208a 2nd Floor (CODOR)
☒ Victim / Witness, Room 292a, 2nd Floor (CODOR)
- DEFENDANT'S STATUS:
☐ Defendant committed (DSCOM)
☒ Stayed commitment prepared (DSSCP)
☐ Defendant released from custody (DSRNT)
☐ Removal order prepared (CLROR)
☐ Bond / Bail exonerated (BLBXR / BLXCB)
☐ Bail applied on fines / fees, bal. to be returned (BLAAP)

ALAN SLATER By
Clerk of the CourtMARIA ALCARAZ
Courtroom Clerk

WILLIAM J. EVANS

Judge of the above entitled Court

Dept.

☒ DOAN VAN TRAN

(Print full name)

have read and received a copy of this Court Order. I live at _____

☒ W. MAURIE AVG SANTA ANA 92703 CA

(Print address, including city)

Phone: ☒Defendant's signature: Date: ☒ 10/14/00

20



NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New OUTSOURCING FACILITY

☐ Ownership Change (Provide current license number if making changes:) OUT _____

☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4

☐ Partnership – Pages 1-3 & 6

☒ Non Publicly Traded Corporation – Pages 1-3 & 5

☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: RC Outsourcing, LLC

Physical Address: 102 East Water Street

City: Lowellville

State: Ohio

Zip Code: 44436

Telephone: 330-536-8500

Fax: 330-451-5658

Toll Free Number: 1-877-707-9001

(Required per NAC 639.708)

E-mail: Admin@rcoutsourcing.com Website: www.rcoutsourcing.com

Supervising Pharmacist: Emily Carlson

Nevada License #: 20525

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral (ophthalmic injections)

☒ ☐ Sterile Compounding

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

Page 2

FEI Number (From FDA application): 3011967886

Please provide the name of the facility as registered with the FDA and the registration number:

RC Outsourcing LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

RC Outsourcing LLC

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Emily Carlson Nevada License Number: 20525A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/AThis page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

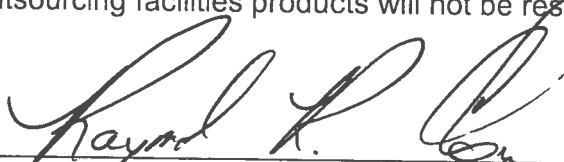
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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



Print Name of Authorized Person



Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 5

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION (LLC)State of Incorporation: OHIOParent Company if any: N/AAddress: 102 East water StreetCity: Lowellville State: Ohio Zip: 44436Telephone: 330-536-8500 Fax: 330-451-5658Contact Person: Raymond Carlson (owner)

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. _____

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

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

Disclosure

RC Outsourcing, LLC

102 E. Water St.

Lowellville, OH 44436

(330) 536-8500

(330) 451-5658

rcoutsourcing@att.net

Explanation to question #3:

- RC Outsourcing received a Uniform Unlicensed Practice Citation from the State of Florida and paid a \$750 fine. Such citations are not considered to be license discipline.
- This was a Department of Health citation and not a discipline by the Board of Pharmacy.
- The following page is the official citation.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Ray Carlson, R.Ph.', is written over the 'Sincerely,' text.

Ray Carlson, R.Ph.
Pharmacist/Owner
RC Outsourcing LLC



**UNIFORM UNLICENSED ACTIVITY CITATION
FLORIDA DEPARTMENT OF HEALTH**

Issued to:	RC OUTSOURCING, LLC	Case Number:	202005248
Address:	102 E. WATER ST. LOWELLVILLE, OH 44436	Date(s) of Violation	11/2018 - 11/2019
Phone:		Profession:	NONRESIDENT STERILE COMPOUNDING
E-mail Address:	RCOUTSOURCING@ATT. NET	Driver's License	
Wk. Address		Date of Birth:	
Wk. Phone			

Pursuant to Section 456.065, F.S. the undersigned, who is an Investigator for the Department of Health, hereby certifies that he/she has probable cause to believe that the above referenced subject did violate the following provision(s) of law, F.S. 465.015(1)(a)(4)(c)2 and 456.065(2)(d), by committing the following, including but not limited to, acts: did dispense compounded and repackaged medications without an active, valid Florida license to practice that profession, to wit on 11/19/2019 through 11/21/2019, a senior pharmacist of the Florida Department of Health – Investigative Services Unit reviewed dispensing records for the period of 11/2018 to 11/2019 during a new business inspection. These records showed compounded and repackaged medications, including Avastin 1.25 mg/0.05 ml, Avastin 2.5mg/0.1ml, Ceftazidime 2.25 mg, and Vancomycin 1mg/0.01 ml had been sent to 47 different offices in Florida. On 02/12/2020, a Google search confirmed the name and addresses of the offices in the dispensing records, and a search of the Department database confirmed the names of the licensees listed in the records.

Pursuant to Section 456.065, F.S., and Rule 64B-6.003, F.A.C., the Department has set the following penalty for violations of the aforesaid provision: a fine in the amount of \$750.00 plus costs in the amount of \$123.00 . Total due: \$873.00

ISSUED this 12th day of February, 2020, on behalf of the State Surgeon General of the Department of Health, by:

Adam Blahut
DOH Representative Signature

Adam Blahut
DOH Representative Printed Name

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this day of , 20 , a true and correct original of the foregoing citation has been served upon RC OUTSOURCING, LLC at 102 E. WATER STREET, LOWELLVILLE, OH 44436.

(☐) By personal service

(☒) U.S. Certified Mail, Item Number 7014 1200 0000 4334 3963, Received on

(☐) U.S. Priority Mail, Tracking Number , Received on ; Date Certified Mail was Returned

DOH Representative Signature

DOH Representative Printed Name

**PLEASE READ IMPORTANT NOTICES ON PAGE TWO REGARDING
YOUR LEGAL RIGHTS TO CHALLENGE, ACCEPT OR APPEAL THIS CITATION**

RC Outsourcing, LLC

*102 East Water Street
Lowellville, Ohio 44436
330-536-8500*



List of current owners/members:

Raymond R. Carlson

Home:

225 S. Hubbard Rd.

Lowellville, OH 44436

Cell #:

Business:

102 E. Water St.

Lowellville, OH 44436

Work #: 330-536-8500

100% Owner/Member of RC Outsourcing, LLC

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RC OUTSOURCING, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2407671, was organized within the State of Ohio on July 1, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of March, A.D. 2021.

A handwritten signature in blue ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202108102168

Mark I. Sedar

From: RCO Administrative <admin@rcoutsourcing.com>
Sent: Wednesday, April 14, 2021 5:48 AM
To: Mark I. Sedar
Cc: Kristopher Mangosing
Subject: Re: Outsourcing Facility Application
Attachments: Certificate of Good Standing.PDF; OH_VerifyLicenseDetailsPrintFriendly (1).pdf

Good Morning Mark,

Attached is verification of good standing from the Ohio State Board of Pharmacy and the Certificate of Good Standing from the Secretary of State's Office. Emily Carlson will still be the managing pharmacist for the State of Nevada (license #20525). Our facility has not had an inspection conducted since the time we submitted the application to the State of Nevada, so your office has the most recent inspection documents. Let me know if you need anything else.

Thanks

Emily Carlson, RPh, Pharm.D.

RC Outsourcing, LLC
 102 East Water Street
 Lowellville, Ohio 44436
 330-536-8500
 330-451-5658 (fax)

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Thursday, April 8, 2021 12:30:44 PM
To: RCO Administrative
Cc: Kristopher Mangosing
Subject: Outsourcing Facility Application

Hello Emily,

I understand from Kris Mangosing from our staff that you wish to be added to the June agenda. Since we have had the application for longer than 6 months, could you please provide updated information on the following items below?

- Emily Carlson is still the Managing Pharmacist?
- Updated Letter of Good Standing from your Home State Board
- Certificate of Good Standing from the Secretary of State's office in the State where incorporated, dated within the last 6 months
- Copy of most recent inspection

Thank you,



**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.

RC OUTSOURCING

102 EAST WATER STREET

LOWELLVILLE, OH 44436

License Number: 012489700

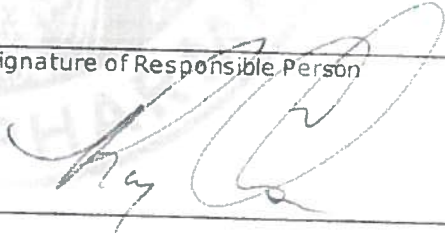
Outsourcer - Category 2

Expiration Date: June 30, 2021

CLASS: Outsourcer - Category 2

BUSINESS TYPE: OSC - Outsourcer/Sterile Compounding

Responsible Person - Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print) Raymond Carlson	Signature of Responsible Person 
---	---

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



License Look Up

4/14/2021 8:37 AM

RC OUTSOURCING

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Outsourcer - Category 2
License Number	012489700
License Issue Date	02/17/2015
License Expiration Date	06/30/2021
License Effective Date	07/01/2019
Street Address	102 EAST WATER STREET
City	LOWELLVILLE
State	OH
Zipcode	44436
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
	03316010	Active	Mon Dec 29 00:00:00 GMT 2014	

Current date & time: 4/14/2021 8:37 AM

License Look Up

6/1/2020 3:54 PM

RC OUTSOURCING

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Outsourcer - Category 2
License Number	012489700
License Issue Date	02/17/2015
License Expiration Date	06/30/2021
License Effective Date	07/01/2019
Street Address	102 EAST WATER STREET
City	LOWELLVILLE
State	OH
Zipcode	44436
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
	03316010	Active	Mon Dec 29 00:00:00 GMT 2014	

Current date & time: 6/1/2020 3:54 PM

Inspection Request

From: Katie.Stabi@pharmacy.ohio.gov (katie.stabi@pharmacy.ohio.gov)
To: rcoutsourcing@att.net
Date: Monday, March 2, 2020, 08:17 AM EST

Letter of
Good Standing

Ray,

The State of Ohio Board of Pharmacy is in receipt of your inspection request. RC Outsourcing is not due for an inspection at this time. As an FDA registered outsourcer, the Board of Pharmacy defers to the FDA to ensure compliance to cGMP.

Kind Regards,
Katie



**STATE OF
OHIO**
BOARD OF PHARMACY

Katie Stabi, PharmD, BCPS, RPh

Compliance Specialist

77 South High Street, 17th Floor, Columbus, Ohio 43215
Columbus Office – T: (614) 466-4143 | F: (614) 752-4836
Cell Phone: (330) 397-6041

Katie.Stabi@pharmacy.ohio.gov
www.pharmacy.ohio.gov

FDA Registration for RC Outsourcing, LLC:

- No formal FDA certification for 503B Facilities
- Proof of registration through FDA's list of registered Outsourcing Facilities
 - "Facilities Registered As Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)"
- Website: <https://www.fda.gov/drugs/human-drug-compounding/registered-outsourcing-facilities>

RC Outsourcing, LLC,
Lowellville, OH

Raymond R.
Carlson
330-536-8500

10/6/2015

12/13/2019

2/8/2019

Yes

Open⁷

Yes

20C

RC Outsourcing, LLC
Lowellville, OH



U.S. Food and Drug Administration
 Division of Pharmaceutical Quality Operations III
 300 River Place, Suite 5900
 Detroit, MI 48207
 Telephone: (313) 393-8100
 Fax: (313) 393-8139
www.fda.gov

May 22, 2020

UPS SIGNATURE REQUIRED

Mr. Raymond R. Carlson
 Owner
 RC Outsourcing, LLC
 102 East Water Street
 Lowellville, OH 44436

Dear Mr. Carlson:

We are enclosing a copy of the Establishment Inspection Report (EIR) for the inspection conducted at your facility, RC Outsourcing, LLC, located at 102 East Water Street, Lowellville, OH 44436, from January 14, 2019, to February 8, 2019, by the U.S. Food and Drug Administration (FDA).

When the Agency concludes that an inspection is "closed" under 21 C.F.R. 20.64(d)(3), it will release a copy of the EIR to the inspected establishment.

The Agency continually works to make its regulatory process and activities more transparent for regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the Agency in accordance with the Freedom of Information Act (FOIA) and 21 C.F.R. Part 20. This, however, does not preclude you from requesting and possibly obtaining any additional information under FOIA.

If there is any question about the released information, please contact Russell Riley, Compliance Officer, at 630-323-2763 x. 101.

Sincerely,

Nicholas F.
Lyons -S

Dig. Info signed by Nicholas F. Lyons, S
DN: c=US, o=U.S. Government, ou=FDA, ou=FDA, ou=FDA
9 9 23-02 19202200 100 1 1 13002120023 on Nicholas F. Lyons
Date: 2020-02-23 12:42:21 -0500

Nicholas F. Lyons
Director, Compliance Branch
Division of Pharmaceutical Quality Operations III
Office of Regulatory Affairs
U.S. Food and Drug Administration

Enclosure: First party redacted EIR

Cc: Ohio State Board of Pharmacy (cover letter only)
Steven W. Schierholt
Executive Director
77 South High Street, 17th Floor
Columbus, OH 43215-6126

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER

Detroit District Office,
300 River Place, Suite 5900 Detroit, MI 48207
(313) 393-8100 Fax: (313) 393-8139

DATE(S) OF INSPECTION

1/14/19 - 1/18/19, 2/8/2019

FEI NUMBER

3011967886

Industry Information: www.fda.gov/oc/industry

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Raymond R. Carlson, Owner

FIRM NAME

RC Outsourcing LLC

STREET ADDRESS

102 E. Water St.

CITY, STATE AND ZIP CODE

Lowellville, OH 44436-1117

TYPE OF ESTABLISHMENT INSPECTED

Outsourcing Facility

THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE IF YOU HAVE ANY QUESTIONS. PLEASE CONTACT FDA AT THE PHONE NUMBER AND ADDRESS ABOVE.

DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

OBSERVATION 1

Written production and process control procedures are not followed in the execution of production and process control functions.

Specifically,

- Your firm failed to follow the formula worksheet for the compounding of Vancomycin HCl USP 1mg/0.1ml lot no. 03092018. Per the worksheet instructions the specified pH range should be (b) (4) however the reported pH value for this lot was 6.97. This lot was associated with two complaints your firm received on 4/2/18 for cloudiness in the drug after thawing. Your firm's investigation into these complaints attributed the observed cloudiness to vancomycin precipitating out of solution from the high pH value observed during production.
- Your firm's Quality review failed to observe this pH OOS event prior to lot release on 3/9/18.
- You did not implement adequate CAPA's to address the failure of your firm's quality unit to observe this pH OOS event.

OBSERVATION 2

There is no written testing program designed to assess the stability characteristics of drug products.

Specifically,

Your firm has not provided adequate data in the form of published literature or test studies which support the BUD/Expiration dates for products produced.

SEE
REVERSE
OF THIS
PAGE

EMPLOYEE(S) SIGNATURE



EMPLOYEE(S) NAME AND TITLE (Print or Type)

Robert M. Barbosa

DATE ISSUED

02/08/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER

Detroit District Office:
300 River Place, Suite 5900 Detroit, MI 48207
(313) 393-8100 Fax: (313) 393-8139

DATE(S) OF INSPECTION

1/14/19 - 1/18/19, 2/8/2019

FEI NUMBER

3011967886

Industry Information: www.fda.gov/oc/industry

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Raymond R. Carlson, Owner

FIRM NAME

RC Outsourcing LLC

STREET ADDRESS

102 E. Water St.

CITY, STATE AND ZIP CODE

Lowellville, OH 44436-1117

TYPE OF ESTABLISHMENT INSPECTED

Outsourcing Facility

- Cefuroxime 1mg, 1ml syringe & 10ml vial, (45 day BUD)
- Moxifloxacin 1.5mg, 0.1ml/1ml syringe, (45 day BUD)
- Vancomycin 1mg, 2mg, & 25mg, 1ml syringe & 15ml dropper (45 day BUD)

OBSERVATION 3

There is a failure to thoroughly review any unexplained discrepancy whether or not the batch has been already distributed.

Specifically,

Your firm failed to conduct an investigation for the 70 syringe defect complaints your firm received between April 1, 2017 and December 31, 2018. Syringe defect categories included:

- bent needle
- dull needle
- clogged needle
- stuck plunger
- empty syringe

OBSERVATION 4

Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the identity and strength of each active ingredient prior to release.

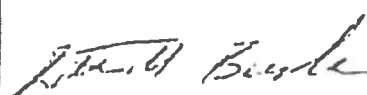
Specifically,

Your firm did not conduct identity and strength (potency) testing of each lot for the following drug products produced at your facility:

- Cefuroxime 1mg
- Moxifloxacin 1.5mg
- Vancomycin 1mg
- Vancomycin 2mg

SEE
REVERSE
OF THIS
PAGE

EMPLOYEE(S) SIGNATURE



EMPLOYEE(S) NAME AND TITLE (Print or Type)

Robert M. Barbosa

DATE ISSUED

02/08/2019

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

DISTRICT OFFICE ADDRESS AND PHONE NUMBER

Detroit District Office:
300 River Place, Suite 5900 Detroit, MI 48207
(313) 393-8100 Fax:(313)393-8139

DATE(S) OF INSPECTION

1/14/19 - 1/18/19, 2/8/2019

FEI NUMBER

3011967886

Industry Information: www.fda.gov/oc/industry

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Raymond R. Carlson, Owner

FIRM NAME

RC Outsourcing LLC

STREET ADDRESS

102 E. Water St.

CITY, STATE AND ZIP CODE

Lowellville, OH 44436-1117

TYPE OF ESTABLISHMENT INSPECTED

Outsourcing Facility

-Vancomycin 25mg

In addition, the following tests were also observed not having been performed:

Testing for pH of each lot was not performed for the following sterile injectable drug product produced at your facility:

-Cefuroxime 1mg

Testing for subvisible particulate of each lot was not performed for the following sterile injectable drug products produced at your facility:

-Cefuroxime 1mg

-Moxifloxacin 1.5mg

-Vancomycin 1mg

-Vancomycin 2mg

Sterility testing of each lot was not performed for the following sterile drug products produced at your facility:

-Cefuroxime 1mg

-Moxifloxacin 1.5mg

-Vancomycin 1mg

-Vancomycin 2mg

THIS IS A REPEAT OBSERVATION

OBSERVATION 5

The accuracy, sensitivity and reproducibility of test methods have not been established and documented.

Specifically,

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE 	EMPLOYEE(S) NAME AND TITLE (Print or Type) Robert M. Barbosa	DATE ISSUED 02/08/2019
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

DISTRICT OFFICE ADDRESS AND PHONE NUMBER

Detroit District Office:
300 River Place, Suite 5900 Detroit, MI 48207
(313) 393-8100 Fax (313) 393-8139

DATE(S) OF INSPECTION

1/14/19 - 1/18/19, 2/8/2019

FEI NUMBER

3011967886

Industry Information www.fda.gov/oc/industry

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Raymond R. Carlson, Owner

FIRM NAME

RC Outsourcing LLC

STREET ADDRESS

102 E. Water St.

CITY, STATE AND ZIP CODE

Lowellville, OH 44436-1117

TYPE OF ESTABLISHMENT INSPECTED

Outsourcing Facility

Your firm's process for conducting the in-house sterility test has not been verified as being suitable for its intended use in the sterility testing of Dexamethasone 400mcg, Lidocaine 1%, Phenylephrine 1.5%, Phenylephrine 2.5%. Further, the in-house sterility testing process is not detailed in a formal procedure.

OBSERVATION 6

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,

Active air sampling is not performed daily during production activities.

****THIS IS A REPEAT OBSERVATION*****

OBSERVATION 7

Specific identification tests are not conducted on components that have been accepted based on the suppliers report of analysis.

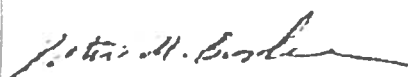
Specifically,

Your does not perform on identity test on all incoming lots of bulk active pharmaceutical ingredients (API's). The following bulk API's are used in the production of drug products at your facility.

- Moxifloxacin Hydrochloride USP
- Dexamethasone Sodium Phosphate USP
- Tobramycin Sulfate USP
- Phenylephrine Hydrochloride USP
- Vancomycin Hydrochloride USP

OBSERVATION 8

SEE
REVERSE
OF THIS
PAGE

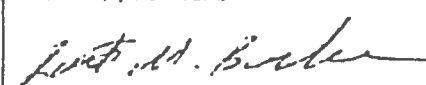
EMPLOYEE(S) SIGNATURE

EMPLOYEE(S) NAME AND TITLE (Print or Type)

Robert M. Barbosa

DATE ISSUED

02/08/2019

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

DISTRICT OFFICE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	
Detroit District Office: 300 River Place, Suite 5900 Detroit, MI 48207 (313) 393-8100 Fax: (313) 393-8139		1/14/19 - 1/18/19, 2/8/2019	
Industry Information: www.fda.gov/oc/industry		FEI NUMBER	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		3011967886	
TO: Raymond R. Carlson, Owner			
FIRM NAME	STREET ADDRESS		
RC Outsourcing LLC	102 E. Water St.		
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED		
Lowellville, OH 44436-1117	Outsourcing Facility		
You compound drugs that are essentially a copy of one or more approved drugs within the meaning of sections 503B(a)(5) and 503B(d)(2). Specifically, you compound drug products that: a) are identical or nearly identical to an approved drug that is not on the drug shortage list in effect under section 506F at the time of compounding, distribution, and dispensing; or b) are not identical or nearly identical to an approved drug, but contain a bulk drug substance that is also a component of an approved drug, and for which there is no change that produces for an individual patient a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable approved drug. Examples of compounded drug products that are essentially a copy of one or more approved drugs include; -Dexamethasone 400 mcg/0.1 mL syringe for injection -Moxifloxacin 0.150 mg/0.1 mL syringe for injection -Vancomycin 1 mg/0.1 mL syringe for injection -Vancomycin 2 mg/0.1 mL syringe for injection -Vancomycin 25 mg/mL - 10 mL dropper			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
		Robert M. Barbosa	02/08/2019



RC Outsourcing, LLC

102 E. Water St.

Lowellville, OH 44436

(330) 536-8500

(330) 451-5658

rcoutsourcing@att.net

February 28, 2019

**Art Czabaniuk
Program Division Director
U.S. Food and Drug Administration
300 River Place, Suite 5900
Detroit, MI 48207**

**RE: Inspectional Observations for RC Outsourcing, LLC
 FEI Number: 3011967886**

Dear Mr. Czabaniuk,

I am writing in reply to the observations made during our 503B inspection dated 01/14/19 – 01/18/19, 02/08/19. Eight (8) observations were issued at the end of the inspection on 02/08/19 and I feel confident that we have addressed all concerns.

In meetings with staff and after considering the scope of business that RC Outsourcing provides, many of the observations listed will be corrected by our decision to no longer compound sterile injectable drugs from non-sterile bulk powders. By using only FDA approved and commercially available drugs as ingredients, we will be able to align safe compounding practices more closely to the limited needs of eye clinics without risking patient access. This change in business practice is as of today.

RC Outsourcing will no longer order, nor will it use, bulk non-sterile drugs. Also, absolute alcohol and Tobramycin will no longer be compounded from

bulk substance (see attached letter). The limited compounding from bulk substances that we did do was for the convenience of our clinic customers to be used for emergencies. Since commercially available forms of these drugs are able to be ordered from wholesalers at present, we have notified our customers to stock these drugs and if needed in an emergency, they would be able to reconstitute and administer independent of any involvement by RC Outsourcing.

Since it is not possible for a 503B outsourcing facility to perform only repackaging, on the occasion that we do compound, only FDA approved and commercially available drug products will be used as the ingredients. These products are sterile and pyrogen-free and will be subject to the testing outlined in FDA's Draft Guidance dated December, 2018. Our biannual product report shows that we compounded minimal amounts to begin with and so this decision is of little consequence to our business or customers we serve.

Please see the following explanations of corrective actions taken as well as the attached documentation as evidence. I received an invoice yesterday for the cost of what is considered a re-inspection and have wired \$16,382.00 this morning. This was a surprise to us since we had felt that previous evidence of compliance with observations made during our 2017 inspection was acceptable, we were informed that our most recent 2019 inspection was routine and not a follow up to previous deficiencies, and many of the observations now received are from 2018 Draft Guidance distributed for "comment purposes only". We do not believe that "repeat observations" found during the 2019 inspection are related to those determined in 2017 or that those found in 2017 prompted our most recent inspection. I felt it best to pay the invoice and ask that you review records for accuracy.

In any event, we continue to follow a path that is in the best interest of public safety and we remain gracious for your guidance to help us ensure that we stay on this course.

Respectfully,

Ray Carlson, R.Ph.
Pharmacist/Owner
RC Outsourcing, LLC

Observation 1:

Written production and process control procedures are not followed in the execution of production and process control functions.

Specifically,

- a) Your firm failed to follow the formula worksheet for the compounding of Vancomycin HCl USP 1mg/0.1mL lot no. 03092018. Per the worksheet instructions the specified pH range should be 5.5-6.5 however the reported pH value for this lot was 6.97. This lot was associated with two complaints your firm received on 04/02/18 for cloudiness in the drug after thawing. Your firm's investigation into these complaints attributed the observed cloudiness to vancomycin precipitating out of solution from the high pH value observed during production.**
- b) Your firm's Quality review failed to observe this pH OOS event prior to lot release on 03/09/18.**
- c) You did not implement adequate CAPA's to address the failure of your firm's quality unit to observe this pH OOS event.**

Response 1:

Please see attached verification form that will be included on all compounding worksheets.

The final pH of the vancomycin solution was not detected as being out of range and so it precipitated when placed in the freezer. The resulting precipitate went back into solution once warmed.

This should not have been allowed to pass detection. We have placed a check box and corresponding verification to all our worksheets for both the compounder of the drug as well as Q/A supervisor to sign off on prior to release.

Note: There is no corrected worksheet for this product to submit since RC Outsourcing will no longer be compounding vancomycin from bulk API. Our customers have been informed that they will need to order this product from their wholesaler and stock it if they wish to have it available for emergencies.

Observation 2:

There is no written testing program designed to assess the stability characteristics of drug products.

Specifically, your firm has not provided adequate data in the form of published literature or test studies which support the BUD/Expiration dates for products produced.

- Cefuroxime 1mg/1mL syringe & 10mL vial, (45 day BUD)
- Moxifloxacin 1.5mg, 0.1mL/1mL syringe, (45 day BUD)
- Vancomycin 1mg, 2mg & 25mg, 1mL syringe & 15mL dropper (45 day BUD)

Response 2:

The BUD/Expiration dates for these products were based on USP 797 as allowed by previous FDA Guidance. We now understand that it is not sufficient to fall back on 797 for the establishment of beyond use dating for a 503B facility. RC Outsourcing will no longer be compounding the following from bulk API: moxifloxacin 1.5mg, 0.1mL/1mL syringe (45 day BUD) and vancomycin 1mg, 2mg & 25mg, 1mL syringe & 15mL dropper (45 day BUD). Our firm will also discontinue Cefuroxime 10mL vial.

From this point forward, we will continue to compound Cefuroxime 1mg/0.1mL syringes but only using FDA approved and commercially available drug products and we will follow the manufacturer's drug package insert in order to assign a 45 day expiration based on the manufacturer's frozen stability instructions (See attachment). We will conduct release batch testing according to the guidance.

Observation 3:

There is failure to thoroughly review any unexplained discrepancy whether or not the batch has been already distributed.

Specifically, your firm failed to conduct an investigation for the 70 syringe defect complaints your firm received between April 1, 2017 and December 31, 2018. Syringe defect categories included:

- bent needle
- dull needle
- clogged needle
- stuck plunger
- empty syringe

Response 3:

Our firm currently provides our customers with Continuous Quality Improvement (CQI) forms so that we may can obtain quality feedback regarding our compounded sterile products (see attached form). We recognize that we did not conduct thorough enough investigations for the complaints stated above regarding the various syringe defects. Therefore, we have formulated a Syringe Defect Investigation form that our facility will fill out for each CQI we obtain. See attached form and an update to SOP 3.9.1.1. We will send each of our clinics a copy of the updated CQI form and emphasize the usefulness of providing us photo documentation to help us best understand their complaint.

Observation 4:

Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the identity and strength of each active ingredient prior to release.

Specifically,

Your firm did not conduct identity and strength (potency) testing of each lot for the following drug products produced at your facility

- Cefuroxime 1mg**
- Moxifloxacin 1.5mg**
- Vancomycin 1mg**
- Vancomycin 2mg**
- Vancomycin 25mg**

In addition, the following tests were also observed not having been performed:

Testing for pH of each lot was not performed for the following sterile injectable drug product produced at your facility:

- Cefuroxime 1mg**

Testing for subvisible particulate of each lot was not performed for the following sterile injectable drug products produced at your facility:

- Cefuroxime 1mg**
- Moxifloxacin 1.5mg**
- Vancomycin 1mg**
- Vancomycin 2mg**

Sterility testing of each lot was not performed for the following sterile drug products produced at your facility:

- Cefuroxime 1mg**
- Moxifloxacin 1.5mg**
- Vancomycin 1mg**
- Vancomycin 2mg**

Response 4:

Our firm is discontinuing the compounding of the following products from bulk API: Moxifloxacin 1.5mg, Vancomycin 1mg, Vancomycin 2mg, Vancomycin 25mg. We are also discontinuing Cefuroxime 10mLvials. We will continue to compound Cefuroxime 1mg/0.1mL syringes and will test for the following based on our usual batch size:

- a. Identity
- b. Strength
- c. Sterility
- d. Endotoxin
- e. pH
- f. Color
- g. Clarity

- h. Visible Particulates
- i. Subvisible Particulates

We are currently updating our SOP 4.7.1.1 to reflect the testing requirements per the 2018 draft guidance.

Note: No compounded drug products will be tested in-house. Instead, all products compounded by RC Outsourcing will be tested by FDA accredited third party testing facilities.

Observation 5:

The accuracy, sensitivity and reproducibility of test methods have not been established and documented.

Specifically, your firm's process for conducting the in-house sterility test has not been verified as being suitable for its intended use in the sterility testing of Dexamethasone 400mcg, Lidocaine 1%, Phenylephrine 1.5%, Phenylephrine 2.5%. Further, the in-house sterility testing process is not detailed in a formal procedure.

Observation 5:

Our facility has discontinued the use of in-house sterility testing using QT Micro Apparatus for all compounded drugs and will now rely solely on FDA licensed analytical facilities for testing.

Note: RC Outsourcing has discontinued the compounding of Dexamethasone 400mcg, Lidocaine 1%, Phenylephrine 1.5%, and Phenylephrine 2.5%. Although compounded very infrequently, no longer will sterile drugs be compounded from non-sterile bulk substances. Any previous formal procedures detailed in our SOP manual for conducting in-house testing have been archived as no longer applicable to RC Outsourcing.

The detailed formal procedure for in-house sterility testing will be added to Policy 4.7.1.1.

Observation 6:

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically, active air sampling is not performed daily during production activities.

Response 6:

Currently at our facility, active air sampling is performed every 6 months by a CETA accredited service provider. We understand the need to perform active air sampling during our daily

production activities according to the December 2018 Draft Guidance. Our firm has researched and purchased an active air sampler (see attached sales order). Once sampler is received, we will train our personnel on its maintenance and operation and its use will be implemented. There is a 2-3 week lead-time between date of purchase (02/27/19) and product arrival.

We will updated our SOP to outline active daily air sampling when the unit arrives and owner's manual is in hand.

Observation 7:

Specific identification tests are not conducted on components that have been accepted based on the suppliers report of analysis.

Specifically, your firm does not perform an identity test on all incoming lots of bulk active pharmaceutical ingredients (API's). The following bulk API's are used in the production of drug products at your facility.

- Moxifloxacin Hydrochloride USP**
- Dexamethasone Sodium Phosphate USP**
- Tobramycin Hydrochloride USP**
- Phenylephrine Hydrochloride USP**
- Vancomycin Hydrochloride USP**

Response 7:

RC Outsourcing will no longer compound or prepare drugs from bulk Active Pharmaceutical Ingredients (APIs). These drugs have been removed from our shelves and disposed of appropriately. Any future requests from facilities that would require the compounding of drugs using bulk APIs will be denied. The use of bulk APIs for compounding has always been a small percent of RC Outsourcing operations and therefore is easily declined without inconvenience to customers or patients alike.

Observation 8:

You compound drugs that are essentially a copy of one or more approved drugs within the meaning of sections 503B(a)(5) and 503B(d)(2).

Specifically, you compound drug products that:

- a) Are identical or nearly identical to an approved drug that is not on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing; or**

- b) Are not identical or nearly identical to an approved drug, but contain a bulk drug substance that is also a component of an approved drug, and for which there is no change that produces for an individual patient a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable approved drug

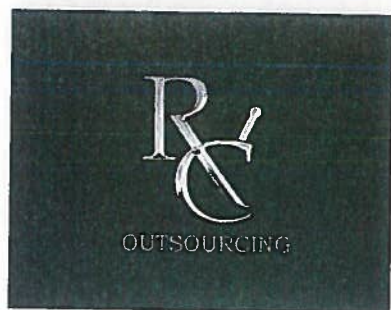
Examples of compounded drug products that are essentially a copy of one or more approved drugs include;

- Dexamethasone 400mcg/0.1mL syringe for injection
- Moxifloxacin 0.150mg/0.1mL syringe for injection
- Vancomycin 1mg/0.1mL syringe for injection
- Vancomycin 2mg/0.1mL syringe for injection
- Vancomycin 25mg/mL – 10 mL dropper

Response 8:

RC Outsourcing will no longer compound these injectable and/or topical ophthalmic drugs from bulk APIs. These drugs are commercially available and not on FDA's short list.

(End of response)



RC Outsourcing, LLC

102 E. Water St.
Lowellville, OH 44436

(330) 536-8500

(330) 451-5658

rcoutsourcing@att.net

THE TERMINATION OF THE COMPOUNDING OF ABSOLUTE ALCOHOL 20% FROM BULK SUBSTANCE

FEI NUMBER: 3011967886

February 28, 2019

Art Czabaniuk
Program Division Director
U.S. Food and Drug Administration
300 River Place, Suite 5900
Detroit, MI 48207

Dear Mr. Czabaniuk,

Today, February 11, 2019, RC Outsourcing, LLC, has stopped all compounding of Absolute Alcohol from bulk substance. Moving forward, we will contact all of our physicians and customers and inform them of the immediate discontinuation of this compounded drug.

We understand the importance of using only those bulk drugs that the FDA has received adequate safety and effectiveness submissions and that perhaps in the future such data will be submitted for consideration. Until that time, we will decline order requests from our physician offices.

Respectfully Yours,

Emily Carlson, RPh.
Pharmacist
RC Outsourcing, LLC
Lowellville, OH

Raymond R. Carlson, RPh.
Owner/Pharmacist
RC Outsourcing, LLC
Lowellville, OH

Kimberly Beight, BSBio, CPHT
Quality Supervisor
RC Outsourcing, LLC
Lowellville, OH



RC Outsourcing, LLC

102 E. Water St.
Lowellville, OH 44436
(330) 536-8500
(330) 451-5658
rcoutsourcing@att.net

October 23, 2019

Art Czabaniuk
Program Division Director
U.S. Food and Drug Administration
300 River Place, Suite 5900
Detroit, MI 48207

RE: Inspectional Observations for RC Outsourcing, LLC
FEI Number: 3011967886

Dear Mr. Czabaniuk,

I am writing with further follow up on observations #4 and #6 made during our 503B inspection dated 01/14/19 – 01/18/19, 02/08/19.

Firstly, we have updated our SOP 4.7.1.1 to reflect the testing requirements per the 2018 draft guidance. Please see attached.

Secondly, we have implemented daily active air sampling into our comprehensive environmental testing program. We began using the Trio.Bas Duo air sampler and have been collecting daily active air samples in both of our ISO 5 hoods. We have collected a week of data and have included that along with our SOP and the training log.

We feel the information we have provided will complete the corrective actions we were required to make. Once you have deemed our responses satisfactory, can we expect some kind of closure letter to our case? We have had a couple of the states

we are licensed with request some kind of evidence that are corrective actions were approved.

Thank you for your time and guidance.

Respectfully,

**Kimberly Beight, CPhT
Quality Assurance Director
RC Outsourcing, LLC**

21

21A

ROSEMAN UNIVERSITY

OF HEALTH SCIENCES

Nevada Board of Pharmacy
985 Damonte Ranch Parkway, #206
Reno, NV 89521

April 19, 2021

Dear Nevada Board of Pharmacy,

This letter is submitted in request of providing pharmacy practice services to patients under the care of Center for Behavioral Health. I am requesting an appearance before the Board at the June 2021 meeting for review of this request—to practice pharmacy in a facility without a licensed pharmacy. The following details are provided pursuant to **NCA 639.403** sections a through k.

- a. **Pharmacist name:** Krystal Riccio, PharmD, BCACP, CDCES (NV RPH# 17625)
- b. **Description of service intended to be provided:** Collaborative Practice Agreement (CPA) is under review to provide chronic medication management in the disease states covered within the CPA: diabetes, cholesterol, hypertension, hypothyroidism.
 1. Review referrals from practitioners, which include a working diagnosis and any specific requests for drug therapy management.
 2. Work with office staff to schedule referred patients for an appointment with the clinical pharmacist.
 3. Obtain informed, written consent of a referred patient, pursuant to NRS 639.2623
 4. Provide a comprehensive patient-centered visit focused on the management of chronic disease states and/or drug therapy management.
 5. Assess health status of the patient based on medical and medication history, and physical assessments, including weight, height, blood pressure and pulse, as necessary.
 6. Order and analyze appropriate lab tests to monitor and modify disease management or drug therapy
 7. Provide collaborative medication management, including initiation, continuation, discontinuation, and modification of drug therapy, based on established practice guidelines, clinical judgment, and individual patient care considerations.
 8. Document relevant findings of patients' health status in the electronic medical records via progress notes maintained in the electronic medical record, including referring practitioner for co-signature.
 9. Notify practitioner of adverse events
 10. Consult practitioner for management of complicated patients and refer patients to specialty care when necessary for comprehensive care.
 11. Closely monitor patients to ensure safe and effective therapy.
 12. Provide education to patients regarding their drug therapy and self-management of their disease.

21B

May 10th, 2021

Dear Nevada Board of Pharmacy Members,

I am formally submitting this letter to request to engage in the practice of pharmacy at remote off-site locations associated with the University of Nevada, Las Vegas (UNLV) to provide Investigational Drug Services (IDS) in collaboration with the UNLV Office of Research Integrity. The UNLV Student Health Center Pharmacy and our pharmacy staff will have an integral role in providing consultative and advisory services at remote off-site locations where investigational drugs will be stored and administered to human subjects. Best practice guidelines for IDS from the American Society of Health System Pharmacists (ASHP) and the Hematology/Oncology Pharmacy Association (HOPA) advise that remote sites are utilized when storage and dispensing of investigational drugs by the pharmacy is not practical and may adversely affect the patient's receipt of the investigational drug. I am submitting this letter on behalf of the UNLV Student Health Center Pharmacy staff and am requesting that in addition to myself, our per diem pharmacist and our pharmacy technician be included in the request. Per NAC 639.403, I am submitting the following information for approval:

a) The name of the pharmacists and pharmacy technician:

- Mary Simon, Pharm.D (NV License #16745)
- Aron Suci, Pharm.D (NV License #18343)
- Janet Vazquez, Pharmacy Technician (NV License #PT04403)

(b) A description of the services that the pharmacist intends to provide at the site:

- Develop standard operating procedures for investigational drugs inclusive of storage, temperature monitoring, drug accountability, tracking, and disposal.
- Evaluate clinical trials for investigational drug operational feasibility and appropriate patient safeguards needed during scientific and IRB protocol review.
- Offer medication counseling and reporting of unanticipated problems and adverse events.
- Provide support during sponsor/regulatory site visits or regular audits.
- Establish dispensing and labeling guidance that enhance compliance with State/Federal regulations.
- Address compliance with State, Federal, and Sponsor requirements for investigational drug management.

(c) The locations at which the pharmacist will provide the services:

- 1701 W. Charleston Blvd., Las Vegas NV 89102
- 1707 W. Charleston Blvd., Las Vegas NV 89102
- 1524 Pinto Lane, Las Vegas NV 89106

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services:

- Patients will include those who are eligible to participate in investigational drug studies based on inclusion criteria set forth by each respective protocol.
- Patient ages may vary from infant to senior populations.

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services:

- Consultation and advisory services will be provided to remote sites associated with UNLV which may include adult medical clinics, pediatric medical clinics and infusion centers.
- All remote sites will be under the direct supervision of a primary investigator, usually a physician, and will have undergone a site inspection and site qualification visit by the drug sponsor.
- Each location will be identified and approved by the FDA prior to commencement.

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services:

- Investigational drug protocol from manufacturer, Investigational drug product pharmacy manual, Lexi-comp, Up to date, Facts and Comparisons, Clinical pharmacology, Pharmacist's letter, UNLV Biomedical IRB, UNLV Scientific Review Committee, Huron Consulting Group, Collaborative Institutional Training Initiative (CITI) research training, Allegro clinical trials research database, clinicaltrials.gov, cancer.gov/clinicaltrials, Investigational drug sponsor direct contact information.

(g) The days and hours during which the pharmacist intends to provide the services:

- Monday through Friday 8am - 5pm, with the exception of University holidays and breaks.

(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable:

- Prior to enrollment of a patient in any investigational drug study, the patient or a legal representative must sign an informed consent form which will outline the IRB approved protocol, description of the clinical investigation, risks/discomforts, benefits, alternative procedures/treatments, unforeseeable risks, and contact information on whom to contact regarding questions as well as 24-hour contact information in the event of an emergency.
- Informed consent will be obtained by the principal investigator, the clinical research coordinator, or nursing/medical staff and may be obtained in the absence of a pharmacist.

(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:

- All policies and procedures regarding confidentiality and security are to be approved by the IRB and follow guidance set forth by the FDA regarding the HIPAA privacy rule. A stand-alone HIPAA authorization form will be used to obtain permission from an individual to use and/or disclose the individual's identifiable health information for any research study.
- ALLEGRO will be used as the clinical trial management system with drug accountability records with restricted authorized user access.
- Patient electronic health record will be maintained using EPIC EMR system with only restricted authorized user access.

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy:

- Services provided will be affiliated with the UNLV Student Health Center Pharmacy (NV License #PH00950).

(k) A description of the business plan for the services provided:

- Patients enrolled in investigational drug research studies will not be charged any fees for investigational products or services rendered.
- Policies and procedures regarding budget and fees for IDS are currently in development and will vary depending on pharmacy personnel involvement.
- Budgets may include initiation or setup fees, annual fees, drug costs (procurement costs, special handling costs), dispensing fees (if applicable), inventory management fees, clinical service fees and study closeout fees.

Thank you for taking the time to review this request. Please feel free to contact me for any additional information.

Sincerely,
Mary Simon, Pharm.D
UNLV Student Health Center Pharmacy
Pharmacy Manager
(702)895-0278
mary.simon@unlv.edu

on behalf of:

Aron Suci, Pharm.D
UNLV Student Health Center Pharmacy
Per Diem Pharmacist
(702)895-0278
aron.suci@unlv.edu

and

Janet Vazquez
UNLV Student Health Center Pharmacy
Pharmacy Technician
(702)895-0278
janet.vazquez@unlv.edu

21C

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Thank you for taking the time to review this request. Please feel free to contact me for any additional information.

Sincerely,
Mary Simon, Pharm.D
UNLV Student Health Center Pharmacy
Pharmacy Manager
(702)895-0278
mary.simon@unlv.edu

on behalf of:

Aron Suci, Pharm.D
UNLV Student Health Center Pharmacy
Per Diem Pharmacist
(702)895-0278
aron.suci@unlv.edu

and

Janet Vazquez
UNLV Student Health Center Pharmacy
Pharmacy Technician
(702)895-0278
janet.vazquez@unlv.edu

22

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

EUTHANASIA TECHNICIAN APPLICATION

Registration Fee: \$80.00 (non-refundable money order or cashier's check only, no cash)

First: Christina Middle: Lee Last: Pope-madziarek
Practice Name (if any): Nye County Sheriffs office
Nevada Address: 101 Radar Rd Suite #: _____
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)
PO Box: 3622 SS#: _____
City: Tonopah State: NV Zip Code: 89049
E-mail address: clpope@co.nye.nv.us
Nevada Work Telephone: 775-209-4310 Date of Birth: _____
Nevada Fax: _____ Sex: ☐ M or ☒ F

LICENSURE FOR SCHEDULE II ONLY
FOR THE USE OF SODIUM PENTOBARBITAL PER NRS 638.005

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?				☐	☒
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

I have completed the requirements with Nevada State Board of Veterinary Medicine for licensure as a euthanasia technician. 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.

C. Pope
Original Signature, no copies or stamps accepted.

3-1-21
Date

Board Use Only		
Received: _____	Amount: <u>80</u>	Entity: _____

Check # 965014



**OFFICE OF THE DISTRICT ATTORNEY
OF NYE COUNTY**

P.O. Box 593
Tonopah, Nevada 89049
Phone: (775) 482-8166
Fax: (775) 482-8175

BRIAN T. KUNZI
DISTRICT ATTORNEY

36776733

6/16/05

NV012013 A

TONOPAH OFFICE

D E N I A L

DATE: DECEMBER 15, 2010
TO: CALLIE STARK
NCSO- RECORDS, TONOPAH
FROM: JOHN J. FRIEL, JR.
DEPUTY DISTRICT ATTORNEY
RE: CHRISTINA LEE POPE
CASE NO. (1): 05-1722
(2): 05-2072
(3): 05-3026

(No Charges Filed
on all three (3)
Charges - #2
Case)

CHARGES: (1): UTTERANCE OF COUNTERFEIT BILL, NRS 205.090
(2) ① TRAFFICKING CONTROLLED SUBSTANCE, NRS 453.3385
② PCS W/INTENT TO SELL, NRS 453.337
③ POSSESS DRUG PARAPHERNALIA, NRS 453.566
(3): OBTAIN/USE I.D. OF ANOTHER, NRS 205.463

Prosecutions of the above-referenced cases have been denied based on the reason stated below. Should you have any questions, please do not hesitate to contact this office.

STATUTE OF LIMITATION HAS EXPIRED

**EVIDENCE IN YOUR POSSESSION MAY BE DISPOSED
OF ACCORDING TO THE LAW.**

JJF/rdk

cc: LIEUTENANT DOLFIN
TONOPAH JUSTICE COURT

**RECEIVED FROM APPLICANT
PUBLIC DOCUMENT**

23

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440
bop.nv.gov

NEVADA
(For locations located in the State of Nevada)
Medical Device Equipment and Gases (MDEG)
APPLICATION
INFORMATION AND CHECKLIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please understand we cannot and will not accept incomplete applications. If there is not an appropriate response, so state with N/A. Review the checklist and return all required fees and documentation with the completed application.

Because we review the application materials in depth, including research and investigation in some cases, we cannot promise that an application will be reviewed by the Board at any particular meeting. An appearance will be required.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

Complete all required pages of the application. Must be original signature(s), no copies or stamps.

MDEG Administrator Application. Download the form from the website under the “New Applications” tab. The forms are available under the *documents for all types of businesses*.

Registration fee of \$500.00. This fee is non-refundable and non-transferable. The fee is payable by check only. **Fee made payable to: Nevada State Board of Pharmacy**

A copy of proof of insurance. The MDEG provider or wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00)

PLEASE READ CAREFULLY

Before you operate as a MDEG provider or wholesaler, you must receive board approval and be inspected by Board of Pharmacy personnel.

Your application can be placed on the agenda of the next regulatory scheduled board meeting if everything is complete. The current board meeting schedule is available on the website under the "Calendar of Upcoming Boards & Committee Meetings".

All MDEG's located in Nevada will require an appearance at a regularly scheduled board meeting. Once the application has been reviewed, you will be scheduled for the next available meeting closest to your location. A letter with the exact date and time will be sent two weeks prior to the meeting date.

Upon board approval and a satisfactory inspection a license will be issued. A license is usually issued and mailed within 10 days from the date of the inspection.

Any change of ownership and/or location change, will require a new application and \$500.00 fee. If the address changes, a pre-opening inspection will be required.

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

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

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

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: _____

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____

Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: _____

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 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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☐

3) Are any of the owners health professionals? If yes, please check the box and list name.

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☐
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

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

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

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

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

Print Name of Authorized Person

Date

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

License Contact Person: _____

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. _____ %: _____

2. _____ %: _____

3. _____ %: _____

4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a 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 NEVADA MDEG LICENSE

NON PUBLICLY TRADED CORPORATION

Include with the application for a non-publicly traded corporation

Complete personal history record for each stockholder. 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*.

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

List of officers and directors.

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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*.

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

SOLE OWNER**Include with the application for a sole owner**

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
(775) 850-1440
bop.nv.gov

**OUT-OF-STATE
(For locations shipping to the State of Nevada)
Medical Device Equipment and Gases
MDEG - APPLICATION
INFORMATION AND CHECKLIST**

**This application cannot be returned by fax or email.
We must have an original signature and fee to process.**

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please understand we cannot and will not accept incomplete applications. If there is not an appropriate response, so state with N/A. Review the checklist and return all required fees and documentation with the completed application.

Because we review the application materials in depth, including research and investigation in some cases, we cannot promise that an application will be reviewed by the Board at any particular meeting.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

For a location or name change of an out-of-state MDEG, we only require notification in writing. A new application is only required if changing ownership of 50% or greater.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

Complete all required pages of the application. Must be original signature(s), no copies or stamps

Registration fee of \$500.00. This fee is non-refundable and non-transferable. The fee is payable by check only. **Fee made payable to: Nevada State Board of Pharmacy**

A copy of proof of insurance. The MDEG provider or wholesaler shall maintain liability insurance of at least one million dollars (\$1,000,000.00)

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

Your application can be placed on the agenda of the next regulatory scheduled board meeting if the application is complete and all information is verified. The current board meeting schedule is available on the website under the “Calendar of Upcoming Boards & Committee Meetings”.

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

A license is usually issued and mailed within 10 days from the board meeting date, if approved.

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

Please access the applicable laws on the website under “Nevada Statutes & Regulations” tab.

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

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

FACILITY INFORMATION

Facility Name: _____

Physical Address: _____
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____ Fri: _____
 _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: _____

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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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

Print Name of Authorized Person

Date

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

License Contact Person: _____

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.**Section 1:** List the corporations four largest shareholders:
(Name and percentage of ownership)

1. _____ %: _____

2. _____ %: _____

3. _____ %: _____

4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a publicly traded corporation**List of officers and directors.****Certificate of Corporate status** (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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

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

a) _____
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: _____

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: _____ State: _____ Country: _____

Citizenship: USA _____ other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: _____ Fax Number: _____

Previous address (last 5 years):

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Previous Employment (last 5 years):

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

MDEG Administrator Application

Rev (05/18/2021)

NAC 639.694

- 1. Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
 - a. Be a natural person;
 - b. Have a high school diploma or its equivalent;
 - c. Have:
 - i. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
 - ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
 - d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
 - e. Be approved by the Board.
- 2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.**
- 3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.**
- 4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.**

Please mail this completed application and all other required documents with your MDEG Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

MDEG Administrator Application

Rev (05/18/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG _____ MDEG License # (if applicable) _____
 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.)		

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?		

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.)

[illegible]

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

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			

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: Personal and Professional History	Yes	No
1. 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?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, 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

I, _____, certify that as the MDEG Administrator for

that I (initial that you have read and meet the following requirements):

1. _____ Have a high school diploma or its equivalent;
2. _____ Have
 - a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by 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;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. _____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

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

Board Use Only

Date Received: _____

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

 Date _____

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 _____

Nature of MDEG

.....
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
---	------	-----------

Dates		City		State/Zip	
Present Business Address					

Dates	
Present Position with the MDEG	

Phone: _____ Fax: _____

Email address: _____

Date of Birth Place of Birth (City, County, State)

Age Social Security Number or ITIN Sex

Color of Eyes	Color of Hair	Weight	Height
Blue	Brown	150	170
Green	Black	160	180
Grey	Blond	170	190
Brown	Red	180	200
Black	Grey	190	210
White	White	200	220
Yellow	Black	210	230
Pink	White	220	240
Orange	Black	230	250
Purple	White	240	260
Light Blue	Black	250	270
Light Green	White	260	280
Light Yellow	Black	270	290
Light Purple	White	280	300
Light Orange	Black	290	310
Light Pink	White	300	320
Light Brown	Black	310	330
Light Grey	White	320	340
Light Blue	Black	330	350
Light Green	White	340	360
Light Yellow	Black	350	370
Light Purple	White	360	380
Light Orange	Black	370	390
Light Pink	White	380	400
Light Brown	Black	390	410
Light Grey	White	400	420
Light Blue	Black	410	430
Light Green	White	420	440
Light Yellow	Black	430	450
Light Purple	White	440	460
Light Orange	Black	450	470
Light Pink	White	460	480
Light Brown	Black	470	490
Light Grey	White	480	500
Light Blue	Black	490	510
Light Green	White	500	520
Light Yellow	Black	510	530
Light Purple	White	520	540
Light Orange	Black	530	550
Light Pink	White	540	560
Light Brown	Black	550	570
Light Grey	White	560	580
Light Blue	Black	570	590
Light Green	White	580	600
Light Yellow	Black	590	610
Light Purple	White	600	620
Light Orange	Black	610	630
Light Pink	White	620	640
Light Brown	Black	630	650
Light Grey	White	640	660
Light Blue	Black	650	670
Light Green	White	660	680
Light Yellow	Black	670	690
Light Purple	White	680	700
Light Orange	Black	690	710
Light Pink	White	700	720
Light Brown	Black	710	730
Light Grey	White	720	740
Light Blue	Black	730	750
Light Green	White	740	760
Light Yellow	Black	750	770
Light Purple	White	760	780
Light Orange	Black	770	790
Light Pink	White	780	800
Light Brown	Black	790	810
Light Grey	White	800	820
Light Blue	Black	810	830
Light Green	White	820	840
Light Yellow	Black	830	850
Light Purple	White	840	860
Light Orange	Black	850	870
Light Pink	White	860	880
Light Brown	Black	870	890
Light Grey	White	880	900
Light Blue	Black	890	910
Light Green	White	900	920
Light Yellow	Black	910	930
Light Purple	White	920	940
Light Orange	Black	930	950
Light Pink	White	940	960
Light Brown	Black	950	970
Light Grey	White	960	980
Light Blue	Black	970	990
Light Green	White	980	1000
Light Yellow	Black	990	1010
Light Purple	White	1000	1020
Light Orange	Black	1010	1030
Light Pink	White	1020	1040
Light Brown	Black	1030	1050
Light Grey	White	1040	1060
Light Blue	Black	1050	1070
Light Green	White	1060	1080
Light Yellow	Black	1070	1090
Light Purple	White	1080	1100
Light Orange	Black	1090	1110
Light Pink	White	1100	1120
Light Brown	Black	1110	1130
Light Grey	White	1120	1140
Light Blue	Black	1130	1150
Light Green	White	1140	1160
Light Yellow	Black		

Scars, tattoos or distinguishing marks and/or characteristics _____

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

2775

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have ☐ I have not ☐ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have ☐ I have not ☐ been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have ☐ I have not ☐ been the subject of an administrative action whether completed or pending.
- 3. I have ☐ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☐ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☐ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☐ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....
.....
.....
.....
.....

ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph_____

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 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

NEVADA STATE BOARD OF PHARMACY

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

Medical Device, Equipment and Gases (MDEG) Application**Non-Refundable \$500 fee**

Rev (05/18/2021)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Print and mail the completed application with a **non-refundable fee** of \$500.00 paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**. Send the completed application to the address indicated on top of this application.

All incomplete applications will be returned. Please ensure all requirements of the application are completed before submission. The deadline date for an application to be considered during a particular board meeting is posted on our website. If a completed application is not received by our office by the deadline, the application will not be considered until the next scheduled board meeting. **Please note that an application received just prior to the deadline date does not guarantee placement on the board agenda.** Upon receipt of a completed application, the application will be placed on the agenda of the next regularly scheduled Board meeting. An appearance before the board may be required. If an appearance is required, you will receive notice of the date and time of the appearance prior to the meeting. For application deadlines and meeting schedule please visit bop.nv.gov.

Any change of ownership, location, or name will require a new application and \$500.00 fee.

An MDEG license is renewed in October of even numbered years, regardless of when the license was issued. Fees are not pro-rated.

FOR NEVADA MDEG LOCATIONS: upon application approval or approval of location change, the MDEG location will be required to have a satisfactory inspection by Nevada State Board of Pharmacy personnel before the MDEG provider may operate.

Please access the applicable laws at bop.nv.gov.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

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

Medical Device, Equipment and Gases (MDEG) Application

Non-Refundable \$500 fee

Rev (05/18/2021)

Where is the facility located? ☐ Nevada ☐ Out-of-State		
Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG ☐ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information	
Facility Name: _____	
MDEG Physical Address: _____	
City: _____	State: _____ Zip: _____
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: _____	Website: _____
Email: _____	
Name of MDEG Administrator (NAC 639.694): _____	
Type of MDEG products that will be sold (check all applicable)	
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment**	☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☐ Others: _____
** If providing these products, 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 (NAC 639.6954): Name: _____ Telephone: _____	
Days and Hours of Operation	
Mon: _____	
Tues: _____	
Wed: _____	
Thurs: _____	
Fri: _____	
Sat: _____	
Sun: _____	
Holidays: _____	

Section 2: History of Company		Yes	No
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)?		
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?		
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		
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?		
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)?		
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.			

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.) If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)		
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to: a) A <u>practicing</u> health professional; or b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.		
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.		

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____

SEC Registration Number: _____

Stock Exchange Symbol: _____

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List of <u>all</u> general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars (\$1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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 of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received: _____	Amount: _____
-----------------------	----------------------	---------------



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

Credit Cards are charged a 5% processing fee

Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	Credit Card #: _____	
Expiration Date: ____/____/____ (MM/YY)	CVV (3 digits on back of card): _____	License Amount: \$_____
Name on Card: _____		
Billing Address: _____ _____ _____		

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Documentation for this Agenda Item will be provided at a later date.

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EXECUTIVE SECRETARY REPORT – June 2-3, 2021

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **STAFF ACTIVITIES**
 - Meetings with Other Health Care Boards
 - COVID-19
 - NABP National Meeting
- **REPORT TO BOARD**
 - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
 - Covid Vaccine update

TEMPORARY LICENSES
(Issued since last board meeting)

Renown Health Pharmacy

Carolkim Huynh

Nevada
Change of Address Business List
(Since Last Board Meeting)

Name	License Number	Location
Prosthetic Center of Excellence	MP00109	Las Vegas

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 – Delivery of a Prescription to Practitioner	01/16/20	01/21/20	R009-20	02/27/20	06/09/20	06/03/21		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	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	04/14/21
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	03/24/21	04/14/21
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	03/12/21	R007-21					

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 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20					
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20					
NAC 639 – Cite and Fine for Misfiled 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 06/03/21							
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21					
NAC 639: Reference Standards for Compounding	06/03/21							
NAV 639: Hormonal Contraceptive Protocol	06/03/21							

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**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R009-20

February 25, 2020

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070.

A REGULATION relating to prescription drugs; authorizing the dispensing of a prescription drug to a practitioner instead of the ultimate user of the drug in certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations governing the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing federal law authorizes the United States Food and Drug Administration to require the adoption of a risk evaluation and mitigation strategy for certain drugs. (21 U.S.C. § 355-1) This regulation authorizes the dispensing of a prescribed drug to a practitioner instead of the ultimate user if: (1) such a risk evaluation and mitigation strategy requires the drug to be administered only under the direct supervision of a provider of health care; and (2) the practitioner is authorized to possess the drug. This regulation also prescribes requirements governing the storage, administration and disposal of a drug that is dispensed to a practitioner under such circumstances.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. A prescription for the dispensing of a drug to the ultimate user may instead be dispensed to a practitioner if:

(a) The United States Food and Drug Administration has adopted a risk evaluation and mitigation strategy for the drug pursuant to 21 U.S.C. § 355-1 that requires the drug to be administered only under the direct supervision of a provider of health care; and

(b) The practitioner is authorized by federal and state law to possess the drug.

2. A practitioner to whom a drug is dispensed pursuant to subsection 1 shall:

(a) Comply with any federal and state law or regulation that addresses the handling of the drug;

(b) Store the drug separately from any other drug in the possession of the practitioner; and

(c) Except as otherwise provided in subsection 3, administer the drug only to the patient named in the prescription not later than 14 days after receiving the drug.

3. If a drug dispensed to a practitioner pursuant to subsection 1 is not administered within the time prescribed by paragraph (c) of subsection 2, the practitioner must:

(a) Destroy the drug; or

(b) Donate the drug to the Prescription Drug Donation Program established pursuant to NRS 453B.080.

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28A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – June 3, 2021

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.170; NRS 639.2655

A REGULATION relating to the use of a mechanical device to furnish a prescription drug to a patient; and providing other matters properly relating thereto.

Section. 1. NAC 639.220 is hereby amended to read as follows:

1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist.....	Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist.....	\$180
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	180
For the investigation or issuance of an original license to conduct a retail pharmacy.....	500
For the biennial renewal of a license to conduct a retail pharmacy.....	500
For the investigation or issuance of an original license to conduct an institutional pharmacy.....	500
For the biennial renewal of a license to conduct an institutional pharmacy.	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution.....	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....	500
For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....	50
For the biennial renewal of registration as a registered pharmacist.....	180
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse).....	100
For the initial registration of a pharmaceutical technician or pharmaceutical technician in training.....	40
For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training.....	40
For the investigation or registration of an intern pharmacist.....	40
For the biennial renewal of registration as an intern pharmacist.....	40
For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	80
For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	80
For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the investigation or issuance of an original license to a manufacturer or wholesaler.....	500
For the biennial renewal of a license for a manufacturer or wholesaler.....	500
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....	50
For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300
For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300
For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....	150
For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....	150
<i>For the investigation or issuance of an original license for an automated drug dispensing system</i>	<i>500</i>
<i>For the biennial renewal of a license for an automated drug dispensing system</i>	<i>500</i>
<i>For the investigation or issuance of an original certificate to a pharmacy authorizing the use of a mechanical device at a location off the premises of the pharmacy</i>	<i>250</i>
<i>For the biennial renewal of a certificate to a pharmacy authorizing the use of a mechanical device at a location off the premises of the pharmacy</i>	<i>250</i>

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of [NRS 639.170](#), is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to [NAC 639.870](#).

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in [NRS 449.0151](#),
 Ê is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in [NRS 449.0151](#),
 ➔ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

Section. 2. NAC 639.718 is hereby amended to read as follows:

1. Except as otherwise provided in this section, a pharmacy may use ~~a mechanical device to furnish~~ *an automated drug dispensing system to dispense a prescription drug to a patient if the pharmacy applies for and obtains a license from the Board. Each application for such a license must be made on a form furnished by the Board. Upon approval of the application by the Board and the payment of the required fee, the Board shall issue a license to the applicant. Each license must be issued for a specific system at a designated location, posted on the system and visible to the public.* The ~~device system~~ must conform to all of the following provisions:

(a) The ~~device system~~ must contain only prescription drugs:

(1) *Approved for use in the system by a registered pharmacist employed by the pharmacy;*
 (12) *For which counseling is not required pursuant to [NAC 639.707](#), unless the system utilizes user-based access technology that includes a real-time audiovisual function that links the patient to a registered pharmacist who has access to any patient records necessary for counseling in conformance with [NAC 639.707](#) and [NAC 639.708](#); and*

(23) *For which the prescriptions have been processed, verified and completed in the same manner as prescriptions for drugs that are delivered manually by the pharmacy, including the provision of printed medication guides and any other information required pursuant to [NAC 639.707](#).*

(b) The ~~device system~~ must not contain:

- (1) ~~C~~controlled substances included in schedule II; or
- (2) *Controlled substances in schedules III-V unless authorized by the federal Drug Enforcement Administration to dispense such substances.*

(c) The ~~device~~ system must ~~be designed to ensure that the device~~:

(1) ~~Is located such that access to the device~~ *Control and track access to the device utilizing user-based access technology:*

~~— (H) For~~ stocking, cleaning, maintenance or any other purpose ~~can be obtained~~ only by a *registered pharmacist, pharmaceutical technician, or intern pharmacist employed by the pharmacy* ~~or a member of the staff of the pharmacy from within a secured area of the pharmacy;~~ ~~and~~

~~(H) Is~~ (2) *Be secure from unauthorized access to and removal of prescription drugs from the device;*

(3) *Be owned or leased by the pharmacy issued the license for the system and only operated under the supervision and control of that pharmacy.*

(4) *Include a programmable device for monitoring temperature which includes an alarm that records when the temperature falls outside the range compatible with the proper storage of the drugs and a notification to the pharmacy.*

(25) *Create and maintain a complete, accurate, and readily retrievable r*Records ~~of all transactions that includes all users accessing the system and all drugs added to, or removed from, the system, including: the name of each person at the pharmacy who authorizes access to the device.~~

(I) *The name, strength, quantity and form of dosage of the drug which is stocked, inventoried, removed or dispensed from the system.*

(II) *The day and time access to the system is obtained*

(III) *An inventory of the drugs stored in the system; and*

(IV) *The identity of the person who obtained access to the system.*

~~— (3) Cannot be used by a patient;~~

~~— (I) Outside the physical location of the pharmacy;~~

~~— (II) Unless the~~ (6) *Restrict access only to a patient who previously has indicated to the pharmacy that the patient desires that his or her prescription drugs be furnished dispensed by the mechanical device system.*

(47) *Provides* a method to identify the patient and ~~furnishes dispense~~ a prescription drug only to the patient or to an authorized agent of the patient.

(58) ~~Can furnish Dispense~~ one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the ~~device~~ system.

(69) *Records* the date and time that the patient removes the prescription drugs from the ~~device~~ system.

(710) *Informs* a patient:

(I) That a prescription drug is not available to be ~~furnished dispensed~~ by the ~~device~~ system if the pharmacist wishes to counsel the patient regarding the prescription drug.

(II) If the patient is using the ~~device~~ system at the time that the pharmacy is open, that the patient may discuss questions and concerns regarding the prescription drug with a pharmacist at the pharmacy, *or through a user-based access technology that includes a real-time audiovisual function that links the patient to a registered pharmacist who has access to any patient records necessary for counseling in conformance with NAC 639.707 and NAC 639.708.*

(III) If the patient is using the *device system* at the time that the pharmacy is closed, that the patient may discuss questions and concerns regarding the prescription drug *using a toll-free telephone number at which a pharmacist at a pharmacy licensed by the Board will respond at all hours when the pharmacy at which the device is located is closed. A pharmacist who responds to questions or concerns pursuant to this sub-subparagraph must have access by computer to the same information regarding the patient that a pharmacist would have using the computer system of the pharmacy at which the device is located* through a user-based access technology that includes a real-time audiovisual function that links the patient to a registered pharmacist who has access to any patient records necessary for counseling in conformance with NAC 639.707 and NAC 639.708.

(IV) That the patient may choose not to purchase the drug from the system at any time before the system dispenses the drug.

(11) Dispense all drugs in a container labeled in conformance with NRS 639.2801.

(12) Be installed in such a place and manner that a person is unable to remove the system from its location, and attempts to obtain access to the device without authorization are visible to the pharmacist of the pharmacy in person or by real-time audiovisual function or audiovisual recording.

(12) Be located in a:

(I) Pharmacy;

(II) Medical facility licensed pursuant to subsections 1-14 or 16 of NRS 449.0151; or

(II) Practice site location of one or more practitioners.

(13) Be approved for use by the Board upon a determination that the system:

(a) Dispenses drugs accurately; and

(b) Otherwise satisfies the provisions of this section.

2.. ~~A pharmacy shall not use a mechanical device to furnish a prescription drug to a patient until the pharmacy has notified the Board in writing of:~~

~~—(a) The type of device that will be used; and~~

~~—(b) The anticipated date that the device will first be used.~~

A pharmacy that dispenses drugs by a system pursuant to this section shall maintain a written policy that sets forth:

(a) The duties of all persons who are authorized to obtain access to the system; and

(b) The procedure for:

(1) Maintaining the security of the drugs stored in the system during the maintenance and repair of the system;

(2) The preparation of an inventory of the drugs stored in the system; and

(3) Stocking the system with drugs.

3. A pharmacy that dispenses drugs by a system pursuant to this section shall comply with all applicable federal and state recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other pharmacy records.

4. Drugs stored in a system pursuant to this section shall be deemed part of the inventory and the responsibility of the pharmacy issued the license for the system, and drugs dispensed from the system shall be considered to have been dispensed by that pharmacy

45. The Board may prohibit a pharmacy from using a *mechanical device system* to furnish a prescription drug to a patient if the Board determines that the *device system* or the pharmacy's use of the *device system* does not comply with this section.

56. The provisions of this section do not prohibit the use of a ~~mechanical-device~~ system to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the pharmacy using the ~~mechanical-device~~ system is otherwise authorized to use the ~~mechanical-device~~ system pursuant to this section.

7. As used in this section:

(a) “Automated drug dispensing system” means a system that performs operations, other than compounding or administration, relative to the storage and dispensing of drugs. An automated drug delivery system shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability; and

(b) “User-based access technology” means a secure system restricting access to authorized users by requiring two-factor authentication, including, without limitation, knowledge factor, hard token, or biometric information.

Section. 3. NAC 639.720 is hereby amended to read as follows:

1. Except as otherwise provided in subsections 4 and 6, a mechanical device may be used to furnish drugs and medicines for administration to registered patients in a medical facility. The device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:

(1) Medical facility in which the drug or medicine is administered; or

(2) Pharmacy that supplies the medical facility in which the drug or medicine is administered.

(b) Access to the device must be:

(1) Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:

(I) Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and

(II) Employed by the medical facility or pharmacy that supplies the medical facility.

(2) Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.

(c) Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of [NAC 639.476](#).

(d) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for administration to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a code which identifies that person.

2. A pharmacy which supplies drugs and medicines to a medical facility which are furnished by a mechanical device pursuant to subsection 1 shall maintain a written policy which sets forth:

- (a) The duties of all persons who are authorized to obtain access to the device; and
- (b) The procedure for:
 - (1) Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;
 - (2) The preparation of an inventory of the drugs and medicines stored in the device; and
 - (3) Stocking the device with drugs and medicines.

3. A pharmacy which supplies drugs or medicines to a medical facility which uses a mechanical device to furnish drugs or medicines for administration to patients pursuant to subsection 1 shall provide written notice to the Board. The notice must include:

- (a) A description of each mechanical device used by the medical facility to furnish drugs or medicines for administration to patients, including, without limitation, the name of the manufacturer of the device; and
- (b) The address of the medical facility at which the mechanical device is located.

4. A pharmacy shall not stock a mechanical device with drugs or medicines and a mechanical device must not be used to furnish drugs or medicines for administration to patients until:

- (a) The pharmacy has notified the Board as required by subsection 3; and
- (b) The Board has issued a certificate to the pharmacy that authorizes the use of the mechanical device at the medical facility at which the mechanical device is located.

5. Each medical facility that uses a mechanical device pursuant to subsection 1 must make and maintain a record of any waste of a controlled substance in the manner provided in [NAC 639.486](#). The record of any waste of a controlled substance may be prepared:

- (a) By the mechanical device if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of [NAC 639.486](#); or
- (b) As a written record.

6. A mechanical device may be used to furnish drugs and medicines for a patient receiving treatment in the emergency room of a hospital. The device must conform to all the following provisions:

- (a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by or contracted with the:
 - (1) Hospital in which the drug or medicine is furnished; or
 - (2) Pharmacy that supplies the hospital in which the drug or medicine is furnished.
- (b) Access to the device for the purposes of stocking, inventory and monitoring must be limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists or registered pharmacists employed by the hospital or the pharmacy that supplies the hospital.
- (c) Use of the device to furnish a drug or medicine to a patient must be:
 - (1) By a practitioner who:
 - (I) Is authorized by law to prescribe controlled substances or dangerous drugs;
 - (II) Is employed by or who has privileges at the hospital;
 - (III) Prescribed the drug or medicine that is furnished to the patient;
 - (IV) Personally verifies the correctness of the prescription for the drug or medicine before he or she furnishes it to the patient; and

(V) Has offered to the patient the choice of being provided a prescription that may be filled at a pharmacy, which offer first must be declined by the patient before the prescription is transmitted to the mechanical device to fill and furnish the prescription; or

(2) By the patient where:

(I) The device requires from the patient a unique code known only to the patient to allow the patient to access the device; and

(II) The patient is notified by the device that he or she may choose not to purchase the drug or medicine from the device at any time before the device furnishes the drug or medicine.

(d) Each container of a drug or medicine dispensed by the device is labeled pursuant to [NRS 639.2801](#).

(e) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for dispensing to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for dispensing to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a unique code which identifies that person.

(f) The device must be located in such a place and manner that a person is unable to remove it from the hospital, and that attempts to obtain access to the device without authorization are visible to employees of the hospital.

(g) Before the device is used to furnish a drug or medicine directly to a patient pursuant to paragraph (c), the manufacturer of the device must appear before the Board for its approval of that use of the device and submit evidence satisfactory to the Board that the device:

(1) Furnishes drugs and medicines accurately; and

(2) Otherwise satisfies the provisions of this subsection.

7. As used in this section, “medical facility” has the meaning ascribed to it in [NRS 449.0151](#).

28B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – June 3, 2021

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070

A REGULATION relating to compounded drug products; and providing other matters properly relating thereto.

Section. 1. NAC Chapter 639 is hereby amended by adding thereto a new section to read as follows:

The Board hereby adopts by reference the standards established pursuant to a memorandum of understanding with the Food and Drug Administration for compounding pursuant to section 503A of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 353a).

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